

Time to tackle the pandemic from the bottom up

*CIB chairman **Edward Spalton** follows up on his earlier article on how the relentless centralisation of public health responsibilities has undermined our ability to tackle COVID-19. As lockdown is gradually lifted, we see that a much-needed localised approach is beginning to emerge.*

The management of the Covid-19 pandemic in the UK has been particularly poor, leading to a very high mortality rate in comparison with other European countries and enormous public expense which will take generations to repay. In an earlier article I outlined how the process of centralisation that has hampered the UK's ability to respond to the pandemic has taken place over decades, under governments of all colours. Front-line public health services, responsible for dealing with infectious diseases at local level, were denuded of trained manpower and resources. Public health is a separate, distinct discipline. The NHS and government should not be allowed to mark their own homework in this respect.

The response of our front-line hospital staff, frequently ill-supplied with necessary equipment and protective clothing, has been magnificent and inspiring. But the massive NHS and government bureaucracies were ill-prepared, sluggish and disorganised – a situation seemingly further worsened by restrictive EU procurement rules. British firms with the capacity to make protective clothing for hospitals were simply ignored when they contacted the central bureaucracy. In frustration, the well-known clothing manufacturer David Nieper approached Derbyshire hospitals direct – and started production very quickly at their urgent request. Everybody feels a debt of gratitude to the doctors, nurses, carers and

others on the front line. They were taking the casualties and were the 'lions led by donkeys' in this war against the virus.

The Downing Street Covid-19 briefings, which were part information and part Blair-style public relations exercise, have mercifully finished. Now that the tide of not-very-informative national statistics (which were merely a composite of very different local situations) has receded, the pattern of peaks and troughs of local infections is becoming clearer.

Identifying the situations in different local areas gives hope that a return to more locally responsive public health enforcement may at last emerge. Local Environmental Health Officers will be able to identify likely sources of individual outbreaks, trace and track those at risk of having been infected, and insist on the self-isolation of those who test positive.

We already have our first local lockdown, in the city of Leicester. *The Times* reported that the infection rate in Leicester was 140 times higher than in Southern England. The city had 140 cases per 100,000 people, twice as high as in Bradford which was second – so the localised response was clearly necessary and justified. Flights to and from Pakistan continued without quarantine throughout the lockdown, so it would not be surprising if the control of infection in the Asian community was being frustrated by the introduction of new sources throughout. That is our government's responsibility, not that of the Asian community. Illegal working in clothing factories also continued throughout, and that was the Asian community's responsibility. Higher infection rates in hot-spots in Wales have been traced to the staff of meat packing plants.

A more recent outbreak amongst seasonal migrant vegetable pickers on a farm in Herefordshire has further demonstrated how a localised response can work. Some 200 workers have been isolated, of whom over 70 tested positive but most had not

shown symptoms of COVID-19. The caravan accommodation provided for such workers is not practicable for 'social distancing', so the group is being isolated as one large 'bubble'.

Governments in other countries are testing the strain of RNA in different outbreaks so that they can trace the origin of the particular virus in local outbreaks. If our government is doing the same, then officials are keeping quiet about the results. The government has also been notably slow in passing on detailed information from testing to the responsible local officials. Doubtless the operation will improve with experience.

The situation in Leicester has not been helped by the Mayor, who has admitted to breaking the lockdown regulations on several occasions to visit a lady friend. It seems the usual (lack of) rules for prominent people apply and, whilst he has apologised, no legal penalty appears to be in prospect. So in the renewed lockdown, some will see it as a case of '*Do as I say not as I do*'. The maintenance of respect for authority will be crucial if this bitterly disappointing second lockdown is to achieve its purpose and bring the disease under control in Leicester.

It is vitally important to have justified trust in the ability of the authorities to do this across the country. We need to approach Brexit with confidence and rebuild the economy in competition with countries which have, so far, been more successful than us in reducing the effects of the pandemic.