Emerging from COVID-19: Managing the Transition

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Contents

1.0 Responding to COVID-19

1.1 A strong initial narrative

In March 2020, a goal of a maximum of 20,000 COVID-19 deaths was described as the most hopeful outcome of the pandemic by Chris Whitty (Chief Medical Officer for England)[1]. This number was passed towards the end of April[2]. By the end of the month, media speculation was suggesting that deaths may at least be double the original at 40,000 or even higher[3]. On May 8th, the official total of deaths was 31,241 which was an increase of 626 over the past day. To keep the count as low as possible, the vast majority of the population have abided by the '*stay at home, protect the NHS, save lives*[4]' message. They have complied with the draconian rules of isolation and social distancing, accompanied by the cessation of the attendant activities of face-to-face education, non-essential retail and business activities, socialisation, routine travel, routine healthcare and planned non-urgent operations.

The temporary Nightingale Hospitals[5] were quickly in place - with the last of them in Harrogate and Bristol opened by the end of April. The advice to the public was not to contact the emergency health lines unless necessary[6]. By 27th April, the Prime Minister was able to declare that the sacrifices asked of the population had been worthwhile. His statement said "*we did not allow our NHS to collapse …and on the contrary we have so far collectively shielded our NHS so that our incredible doctors and nurses and healthcare staff have been able to shield all of us …from an outbreak that would have been far worse*[7]".

On 4th May the London Nightingale Hospital was mothballed, and the government announced that hospitals will be re-opening for non-coronavirus procedures. The NHS had not then been 'overwhelmed' and to that extent the policy had worked. The message that hospital emergency departments were seen to be running on average at only 50 percent of their capacity, while welcome, brought its own problems as it came to light that non-coronavirus deaths were rising, and that a backlog of routine procedures was building up[8].

Despite these positive signs, the anticipated fall-off in cases and deaths did not materialise (largely due to the late addition of deaths in care homes). Seeing the trend, the Prime Minister declared that he did not want to relax lockdown and "*risk a second major outbreak and huge loss of life and the overwhelming of the NHS*"[9]. At this point, the message to the population changed. The new 'contract' to continue with the disruption was now to be that we are looking to avoid a 'second wave' where the contagion takes off again. There is some justification for this fear, since a second wave was taking place in Singapore at that point -

[1] https://www.gponline.com/social-distancing-keep-uk-covid-19-deaths-below-20000/article/1677392
[2] https://www.theguardian.com/politics/live/2020/may/08/uk-coronavirus-live-britain-ve-day-anniversary-lockdown-covid-19-latest-updates
[3] https://www.independent.co.uk/news/uk/politics/uk-coronavirus-death-toll-latest-update-new-analysis-covid-19-a9477761.html
[4] https://www.gov.uk/coronavirus
[5] https://www.england.nhs.uk/2020/04/nhs-steps-up-coronavirus-fight-with-two-more-nightingale-hospitals/
[6] Not everything, however, has led to a rational outcome, and there is now concern that "*close to half the beds in some English hospitals are lying empty in a sign that people may be failing to seek help for other life-threatening conditions during the coronavirus pandemic*". https://www.ft.com/content/d5ac0a79-6647-4f49-bb64-d1cc66362043
[7] https://www.gov.uk/government/speeches/pm-statement-in-downing-street-27-april-2020
[8] https://www.theguardian.com/society/2020/apr/26/more-than-two-million-operations-cancelled-as-nhs-fights-covid-19
[9] https://www.gov.uk/government/speeches/pm-statement-in-downing-street-27-april-2020

originally held up as a model of control[10]. There was also concern about whether the looser approach in Sweden (enabling a continuity of business and social life) had been successful[11]. At this point, fear of the effects of the virus still overrode the logic for reducing economic impact. But pressure was coming to bear from many quarters for a strategy for unlocking to be laid out and government messages were becoming increasingly less closely controlled.

1.2 Unlocking strategy arrives on the agenda

Continuing the lockdown was starting to prove harder to sell in the face of rapidly emerging stories of the loss of jobs, (28% of British Airways employees – 12,000 in all – being at threat of redundancy[12], and 8,000 jobs at risk at Rolls Royce[13], alongside a fundamental change in the global airline business[14]). Business leaders and the CBI began to move to encourage the government to rescue the economy[15]. Alongside this, there was a wider message that it may be difficult to restart the economy without restarting the education process, since children who remain at home do not then release their parents to resume work[16].

While the earlier lockdown exhortations were stark, and were set in the context of an ongoing emergency, the possibility of risking a second wave is more speculative (in terms of where is it more likely to be and the timing, more than in terms of its inevitability[17]), and is set against emotional, financial and mental exhaustion being experienced by people[18]. On May 4th the Office for National Statistics reported that "*almost half of people in Great Britain asked about their well-being reported high levels of anxiety in the days surrounding the lockdown*"[19].

The message this time is more conditional and less easy to capture in a meaningful strapline. Government is on the one hand playing out the line of the original contract (*protect the NHS; save lives*) as the moving average statistics show that infections are slowly tapering off; while also rolling out the new goal of "no second wave". Messages are becoming less clear while people are naturally wanting to know more about what is to happen next. On May 7 some national newspapers reported optimistically that the lockdown would be relaxed by May 11 (for example allowing visits to the countryside or sunbathing and picnics), prompting a very quick row-back by the government (do not travel to beauty spots on the May 8 bank holiday[20]), as well as generating confusion between the devolved administrations (Scotland, Wales, Northern Ireland) and the government in London[21]. Managing the transition out of lockdown is clearly going to be more difficult – with governance and trust issues emerging[22].

[10] https://www.ft.com/content/956cd327-7279-429b-a9e6-b59b6e9d5ec9
[11] https://edition.cnn.com/2020/04/28/europe/sweden-coronavirus-lockdown-strategy-intl/index.html
[12] https://www.bbc.co.uk/news/business-52462660
[13] https://www.bbc.co.uk/news/uk-england-derbyshire-52514444
[14] https://www.forbes.com/sites/willhorton1/2020/05/03/british-airways-at-the-forefront-of-change-for-a-post-covid-19-airline-world/#40eaede7677c
[15] https://www.ft.com/content/5eea6b44-dd25-4ef2-91a4-b572e8123a0b
[16] https://www.oecd-ilibrary.org/education/coronavirus-special-edition_339780fd-en
[17] https://www.weforum.org/agenda/2020/04/27-april-who-briefing-unknowns-many-at-risk-lockdown/
[18] https://www.ft.com/content/0ccaac50-854c-11ea-b555-37a289098206
[19] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19roundup/2020-03-26
[20] https://www.bbc.co.uk/news/uk-england-52574395
[21] https://www.bbc.co.uk/news/uk-52568698
[22] https://www.telegraph.co.uk/politics/2020/05/04/time-unlock-lockdown-trust-common-sense-british-people/

As we move to a new and different phase of the policy response to the pandemic, there is a need to move thinking from the focus on central direction in the emergency phase to one that can be more nuanced and multi-dimensional as we learn more about the *variety of on-the-ground conditions* across which both the virus and lockdown been playing out. For this we need *better data and a different scale of analysis* than we have had at our disposal up to this point. Geography is important.

1.3 Geographies matter

There is a considerable literature about the geography of epidemics. The definitive early work was by Peter Haggett (2000)[23]. This sets out the principles of geographical epidemiology and suggests measures for controlling spread from this viewpoint. Since that time, a considerable amount of work in the field has covered Ebola, Zika and HIV-AIDS, all with clear relevance to the current situation for COVID-19[24]. Surprisingly, however, the micro-spatial aspects of the current outbreak in the UK have not come to the fore in the day-to-day debates on the incidence of the COVID-19 infection. One clear reason for this is that we have, until recently, been "data-blind" at a scale that can tell us about local patterns of cases and how they are shifting across and between local networks and communities. We have been able to see something of the diffusion of the infection down the urban hierarchy from London and the major cities[25], outwards to smaller cities and towns and on to rural settings – but not at geographical scales below this.

Until May 1st,the most widely available geographical framework for the data on COVID-19 cases and deaths was for Strategic Local Authority units (Counties and Unitary Authorities)[26]. This mapped onto the spatial form of organisation for Public Health in England. It did not, however, offer a sufficiently granular lens through which to observe the spatial progression of contagion - making it hard to associate it with local health and social conditions[27]. The case and deaths statistics did not, then, show the local context - serving to hide a vital component of any epidemiological study of infection – the detailed spatial diffusion of the incidence of cases and outcomes.

1.4 Being better informed about context: The local and the multiply deprived

While we know that the risk of being infected with the virus has significant variation geographically (as well as medically, demographically, and ethnically), we have not been able to learn enough about this. Pulling centralised policy levers from a podium in front of Downing Street cannot be the only response going forward. A more nuanced, multi-level approach with a strong bottom up component is needed to take us knowledgeably through the recovery process. That, of course, chimes in well with the promised devolution of power promoted by the current Conservative party through the election of Mayors to govern at more city and local levels[28].

A more appropriate geographical lens through which to understand the effects of COVID-19 needs to be at a more granular level than the 'space' of a Strategic Authority. Thankfully, this recently arrived in the form

[23] https://journals.sagepub.com/doi/10.1177/030913258901300301

[24] We are indebted to Professor Tony Gatrell for letting us see an early draft of a forthcoming paper on this.

[25] "*High-density urban agglomerations may be sustainable in terms of the economies of scale their populations provide. Yet, as proven by the ongoing COVID-19 pandemic, these same urban spaces are nearly defenceless in times of unprecedented disease outbreaks*". https://www.orfonline.org/research/urban-densities-and-the-covid-19-pandemic-upending-the-sustainability-myth-of-global-megacities-65606/

[26] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases

[27] We have this available to us at the appropriate scale from maps of the Index of Multiple Deprivation (IMD),

[28] https://www.bbc.co.uk/news/uk-politics-17808026

of the ONS series looking at Deaths involving COVID-19 by local area (MSOA – Postcode District) up to 17th April[29]. This showed, for the first time, deaths from the virus with some useable ground truth - displaying the disease in a way that helps us to see its local incidence. What became immediately clear from this data is that the incidence of COVID-19 deaths is spatially concentrated in the major cities and movement corridors, and, in particular, that it *cross-maps onto the most impoverished places* in those contexts. .

Our previous paper suggested, without the data to inform it at that time, that the social and spatial impact of lockdown would be hugely variable. We are not 'all in this together'; "*contagious disease spreads more rapidly in overcrowded housing. The link between overcrowding and coronavirus has been made both in relation to England and elsewhere*"[30]. We can now confirm that there is a differential impact of COVID-19 on ethnic minorities[31]. We can begin to look more deeply into the combination of physiological risks and impacts associated with social exclusion and poverty; "*physiological risks associated with the virus cannot be separated from their social exposures*"[32].

The new ONS data make it abundantly clear that the most deprived areas and their population have been dramatically more affected – with twice the rate of deaths per number of cases in some inner London boroughs, for example. The inner circle of London suburbs was a particularly prominent feature of the ONS map and helped show how it is possible for a very London-centric view of the pandemic to have emerged. However, we know about deaths but not about *cases* at this spatial level of resolution (See Figures 3 and 5 in the ONS publication – Figure 5 is interactive and moving a cursor across the areas shows the numbers[33]).

1.5 Localised assessment of risk

COVID-19 contagion has moved across the "action spaces" of people (where they go to shop, socialise, work, take the children to school and so on) and the networks that bring them into contact. These are the spaces where a realistic view of the de facto risk of personal contagion can be understood (hence the urgency of creating a phone app which can track people across these spaces). Deployed at the local geographical level, the organisations involved in tracing contagion can start by having a realistic risk assessment of the probabilities of people being infected by the virus – the "hotspots".

With this knowledge, local populations and the organisations supporting them could be empowered to be as creative as possible in finding ways to minimise the possibility of infection against a more realistic estimation of risk. Not least, composite information at this scale should be available to GP networks and local Public Health and care organisations (we understand this not currently the case with data from the

29 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending17april2020

30 "*Moral hazard describes situations in which the costs of risky behaviour are not entirely borne by those responsible for that behaviour, so encouraging excessive risk-taking in the future*"[30]. https://theconversation.com/coronavirus-pandemic-puts-the-spotlight-on-poor-housing-quality-in-england-136453

31 https://www.theguardian.com/world/2020/apr/22/racial-inequality-in-britain-found-a-risk-factor-for-covid-19

32 http://ghpu.sps.ed.ac.uk/ethnic-minorities-covid-19-uk/

33 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand17april

testing regime -though late in the day we hear that a Minister is indicating that testing may be devolved to local Public Health[34]).

Being able to identify local "hotspots" for the virus helps us to understand better where pressure points can arise. For example, the ONS data brought into perspective the issues that travelling by London Underground[35] will have for people whose normal journey to work takes them across an inner ring of places with a high propensity for contagion. Other major cities can now see what they have to take on board for their public transport systems. By contrast with those in densely populated city cores, those on outer edges of the country and in rural areas can see that up to 17th April at least (because of the lag in the data) their propensity to catch the virus – though not ever zero – has been relatively low. But it should be instructive for all to see that it is *rarely zero and can change over time* – deflecting behaviours that might turn to complacency[36].

Something of the revealed *pressure map for NHS hospitals* might also be read off from the ONS data by local place. The highs and lows of the detailed maps show that the low hospital capacity utilisation rates on average come from a *binary distribution*. Some areas are under pressure. Others have spare capacity. Averages hide the realities on the ground. At last, we have the first ground truth map of the geographical reality – if only for COVID-19 deaths.

[34] https://www.theguardian.com/world/2020/may/08/public-health-directors-take-charge-covid-19-testing-care-homes

[35] "*Research published in BMC Infectious Diseases found that those using public transport during flu outbreaks were up to six times more likely to pick up an acute respiratory infection*" https://www.telegraph.co.uk/global-health/science-and-disease/coronavirus-public-transport-how-avoid-catch-travelling-advice-tubes/

[36] Suggestions of an earlier easing of lockdown for these "low incidence" places are being resisted by Public Health commentators (Duncan Harrison, DPH, Blackburn with Darwen, Twitter). Allowing the least affected at present to make an early start toward lifting lockdown might allow them simply to catch-up with the rest through early entry to the "second wave" – a "levelling up" that would be highly inappropriate.

2.0 Easing Lockdown

2.1 Avoiding the second wave

As we said in our earlier paper, the process of planning to exit from lockdown, for politicians, must be almost as terrifying as the virus itself. The unlocking process is where the government has to make decisions about acting, and for each action there will be consequences. It is no longer just a question of contagion, NHS pressures and deaths. Now the damage to the economy and the drain on the public finances is rising sharply in profile. There is also growing consideration of the wider health and social care issues[37], and the personal and social costs to people of the loss of their normal freedoms[38], but in all of this there is the challenging need to balance risk: "*Social distancing and other measures have slowed the spread to a point at which the impact of the disease is currently manageable. But cut the parachute too early, before the danger is averted, and the outbreak will accelerate again*"[39].

The current message is "abide by the rules of hard lockdown or face a second wave of the virus"[40]. Trust in government, good information and public consent are vital for this to be observed.

The key strategic questions are still "when and how to begin to lift lockdown, and in what order to do it"? People are becoming mildly encouraged that the flattening of the curve has arrived and this is shifting day-to-day behaviour with claims that the lockdown is "*fraying at the edges*"[41]. Nevertheless, it seems that the time has arrived for government to admit that it is thinking about how to go about lifting the policy.

The challenge is that with lifting the lockdown on the agenda people might be encouraged to believe they can relax the strict behaviours. We have entered the terrain of 'moral hazard[42]': an example would be where some groups of people gather in large crowds (for example, in football stadia, at beauty spots[43] or at an orchestral performance) with difficulties for social distance. The resulting contagion from close risk then spreads to others who have maintained compliance with the strict lockdown regime.

Moral hazard notwithstanding, there is need - in looking to lift lockdown - for a careful examination of where the damage, ***here and now*****,** is at its most extreme and how an extended duration will produce pressure points demanding a response. This is not just in the economy but in people's lives. The position our previous paper took is that we should take the trouble to find out if there is the threat of a social 'breaking point' for a significant proportion of the more vulnerable population if the lockdown policy goes on too long. If this is the case, there is no long-run guarantee that the citizenry will uniformly accept a passive role in response to those higher order pressures that the state sees as its core agenda. For some, as the daily examples are beginning to show, there is no guarantee that acceptance – even with legal enforcement – will continue without pushback of some kind.

[37] https://www.bbc.co.uk/news/health-52461034
[38] https://www.ft.com/content/d2609e26-8875-11ea-a01c-a28a3e3fbd33
[39] https://theconversation.com/coronavirus-is-this-the-moment-of-maximum-risk-137105
[40] https://www.theguardian.com/world/2020/may/05/covid-19-second-wave-may-be-avoided-with-track-and-trace-says-uk-science-chief
[41] https://www.theguardian.com/world/2020/may/04/lake-district-coronavirus-lockdown-north-east-second-wave-risk
[42] https://www.economist.com/finance-and-economics/2020/04/25/how-to-think-about-moral-hazard-during-a-pandemic
[43] https://www.bbc.co.uk/news/uk-52585373 On May 8 the government was clearly scared of people going out in large numbers

2.2 Lifting lockdown in context: re-spacing people's lives

Looked at through the lens of the local, the challenges of lifting lockdown can also become clearer. Carrying over many if not all of the restrictions into a context where people can go back to work, school and social life demands that we take a hard look at what the re-spacing of society and economy might actually mean in a variety of situations. We cannot be comprehensive here but we can offer a number of examples of how the challenges might appear across groups and places.

Take as an example the way changing the social distancing constraints might vary if people are allowed to go out more frequently and begin to be able to visit family or open space leisure. This single modification will play out very differently from group to group and place to place. For a middle-class family where the breadwinner(s) can work at home online and with a car, such a new freedom would allow them easily to extend their action space to include family members and consume non-crowded open space leisure. The car would function as a 'sealed bubble' from A to B.

For a family living in an inner urban area without access to a car and normally using public transport, easing the space constraint this way would see them obliged to transit and share COVID-19 risk spaces (with attendant risks for bus drivers and other transport staff)[44]. Freeing up leisure space would from this perspective have a discriminatory impact. Recalling that the last group is likely to contain those who have suffered more severely from the effects of the virus and the impact of lockdown would suggest, once again, that a more nuanced approach is required beyond an all-encompassing Ministerial statement.

2.3 Gradual forms of opening up; Local issues to consider

Staged forms of opening up the economy nationally may also have much to learn from local experience.. If a public service (refuse tip) or retail reopening is undertaken piecemeal there is a risk that pent up demand will see people wanting to participate in large numbers with queues and the possibility of contagion. The reopening of recycling sites in Manchester on May 2nd resulted in significant traffic congestion (even by imposing a form of rationing by number plates)[45]. Greggs bakers abandoned a decision to test the market by reopening a selection of stores, fearing queues and disruption[46].

A key consideration for reopening service facilities at a local level is, then, likely to be *absorptive capacity* if the aim is to avoid the contagion effects of queues. The recycling sites and the Greggs examples are likely to be repeated widely across the retail sector where ponded back demand meets limited supply and low absorption. It may be for this reason that on May 6th Germany announced that all shops could reopen, but that "*they will operate an "emergency brake" if there is a new surge in infections*" [47].

These simple examples serve to show that the process of unlocking is terrifyingly complex, massively interconnected and may be highly discriminatory. This is not something that can be undertaken by simply saying that people can become mobile again. In the longer run, the challenges in the compressed social and economic environments of the major cities are, for example, going to be way more difficult to solve than for the outer suburbs or the dispersed areas of the country.

[44] https://www.ft.com/content/bae97166-891d-11ea-a01c-a28a3e3fbd33
[45] https://www.itv.com/news/2020-05-02/queues-build-up-as-some-tips-reopen-for-first-time-since-lockdown/
[46] https://www.bbc.co.uk/news/business-52500880
[47] https://www.bbc.co.uk/news/world-europe-52557718

Once again, a more nuanced and locally informed approach will be essential. Since, as we have already shown, the impact of COVID-19 has been sectorally, demographically, and spatially highly heterogeneous, the complexity of the problems we face are in re-opening are enormous – perhaps even beyond our competence to manage more than piecemeal. Co-designing a flexible approach to tackle the extremes and releasing creativity in the local context is going to be vital.

3.0 Co-designing a flexible approach to tackle the extremes and release creativity

3.1 Meeting complexity with organisational variety

In dealing with a complex, sectorally and geographically ordered economic system; it should be clear that *variety* will be needed in the governance structures for lifting lockdown. Multiple and coordinated frameworks will be required. While the Prime Minister's statement of 30th April talks of a policy to "*get our economy moving*"[48], there also need to get local schools, local shopping centres, local civic society organisations – and above all – local social and family networks "going again". The level of governance/administration to be deployed for business sectors on the one hand and local places on the other will be very different, and central government cannot do it all.

A key question must then be: "who is to be granted agency to create recovery solutions in specific situations?". While the central authorities can set the national framework, it is vital that a degree of executive authority be granted; i) to those who understand the nature of the actors; and ii) that are positioned at the most effective geographical level of resolution to face the challenges: "*Councils have an unrivalled understanding of their populations and this must be drawn on if contact tracing and isolating is to be effective*"[49]. We are dealing here not just with releasing the lockdown but also with the potential deep recession that most commentators believe will follow.

The second thing needed will be *creativity*. Again, this cannot come exclusively from the centre. Much of it is going to have to arise in and from the real context where the action needs to be taken. Considering businesses as "sectors" of the economy may be too high a level of aggregation for the necessary creativity to be fostered in workplaces and customer-facing outlets. Small and medium sized businesses are those most highly threatened by the economic circumstances ahead, and sectoral measures may not be enough to cope with the pressures that they will face. Agency needs to be available at whatever level the best effectiveness in addressing the problem can be achieved.

3.2 Facilitating a more bottom up perspective with appropriate data

For many of the problems to be confronted, policy will need a turn to consider the variable reality of outcomes on the ground. A more bottom up approach would, for example, be vital across many of those *spaces of economy and society* that need to be restructured. To do this, there is also a need, as we suggested earlier, to shift the balance of the data series that dominate the current debate. As much information as possible needs to be made publicly available at a granular level. We need to know much more about what is going on at the lowest level of spatial aggregation available – consistent, of course, with protecting confidentiality.

The recent data series from the Office for National Statistics on COVID-19 deaths shows the way, but they show the past outcomes of contagion, not the current real-time risks and patterns. This provides data down to the MSOA (postcode) level inside Local Authorities. If *case data* were available (from hospital, 111 and

[48] https://www.gov.uk/government/news/prime-ministers-statement-on-coronavirus-covid-19-30-april-2020
[49] https://www.lgcplus.com/politics/coronavirus/robin-tuddenham-chris-ham-councils-must-be-at-the-heart-of-contact-tracing-04-05-2020/

testing sites) at this level, hotspots and cold spots could be identified that could efficiently direct the first stages of contact-tracing. Not just this, people and businesses in local situations would have a more realistic basis for risk assessment – an antidote to paranoia, resistance, and to carelessness.

3.3 Multi-level measures to deal with the conditions of most vulnerable people and places

As our previous paper pointed out, the on-the-ground impact of the virus and lockdown ran across all the dimensions of local life, and not just those related to health. This is particularly the case for those elements in the in the population that have suffered more intensively from infection and the deaths associated with it – those who are already multiply deprived. The revelation of May 4th that, for families with children, 17% (2.4 million) of children are suffering from food shortages powerfully makes the point[50].

The supporting organisations and networks normally available for people and families in this situation have also had to respond the lockdown. The Local Authorities have carried on as best they can with a responsibility, not just to support their wider communities in general, but also having to deal with the desperate conditions of those who entered the crisis vulnerable and who have been worst hit by both by the virus and the constraints of lockdown.

For this group in particular, it is vital to have available both the information to understand their situation, and the *devolved resources and executive authority to intervene quickly*. This again demands a devolved approach. In a system of multi-level governance, the national, regional, and the local need to be harnessed together. In part this is happening (Universal Credit, £3.6M subvention to Local Authorities) but the claim is that the projected cuts (like the removal of the Local Authority special allowance for deprivation) is leaving local systems ill equipped to cope with the scale and severity of the crisis. Public Health, GP Networks and Local Resilience Forums[51] are in place but as yet there seems to be no recognition of the critical importance of their role in moulding central policy to local conditions.

The speed and scale of the emerging crisis in the poorest areas (and the effects of lockdown on these bodies) in some local contexts must be overwhelming. Like the question of care homes, the conditions of the most disadvantaged (including many BAME groups[52]) have come rather late to the national consciousness. Once again, there has been data blindness at the necessary spatial level. Having discovered the issue and, while the conditions for lifting lockdown are dominating the debate, there is a pressing need to get both the need for devolved powers and the seriousness of the issue onto the table before the Prime Minister makes his next policy proclamation from the centre.

[50] https://www.independent.co.uk/life-style/health-and-families/coronavirus-food-children-hunger-lockdown-a9497166.html

[51] Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.

[52] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020 "*the risk of death involving the coronavirus (COVID-19) among some ethnic groups is significantly higher than that of those of White ethnicity*"