

EU Exit Working Group – Wednesday, 13 February 2019

Transcript of Item 5 – Contingency Planning as London Prepares for a “No-Deal” Brexit

Len Duvall AM (Chair): Can I welcome our guests to this session? Dr Fiona Twycross is an Assembly Member and also Chair of the London Resilience Forum (LRF). You also have another title that I should know. Do you want to remind me?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): I am Deputy Mayor for Fire and Resilience.

Len Duvall AM (Chair): Thank you very much. John Hetherington is Head of London Resilience. Also, we welcome Khadir Meer, Chief Operating Officer for the National Health Service (NHS) England in London, as well as your colleague Peter Boorman [OBE], Regional Head of Emergency Preparedness, Resilience and Response, NHS England.

We did have a previous meeting back in November [2018]. Fiona, we spoke to your colleague, who is the Deputy Chair of the LRF [John Barradell OBE]. We talked about the issue of the Government saying, “Thank you very much. We would like you to start preparing for this”. You had a number of papers before you. There were various degrees of - how can I say it - helpfulness but there were also a number of grey areas in terms of whether you are being prepared.

At the same time as we in London, and the various sectors like London local government, have been told that, the NHS was also told to start preparing for various issues, particularly around “no-deal”.

I thought, just for scene-setting of the issues, since that meeting with John Barradell [OBE, Deputy Chair, LRF], the Forum met and your sectors came to a view and formally made a statement about where things were. You may wish to correct me but we think, in terms of your report following that meeting of those who were preparing for London’s resilience, that you came to conclusions on the following key points:

“The technical notices and details of the Government’s preparations published by central Government, while helpful for some sector-specific issues, do not alone contain sufficient information to inform contingency planning.”

“... comprehensive assessments of the implications for critical supply chains and personnel need to be conducted by Partnership organisations where they have not yet been fully considered.”

I think you will go on to do that.

“Partners are generally confident in their ability to implement adequate contingency plans for Brexit, and in the Partnership’s capability to respond to specific risks such as increased protest activity and the potential for civil unrest. These issues are considered to be within the Partnership’s extant emergency response capabilities.”

[However] there is a gap in information [presumably that is from the Government] about potential risks that may require the Partnership to respond to an emergency, including a need to develop detailed planning assumptions, for example residual risk (following central Government mitigation) of disruption to food, energy, and fuel supplies, and borders (people and goods). The information received in the technical notices to date does not indicate significant concerns in the areas of energy and fuel supplies, but there remains uncertainty about the implications for food supplies and border disruption."

Is that still the case or have things moved on since you issued that report from your Forum?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): Unfortunately, that is still the case. We have had quite a lot of engagement with the Government and the planning assumptions may have been modified very slightly since then, but they still lack any sort of detail or underlying explanation about what lies beneath the assumptions that we are being asked to work to. On two occasions we have sent quite detailed lists of issues that we feel that we quite urgently need additional information on from the Government. Actually, it still feels - the Resilience Forum partners are reporting this as well and other organisations are reporting - like there is quite a one-way stream often into the Government and there is very little forthcoming back that is useful.

With the planning assumptions, one of the issues has been that there is still a reluctance for us to share those with key partners. It is 44 days now. It is very close now. We are still being asked to avoid sharing the planning assumptions. That leads to a belief by people who are not seeing the planning assumptions that there is some sort of holy grail that will give the key to things, and that is not the case. We do need to see some of the detail and get a stronger understanding of some of the underlying reasons behind some of the planning assumptions.

It does not feel like we are getting sufficient information out of the Government yet. Part of that is because of the chaotic situation we see the Government in. We see the paralysis at a national level in terms of parliamentary activity. Every week it feels like we are offered a possible solution this week and then this week it feels like people are starting to change the narrative a bit to make it clear that it might go right to the wire. If we are not going to get any additional information out of the Government in any sort of detail, until there is a parliamentary conclusion, that presents a big risk because it means that we are not working to the maximum level of information we might do.

Len Duvall AM (Chair): We are 44 days out. The gaps still exist in information. As originally outlined, you were looking for more information around some of the technical notes around the food supply, border disruption, energy and fuel. Do those gaps still exist?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): Yes. We have done some work around this anyway because what we have not been prepared to do is wait for information to be forthcoming. Particularly on the issue of food, we are very fortunate in London to have the London Food Board and so we have a subgroup between the Resilience Forum and the Food Board that has been digging down into some of the issues that might arise around food in the context of a "no-deal" Brexit.

Len Duvall AM (Chair): Am I right in thinking that we are still working at a strategic level and the brief that you were given towards the end of last summer [2018] has slightly developed over that period of time leading up to the Christmas period in the technical notes that you were provided or the limited technical notes?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): Do you want to comment on the technical notes?

Len Duvall AM (Chair): Unless there is something --

Dr Fiona Twycross AM (Chair of the London Resilience Forum): No, we have not had more than the technical notes, really.

John Hetherington (Head of London Resilience): No, nor any clear directive as to what we should be planning for. It is left to interpretation. However, as Dr Twycross [AM] said, I am not saying it is the answer, but we are getting an answer rather than the working-out and that is the bit that we need to understand. Otherwise, we will be solving consequences, not root problems. It leaves us in a position where we are unable to put together a detailed plan or understand what the Government's contingency plans are so that we can respond accordingly.

Len Duvall AM (Chair): Not that I am an apologist for the Government, but given the period of time last year [2018] - and maybe if we can talk about optimism in this process - it was planning for contingencies. Do you believe that in the coming 20-odd days that you are going to get some further information on where the Government might direct you or say there are particular concerns about this? Presumably the Government is receiving information not just from this region but from others and I presume that your colleagues outside London will be saying virtually the same things because we are all working within a very limited focus.

Dr Fiona Twycross AM (Chair of the London Resilience Forum): Yes. We are fortunate in London that we have an LRF that has the capacity - and we are increasing the capacity - to do this work. My concern is that in some other areas people have been waiting until they get a stronger indication from the Government, whereas we have been treating the planning assumptions like a cryptic crossword, actually picking them apart and trying to understand what might be behind them.

We have a few events coming up that we are hoping will provide more answers. We have a meeting with Ministry of Housing, Communities and Local Government (MHCLG) officials tomorrow. We are going to a full-day event for resilience forums in the south east on Friday. Then, at the beginning of March [2019], there is a one-day conference for LRF Chairs that will focus specifically on Brexit.

The day before John Barradell [OBE, Deputy Chair, London Resilience Forum] and John Hetherington came to see you last time, we had had an LRF conference with the Chairs. One of the regrettable things is that opportunities like that have been missed in terms of early interventions and early provision of advice because there has been a reluctance to go away from the Government's insistence for too long that actually it really was confident of getting a deal. We are shifting into this acceptance that we are closer to a "no-deal" situation at this point; whereas if there had been a clear indication from the Government at an earlier stage, it would have allowed people to have that confidence to start doing that detailed planning.

In terms of planning, we also do not know what could happen or would happen exactly. We can make educated assessments of what we think might happen in the case of "no-deal", but what you would normally get - say, for example, for Y2K [the Year 2000 problem] and the [2012 London] Olympics - is a much greater running time when people are very open about the need to undertake proper contingency planning.

You can also see, not so much in London but in other parts of the country, that people have been waiting for that certainty. It has been irresponsible of the Government to have that message going through because it has

discouraged some areas from undertaking the level of contingency planning. They have taken as read that the Government is confident of having a deal and it is now getting a bit too late. Everybody is having to play a game of catchup.

We are hopeful, again, that we might get more information at these two events and we will get more information, but on the evidence of what we have had so far it has been pretty limited.

Len Duvall AM (Chair): Of course, your key Government department that you normally liaise with on resilience issues is the Cabinet Office. Is that correct?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): The Cabinet Office does contingency planning, but our main contact would be with the MHCLG through the Resilience and Emergencies Division team.

Len Duvall AM (Chair): I suppose my last point, just setting the scene at a national level, is there consistency in Government messages coming back and what is coming out to different people? Some of this work originally came out through the leaked Treasury paper on Operation [Yellowhammer], this week, around that. Is there consistency in those messages? Even though you could do with more information and more assumptions of what the Government is thinking will happen, is there consistency in the messages coming from across the Government?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): My view would be that the Government is fairly chaotic at the moment. I would say that this is probably the biggest constitutional crisis any of us will, hopefully, witness in our lifetimes. We do sometimes get contradictory messages out of the Government, but the main issue in my view is the lack of information, not contradictory information. In some ways, it would be helpful if people got their contradictory statements out because then we would at least have more than we do at the moment.

Len Duvall AM (Chair): OK. At this point, I want to bring in our NHS colleagues. You are here because we think you are one of the key sectors in London. It is fair to say that you are stressed at various times of the year more so than others and this may compound the stress and the challenges you face in delivering the services that you want to deliver to London's communities. In the sense that you have heard some of the questions that I had, when we last had John Barradell [OBE, Deputy Chair, London Resilience Forum], we teased out of him that even though the NHS had been given instructions to operate, of course, partly because of the nature of the conversation, you were unable to fully engage with other partners. You had to do it yourselves first before you could engage with others and share what you would normally do in resilience-type operations.

Is that still fair to say? No doubt that has changed now because you are some way ahead in some of those preparations. Is that correct? You initially had to start in your own area and then engage with others in the resilience family and with people who may help you in tackling these challenges?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): Firstly, thank you for inviting me. I am very happy to be here. We work very closely with the LRF and with [Dr] Fiona [Twycross AM] and her team and with John [Hetherington].

In relation to our preparations, where did the NHS start? We are used to planning for every eventuality. We are used to managing and preparing for various major incidents or potential issues of concern. We have had

cyber-attacks. We have had terrorism. We have had Grenfell [Tower fire]. We have a level of experience and good partnership working across London, really, and a stable team and a stable set of stakeholders. [Dr] Fiona [Twycross AM] is right. In the first instance, there is a strong partnership in London across its organisations but also it is geography that enables us to work much more coherently than other parts of the country might be able to. That is a starting point for us.

Secondly, in relation to the specifics of your question, we have clear guidance and that guidance is not prohibitive or restrictive in our ability to work with our partners. Certainly, I do not feel that. I will ask that of Peter [Boorman OBE], who works at a more operational level. We in London have a set of guidance from the Department of Health (DoH) in terms of expectations of NHS England, and NHS England national colleagues have set out their expectations for us in London.

In response to that, we have established a regional operational group that has brought together partners from across health and social care. We have established a regional forum to do that. We are making sure that we are working across health and local government. We have also established a stakeholder group. We are meeting on a weekly basis as a team to go through our preparations and we are working through the latest bit of guidance and expectations. We have a fortnightly meeting of the partnership forum across the NHS and social care colleagues, including public health, and on a fortnightly basis we also hold a stakeholder call, where we have representatives from all the acute trusts, all the hospitals, all the commissioners and all the Clinical Commissioning Groups. We go through the latest update on preparations and make sure that everybody is on the same page and is clear about the expectations.

In answer to your question, we have a clear set of guidance and a clear set of expectations. We are working through it. It is quite a hierarchical service in the NHS, from the DoH to national colleagues and from national colleagues to us in London, but when we do get to London we are hopefully working through the partnership of the LRF.

The final thing to say is that we have a conference tomorrow and we have about 150 participants from across [the] health and social care [sector]. We will be going through our preparations and our plans and making sure that we are answering and addressing any concerns being raised. It is at the same time as the LRF and so --

Dr Fiona Twycross AM (Chair of the London Resilience Forum): There is somebody from the LRF going.

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): One of us will be here and one of us will be there.

Len Duvall AM (Chair): To be fair, most of the general public would just think of hospitals, but of course it is not. It is general practice (GP) services, it is those who are cared for at home, it is their drug supply, it is their equipment that you need to deal with. Is your primary focus hierarchical? What are the first things you have had to deal with at the different levels with degrees of protections or minimising disruption in the event of no deal?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): That is a really good question. When we have worked through the expectations or any of the potential issues, the immediate concern or issue with any potential "no-deal" scenario is the supply chain. That is where we are focusing our energy and effort. It is the implications or any potential implications from an impact on the supply chain, the supply chain in terms of medicines and the supply chain in terms of non-medical [supplies].

We have to work through those at every level. It is the supply chain for medicines and non-medical supplies within hospitals, and the same within community and GP [services] and the same within pharmacy and social care. I would not say that we are prioritising any one level of provision above others, but it is about understanding the impact and planning and preparing for it. For acute trusts, it will be prescribed medicines and those licensed, whereas for pharmacies it will be over-the-counter, and similarly around non-medical supplies.

Len Duvall AM (Chair): Going further, even though the pressure is on you, the pressure is also on your suppliers, is it not? It is not you who has to stockpile, albeit that you might. You will be asking them maybe about their delivery arrangements to give you more time to allow for those deliveries, wherever they are coming from outside the United Kingdom (UK) in that sense. Is that same for not just the delivery but the stockpiling of drugs? They have a shelf life, do they not, a best-by and all the rest of it? There is only so much you can do.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): They do. We are really sensitive about the suggestion of stockpiling or any suggestion to encourage that kind of thing. The advice from the DoH and from NHS England is that we are not expecting local pharmacists, GPs, hospitals or acute trusts to be stockpiling. There are national preparations and agreements with all our major suppliers in relations to medicines specifically in order to make sure that there is contingency. National colleagues are planning on a six-week contingency in order to ameliorate and address any slowing of supplies from the Continent or beyond.

We have a really clear message: no stockpiling. That by its very nature could cause, for us, a run on supplies.

Len Duvall AM (Chair): Yes. Just on another aspect of this, of course in the run-up to Brexit, people are anxious about their own situation. You are a large employer with a number of European Union (EU) nationals there. You would have seen some change already in terms of people making some choices about their future and whether they stay here or go because they have expertise that is transferable throughout the world in some cases.

In the event of no deal, what are your planning assumptions around that? How will that impact on services? I presume it is, again, throughout the NHS system, not just in terms of acute hospitals in that sense. Tell us what your thinking is on that and what steps you are taking around that.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): Health Education England colleagues have done some analysis around workforce implications. What is clear from that, from our perspective, is that we are not expecting any immediate impact in relation to workforce issues for the NHS. Our focus will remain on the supply chain in relation to “no-deal”.

There is the potential - and social care colleagues and local government would potentially have more concern - in relation to the impact on social care because of the potential fragility of that workforce compared to the higher-qualified and more stable workforce that the NHS may have within doctors and nurses. There is a challenge there that I would not have the detail on.

However, in terms of our expectations around EU nationals within the service, NHS England and most of the NHS is now doing quite a lot of work in terms of engaging its workforce, and making sure that we are supportive in terms of the applications for settled status. NHS England, before that was waived by the Government, had already committed to waive any associated administration fees and is looking to support both

NHS England and, more importantly, the wider workforce of the NHS in relation to applying for and securing that settled status. We do have some figures - I do not have them to hand - that we can share with you after this meeting around some of the analysis that Health Education has done on the potential medium-term impact that we need to be thinking through.

It is something we are sighted on. It is something we are attuned to. It is not our first priority. The priority is around resilience in relation to the supply chain, but the medium-term impact is being thought through. The work that we need to do there is around the communications, the engagement, making sure that our workforce feels valued and supported and that we are lifting any burden around any potential implications around the administration of their status in that process.

Len Duvall AM (Chair): Of course, you mentioned this complex jigsaw of healthcare provision and social care in that sense. In one of the worst-case scenarios, if it does start to fall back on the local government side, it could lead to more pressure being placed on hospitals and issues with that. In terms of the London setup, if you can spot that something is going drastically wrong or a trend is starting to happen, you can quickly rush in with backup. Hospitals will change because, clearly, to create beds now would have to lead doubling, I suppose, what you have to do in a winter crisis or in the permanent crisis that you have. Is that fair to say? Do you want to just give us a little flavour of those issues?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): The NHS is not short of data and we are not averse to asking for a template to be completed and some information provided. That all comes only too naturally.

However, in answer to your question, we get daily reports. On a daily basis, I can tell you - on an unvalidated basis; it is not published data - the wait for emergency care in any of our hospitals in London. Not only that; I could tell you the average length of stay for a patient in that hospital. I could tell you the level of delayed transfers of care. If you look at how long patients are waiting, how long they have been in a bed and how long it has taken for them to be discharged, you start to get very quickly a feel for whether there is an emerging issue or a rising tide. Then you only need to correlate that back to that hospital, the boroughs that serve that hospital, and the potential implications around how resilient the partnership is across health and social care in that borough in relation to that hospital. You can pick those things up very quickly across London.

Len Duvall AM (Chair): I presume, if you needed to make emergency provision over and above what you have, there are plans to do that. Presumably, the existing plans for a pandemic would come into play in some cases, if it got that bad.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): Absolutely. We have tried-and-tested plans. You mentioned Y2K [the Year 2000 problem] and the [2012 London] Olympics. I would put the flu pandemic into that. Were we prepared for that? Every NHS organisation has a business continuity plan. That business continuity plan has scenarios such as a flu pandemic. If there was a flu pandemic, what sort of pressures would that put on services and what would be our flex in terms of creating capacity to manage that? There is capacity across the system. Often the challenge is about when you bring that on, how you might want to use it and making sure that the financial resources are in place to be able to do that. Within the case of health, quality and safety always comes before any other consideration.

Len Duvall AM (Chair): At some stage, someone is going to ask how much this is all costing us, diverting you from the day job and everything else. Whether it is [Dr] Fiona [Twycross AM] or not in terms of local

government or yourselves, there will be a cost to your suppliers, presumably, if you are asking to change contracts or the way those contracts are. There is a cost to all this. Are you keeping tabs on that cost?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): At the moment, that would probably be a question for the national [NHS] or the DoH. At the moment, we are working on the basis that every NHS organisation has a team such as the team that I have, led by Peter [Boorman OBE], which is an emergency planning, resilience and response team. Alongside that team, we have put some additional resource in place to make sure that there is sufficient capacity to plan and prepare for exiting the EU. There will be some administrative costs associated with that but --

Len Duvall AM (Chair): Usually, they would come out of the end-of-year -- it is how big your deficit grows, is it not? You would be able to track through how that works in the system in terms of supplies and issues around that, if you were asking for major changes.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): That is a leading question. At the moment, we are anticipating some minor administrative costs, yes.

Len Duvall AM (Chair): OK. We might come back to that. No doubt the LRF might want to look into that. I say that just partly because we have only really started paying much more attention to resilience-type activities. This is clearly a focus of it, but it has always been a poorer part of service planning. We need to think about the costs of that and take that into account.

Caroline Pidgeon MBE AM: I wanted to look at contingency planning at the London level. If I could ask [Dr] Fiona [Twycross AM] and John [Hetherington], could you set out in a bit more detail for us the work the resilience partnership has been doing over the winter to assess the likely impact of no deal on London? You are going to write to the Government for more information and you have indicated there is not a lot more there. Have you now perhaps drawn up a London risk assessment for Brexit?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): Do you want to start?

John Hetherington (Head of London Resilience): Yes. As we said, information has not been readily forthcoming, but that does not mean that we have not done anything. We have been working hard. It is also important to note that it is not necessarily the fault of the civil servants, whom we closely work with. They are as exasperated as we are. There is just such a breadth of understanding of the implications.

Of course, there are four key factors that will affect them outwith any of our control. It is not only what the Government policy or preparations are; they also have to contend with what the EU mainland will do. That is a huge impact on the cross-Channel supply chain routes. Then, a lot of this sits with individual businesses and organisations. Certainly the food industry is a multibillion-pound industry that is hugely complex, as we have worked through and found out. Lastly, there is the public behaviour. We just do not know where that is going to go.

In terms of our risk assessment, we have looked at it alongside the Government. They can refresh theirs in terms of a specific Brexit risk assessment and we have followed suit. We have not changed our risk assessment *per se*. Our extant risk assessment stays in place --

Caroline Pidgeon MBE AM: It is the same if it is a planned Brexit or a "no-deal" Brexit?

John Hetherington (Head of London Resilience): Yes. What we have done is looked at the impacts it will have and work through those in much more detail rather than the generic style of risk assessment as to the likelihood of something happening over five years. We are looking far more at the impacts rather than at generic risks.

As Dr [Fiona] Twycross [AM] said, we have looked in particular at food and understanding the knock-on implications there, and a great deal of work in conjunction with the [London] Food Board has been done there.

Following the summit that we had in September [2018], we have had a monthly meeting of a Brexit Contingency Working Group, a subgroup of the LRF, to bring together all the partners to share the understanding of the impact so that we have a cross-London portfolio of the risks. That is chaired by Dr [Fiona] Twycross [AM].

We have written numerous times to central Government, to the Prime Minister [The Rt Hon Theresa May MP] and to the Minister for Food Security [Parliamentary Under Secretary of State for Food and Animal Welfare, David Rutley MP], and we await responses. As we have mentioned earlier, we are chasing up with the MHCLG for a more detailed understanding and to have a comprehensive two-way conversation on these risks. The LRF chairs conference that Dr [Fiona] Twycross [AM] referred to earlier was by and large our part of lobbying from London that the Government needs to hold that constructive conversation. That has been positive.

In terms of our London work, we try to suck as much back from the Government as we can but we have had to press on with our own arrangements. At the moment, that is focused on our co-ordination of London. As Khadir [Meer] said earlier, in terms of their ability to spot trends, each organisation is looking at their own way that they are going to spot those impacts and where their adaptations will need to be put in place.

Yesterday afternoon we held a workshop of senior stakeholders to agree our co-ordination agreements, a draft strategy and terms of reference for the London Strategic Co-ordinating Group so that we have that daily ability in the first instances to spot those trends and be able to deal with any of those impacts that arise.

Dr Fiona Twycross AM (Chair of the London Resilience Forum): One of the things we have also been very mindful of is that if we entirely focus just on Brexit, we would overlook the fact that in any one year London might have a number of independent major incidents.

Caroline Pidgeon MBE AM: Yes, of course.

Dr Fiona Twycross AM (Chair of the London Resilience Forum): One of the pieces of work that John [Hetherington] and his team are looking at is - and this is something that the meeting that John referred to yesterday looked at - how we make sure that we address both issues that might arise from Brexit alongside other incidents that might occur in any 'normal' year. In terms of making sure that we can have that strategic co-ordination in response to any major incident, we have got to recognise that we could have multiple things happening at one time.

Caroline Pidgeon MBE AM: Yes, it is about how you manage that.

Dr Fiona Twycross AM (Chair of the London Resilience Forum): Yes.

Caroline Pidgeon MBE AM: Since October [2018] when we last saw you and discussed this, what are the key areas on your risk register and what has changed?

John Hetherington (Head of London Resilience): Our standard risk register has not changed as a result of Brexit. We have taken the impacts around the areas we have discussed – workforce issues and supply chain issues arising from border disruptions – and the impacts that we have been provided through some of the planning assumptions – fuel and predominantly food – and have worked through those in greater detail. The London risk register has not changed in its shape other than our ordinary work to look at drought, for example. After recent dry winters we have changed the risk profiling on that, but as a result of Brexit we have not specifically changed the risk register.

Dr Fiona Twycross AM (Chair of the London Resilience Forum): However, what we have been doing is developing the understanding of the risks facing London specifically related to Brexit as a separate piece of work and looking at the impacts and risks, which would broadly fall into two categories. One is the maintenance of existing services and maintaining business as usual (BAU). The other would be the response to incidents or impacts outside the control of any one agency. All of the different agencies such as the NHS would have their own plans and the LRF would be looking at what would happen if we have an incident that is outside the control of any one agency.

Caroline Pidgeon MBE AM: You have talked about information from the Government and the lack of it. What about from businesses and organisations on the ground? Are they communicating with you freely? Are there issues there?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): Communication and concerns are being shared more freely than they were initially. Brexit is an issue that is highly weaponised and so we did see a reluctance for people to talk publicly. If you look at the newspapers or listen to the radio or watch television at the moment, more and more organisations are coming out and being much more open about the concerns. They will have been likely to have been raising these concerns with the Government for some time. It is really focusing people's minds that actually we have 44 days. It really is not a long time.

Some things it is too late to address, such as labelling of food. If we are not in the EU and if we are not in a transitional period, what is going to happen with food labelling, for example? It is no longer food that would be made in the EU. It starts complicating things. It is already too late for some people to get appropriate labelling and things like that.

People are being much more open about it now, but it would have been helpful if the Government had enabled that open discussion before. I mentioned earlier that the insistence that there was going to be a deal has not been helpful in terms of contingency planning because some people have felt confined. It is so weaponised as an issue that people speaking openly sometimes felt they were entering into a political arena, but as a general rule we have managed to keep contingency planning outside that political arena. We have tried as far as possible to keep politics out of it and by and large have succeeded as the LRF, but that political dimension – and even the highly contended idea of even whether “no-deal” is as catastrophic as we would perceive it to potentially be – is disputed. Where we have these disputed areas, it is not helpful for open contingency planning and for people to be able to be open about the risks they think they face.

The uncertainty is the biggest issue. For me, having it right to the wire is just going to exacerbate the potential for issues because of the lack of clarity. I spoke to a business owner who imports food from Scandinavia. She said that it was the lack of certainty that was preventing them having proper contingency plans in place for themselves and their business, but she also said that even one day's delay in goods arriving would be fairly catastrophic. It would basically break their supply chain.

Caroline Pidgeon MBE AM: Yes. It is interesting what you are saying because you are right. Even trying to talk practically about the impact of Brexit, you are seen as being political. It is interesting the parties who turn up to our Committee here now and those who just do not want to hear from you what the reality is on the ground in this area and the political - with a small P, not a capital P - challenges you are facing. It is very difficult. Nobody has wanted to raise their head, as you say. The abuse we all get from daring to mention this subject is astonishing.

Dr Fiona Twycross AM (Chair of the London Resilience Forum): It is clearly changing, but I think the change has come about because people are quite clear that this is too late for people to have certainly about what is going to happen on 29 March [2019].

While it looks like extending Article 50 might be an option, that is not a neutral option because it will just prolong the uncertainty and will potentially increase tensions. It is not as simple as it sounds or as straightforward as it sounds. It does not provide a neutral solution to this impasse as long as it is not clear whether the Government is going to get a deal that is acceptable both to Parliament and to the EU. The uncertainty people are feeling is just exacerbating people's ability to plan effectively.

Caroline Pidgeon MBE AM: Could I just ask NHS colleagues? You set out some of the information that you collect daily from all your trusts and so on. I used to work in a trust and I know all about that micromanagement that goes on. Is there additional information that as a result of Brexit you are planning to collect and how are you going to use that?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): At the moment - and I will refer to Peter [Boorman OBE] in a second - there is not. There have been discussions about whether we want to establish some sort of national collection to understand the pressures. That has not come down to us at a regional level as of yet and I am not sure whether there will be. What we are encouraging our services across London to do is to work within their borough and multi-borough geographies, to work through and understand whether they are experiencing any pressures or issues and to then feed that through to us.

At the moment, there is not any nationally mandated or any regionally developed collection tools at the moment bar our current dashboards that allow us to understand the operational performance of the service and any pressures that might occur.

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): The advice is: to be prepared that something might come and be prepared to respond if it does.

Caroline Pidgeon MBE AM: Obviously you are going to give us some of the staffing and workforce issues, but you are saying that it is not that tricky. It may not be, but on the other hand it could be. You could have a sudden exodus of staff and so, presumably, that might be some issue that you would be looking at reporting on. What about drug supply and some of these other supplies you have talked about? Are they things that you might then focus on?

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): There is a very focused piece of work on the supply of medications, as Khadir [Meer] has already referred to, and a piece of work around monitoring supplies to ensure that they are not stockpiling. That is more the point: to make sure that the monitoring is picking up any areas where there might be stockpiling indicated to alleviate it and make sure that that does not happen. There is additional monitoring that might

come in there and that is being done both regionally and nationally, but nothing else apart from that, as far as I am aware.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): The NHS collects data on vacancies and interim staffing on a routine basis anyway, and so a lot of the operational performance information for the service, as you will appreciate, is already in existence. We can look at operational performance. We can look at the effectiveness of partnership arrangements in relation to service pathways. We can look at what vacancies look like, the levels of interims and agency staff being used, etc. We can pick up most of that.

The additional work, as Peter has highlighted, is to pick up whether we are starting to see particular behaviours that may have then an adverse or unintended impact or consequence.

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): These mechanisms are already in place and they are not things that we are bringing in additionally.

Len Duvall AM (Chair): Can I just go back before I bring in the others? On the stockpiling issue, I get the thing about medicines and about how you can create consequences that will add to your problems later on and also about the time-limited issue. What about other pieces of kit? Some of that may well be time-limited, but does it make sense to maybe stockpile some of that or does that have the same issues?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): It is the same message.

Len Duvall AM (Chair): Then it becomes a crisis only if there is a complete collapse. That is the bit that you cannot deal with and then you have to manage that risk.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): Exactly. The contingency at the moment that has been planned across the NHS is for six weeks. The expectation is that if there are supply chain issues and pressures, they will be mitigated and resolved within those six weeks.

There are three bits to a supply chain. There is medicines. There is non-medical perishables. Then there is other supplies.

Len Duvall AM (Chair): It does not give us much hope when we have had two years to prepare for this in the sense of where we are, I suppose. When is a crisis a crisis? I thought we were in crisis at the moment. We could be in even more of a crisis with no deal. I do get your point around that. Surely that needs to be tested out and made clear to your counterpart civil servants that, actually, if it all goes belly-up, they have six weeks to sort this out. You need to make sure that the people above you and other decision-makers really fully understand that. They have six weeks to resolve difficulties if it all goes terribly wrong. Is that fair, give or take a week or two?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): In relation to medicines, six weeks tops.

Caroline Pidgeon MBE AM: What would it normally be? You are saying you have six weeks. What would normally be the cycle? Is it two weeks? Three weeks?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): If you speak to the Chief Pharmacist for London, he will tell you that monitoring medical supplies and medicines is a BAU activity for the pharmacist community in London. You will remember that a few months ago there was a bit of pressure on EpiPens. They will tell you that we have tried-and-tested processes in place so that when there is a shortage or an issue around supply, we can put in place mitigations that make sure those supplies are targeted to those most in need, that there are alternatives available and that then there are plans put in place to be able to accelerate supplies. They will say to you that monitoring and management of the supply chain in relation to medicines and other supplies is not something new that we are thinking about. It is a BAU activity. It is only that perhaps more generalists like ourselves are interested in it at the moment because of the implications around Brexit.

Caroline Pidgeon MBE AM: Yes, but you are saying now you are allowing that there should be six weeks' supply in the system.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): Yes.

Caroline Pidgeon MBE AM: What is it generally now? I understand that you have to manage when there is a particular --

Khadir Meer (Regional Chief Operating Officer - London, NHS England): I do not know the answer to that.

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): I could not answer that, either.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): We can check.

Caroline Pidgeon MBE AM: That is an obvious thing. Is it normally only one or two weeks and you are extending it, not stockpiling but extending it, or is six weeks actually what it is now?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): I think it is the former. I do not want to put a number on it, but what we are working to - like any other industry - is that most of this is based on just-in-time supply chain processes. Therefore, what we are building in now is a contingency.

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): With the suppliers and not with our own organisations, and so --

Caroline Pidgeon MBE AM: Yes, I understand that you are not stockpiling.

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): We are not stockpiling.

Caroline Pidgeon MBE AM: I get that, but you have asked them to effectively hold six weeks' worth so that you do have a buffer?

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): Yes.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): Yes, absolutely.

Caroline Russell AM: A 'buffer'. That is perfectly put for this not-stockpiling of medicine.

Yes, continuing looking at contingency planning at the London level and for all of you, following up a bit more on all the different information that you are all gathering and collecting, how is that information that you are collecting being fed into the national operation and what is it being used for? We have had quite a lot of information about data already, but is there anything that you have not said about what the information you are collecting is being used for at the national level in terms of planning?

John Hetherington (Head of London Resilience): From our perspective, in mid-January [2019] we started a reporting regime to central Government on a weekly basis. Every Monday we provide a report on our expected impacts, any new risks that we are identifying and what preparations we are putting into place, so that they have an overview and can spot trends across the country.

They are also running a series of exercises for the south east of England. Ours is on Friday, which we will be attending with all of the other LRFs in the south east of England.

Following that, we are expecting a report back from the central Government. So far, we have not had an amalgamated picture back again. It is something that we continue to ask for. However, I also understand that from their perspective it is extremely difficult to interpret some of this data and provide it back. It is not numerical; it is more qualitative than quantitative and so it is very difficult to surmise and provide an overview picture back.

We expect that to increase. You may have seen in some of the media and the news that the Government is putting itself into a 24/7 operation. We expect that to be live from about mid-March [2019]. We will be upscaling some of our staff to meet that demand because I anticipate that we will get an awful lot of questions coming back to interrogate the data. We have not seen what questions will be asked yet, but we expect that new format to be at least daily from mid-March [2019] going forward for a period. At the moment they are saying 12 weeks and then it will slow down slightly for a further 12 weeks, but a period of six months altogether we are expecting enhanced reporting into central Government.

Caroline Russell AM: [Dr] Fiona [Twycross AM] mentioned earlier on that one of the things that is unpredictable is how people will behave and so, in London, how Londoners are going to behave. It may be that the NHS is carefully not stockpiling, but all of us will have seen social media posts or had people talking and having conversations. People joke about their 'Brexit cupboard'.

Are you seeing any impacts from those slightly random behaviours from citizens beginning to have any impacts on a regional level or is that all being coped with? Are there impacts that are coming about because of the behaviour of people and their reaction to the uncertainty of the situation?

John Hetherington (Head of London Resilience): At present, no, but where those impacts would be felt would be in the private sector and they would be managed as business would. Business needs would either meet the demand or respond accordingly. Nothing has been flagged to us as impacts. They are fairly sporadic at the moment but they will continue to grow. We just do not know. Public behaviour and how private industry - in particular, food retailers - respond to that will be quite telling in how it pans out.

Dr Fiona Twycross AM (Chair of the London Resilience Forum): Yes. You have a difference with people stocking up now and having, as you say, their 'Brexit cupboard'. The Government might tell people not to do it, but the sooner the Government can give people some certainty that this is not a prudent approach the better.

What it throws up to me is really that there are people who can afford to do that and might be doing that. Some of the parenting websites have forums where there are long discussions about it and people are sharing information about what they are putting in their 'Brexit cupboard'. However, actually, any kind of stockpiling is always going to mean that those people who cannot afford to do that -- and at the moment we do not have a supply issue. If people can afford to do it and if there are shortages, there will be a greater difference. It is an equalities issue, basically, because people will not necessarily be able to afford it. If stockpiling now turns into panic-buying near the date or just after the date if there is no deal, then that also is exacerbated by whether people can afford to buy up whatever. You get some people who go and do it and are prepared and you suddenly get a great unevenness.

The Government is right that stockpiling can cause issues. What is not factored into any statement about that is human psychology. The longer the uncertainty, the less credible any message about not stockpiling from the Government will become. This is an issue the Government needs to sort out. It needs to get its act together so that people do not take what in some instances could be seen to be a very rational decision because of the Government's failure to provide the certainty that people need.

Caroline Russell AM: Just looking at the communities where there just is not the personal resource to be able to buy even one extra can of tomatoes each week, do we have a clear picture of how many households in London suffer food insecurity?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): The Mayor, through the Food Strategy, is commissioning a piece of work on the number of people who are currently in food insecurity. Our work would indicate that if you start getting an issue, you would get people who are not currently identified by anybody or by themselves as being vulnerable but who could move into vulnerability because of the issues being presented by Brexit. Even if we had those figures now, which we do not but which the Mayor is going to work on through the implementation of the Food Strategy, you would see people who would not normally be vulnerable actually facing problems, particularly if we saw price rises in food as a result of shortages.

Caroline Russell AM: Yes. The timescale to have that data to understand the scale of current food insecurity in London?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): You would need to talk to the Food team here, but it is actually quite a major piece of work and it is not something that anywhere in the country has done. It is something that the Government has been asked to do in the past and has not carried it through, but you would quite often be looking at proxy indicators of food insecurity. It is quite a major piece of work. I am not sure what the timescale would be, but that is something we can ask the Food team for.

Caroline Russell AM: It is something that is on your radar? If there are food price rises, it is something that you have identified as something that could need attention?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): Yes, absolutely. If there is a shortage, it does not take a rocket scientist to say that prices will rise. The very least impact of food shortages would be price rises.

Caroline Russell AM: Yes, thank you. Just before I move on, is there anything from the NHS perspective in terms of London-level data feeding up into the national picture that has not yet come out?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): No, nothing that we are picking up in relation to any potential implications from the impending decision.

Caroline Russell AM: Thank you.

Len Duvall AM (Chair): Just before we move on, in terms of your information technology (IT) servers, they are all based in the UK, are they not? They are not external to the EU or are they?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): That is a very good question, Chair. I do have an answer here in relation to that. There is something that we are doing in terms of making sure that all of our information, data and analysis is being --

Caroline Russell AM: Our jaws are dropping. I had not even thought of that.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): There is a piece of work that every NHS organisation needs to do to understand who provides its IT infrastructure and where its data is stored to make sure that that meets the current regulations and also that there are no implications post exiting the EU if data is held offshore. At the moment, as far as I understand it, data can be held within the EU and, if it is, then we just need to think about the implications post exiting the EU.

Len Duvall AM (Chair): Your current exercise is mapping that or do you know where it all is and you are just asking the specific agencies or the owners of the data to clean it and make sure that it is --

Khadir Meer (Regional Chief Operating Officer - London, NHS England): It is the latter. We are asking the individual NHS organisations to review how their data is managed and stored and to make sure that there are not any implications for that going forward beyond exiting the EU.

Caroline Russell AM: If there is a "no-deal" Brexit, is it clear what the regulations are around data that is not stored in the UK or are there questions there that you need to clarify?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): There is national guidance published by the Government in relation to the implications for data regulation post exiting the EU. Essentially, it is rolling over the current arrangements. There has been national guidance published on that, which makes it clear that there should not be any imminent disruption to providers being able to continue to operate in the way that they are in relation to data capture and data storage. Does that make sense?

Caroline Russell AM: Lovely, yes, but in the long term could there be changes to our data regulations or would they just need to keep up and keep being changed to meet whatever the EU data regulations are in the future? Is that a long-term risk?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): Without wanting to open another line of inquiry, it is a bit like procurement. At the moment the NHS, like anybody else in the UK, is obliged to comply with the Official Journal of the European Union and the EU regulations in relation to procurement. The guidance that we have had post exiting the EU is that those arrangements, essentially, roll

over. We will apply the same rules and adhere to the same processes as we did previously, just outside the requirements of EU regulations. It is the same principle. Much of our preparation or much of the answers to the questions that we are asking are essentially that the current arrangements roll over. Does that make sense?

Caroline Russell AM: Thank you. Yes. [Dr] Fiona [Twycross AM] and John, just moving on to look at the potential of supply chain disruption in the event of any gridlock at ports of entry into the UK, have you been able to provide an assessment of the risks there or the potential for any such disruption?

John Hetherington (Head of London Resilience): Yes, we have worked closely with Kent. The biggest area of concern nationally is in Dover in terms of the volume of traffic that comes through the Dover-Calais Straits and the way in which it does in terms of such a cyclical route and a very short turnaround time. We also have the international ports within London itself and so we have been working closely with Heathrow and St Pancras in terms of the passenger movement and also the freight movement with Heathrow.

Caroline Pidgeon MBE AM: [London] City [Airport]?

John Hetherington (Head of London Resilience): [London] City [Airport] as well, yes.

Caroline Russell AM: The Port of London presumably as well?

John Hetherington (Head of London Resilience): The Port of London's docks sit just outside of London and the majority of that is container ship access rather than roll-on roll-off type ferries. Container are easier because they tend to be on a longer turnaround time in terms of its freight and therefore the manifesting and the customs checks can be taken over a longer period of time. It is more the instantaneous disembarkation of freight and onward movement where the customs checks will create the delays.

There are also implications for individual passengers. If you go to an airport or any international port at the moment, all of the passport lanes are EU passport lanes. To restructure anything that has been built within the last 30 years is based on that. There is a need for some infrastructural changes if there are to be changes in terms of the immigration policy and the passport checks put in place.

We have engaged with St Pancras [International] in particular on that and they have put in place a great deal of work and are confident that they can manage those passenger numbers and that they have good relationships with their customers to do so. Likewise, with Heathrow [Airport], they have also put in place additional contingencies and upped staffing in terms of the ability to meet that demand over the immediate period.

Like a number of the answers that we have had today, there may be small snapshots of what might be perceived as a crisis, but actually this is more about the adaptability of organisations, businesses and agencies to change, a Darwinism approach as opposed to pure business continuity. We will have to adapt into a new normal as opposed to trying to fight and stave off all the consequences to keep going how we used to.

Caroline Russell AM: Those kinds of changes are like when they brought in all the liquids rules at airports. It took them several years to redesign the spaces so that there was somewhere to put your bag and put your belt back on and your shoes back on and not cause everyone else to back up behind you. You say it is business continuity, but do they have to rearrange and reconfigure spaces?

John Hetherington (Head of London Resilience): That is the crux, potentially, yes.

Caroline Russell AM: It is just a question of how good they are at managing and organising their own logistics. That is the ports of entry. Are there road issues for London that might stem from any gridlock at points of entry?

John Hetherington (Head of London Resilience): The exercise that we are going to on Friday is going to look at this and what the knock-on impacts are predominantly out of Kent coming up. That is a big part of it. We also have a meeting on Monday with Heathrow [Airport], Transport for London, the Metropolitan Police Service and the local boroughs to look at the potential knock-on on freight and Heathrow's equivalent of an operation stack should they have to back up the freight in terms of the customs processes.

It is something we are very aware of. At the moment we do not think it will be a huge impact on traffic. I cannot foresee that the capital will gridlock any more than it does on a normal basis. Our difficulty in answering a number of questions back to the Government in terms of the impact is a true understanding of how the capital works day to day anyway and how it is managed through a number of organisations each putting in place their own interventions and delivering their own statutory responsibilities just to make sure that London keeps running. Our main focus is to make sure that London keeps running and that day-to-day business goes about its normal operations as far as it possibly can.

Caroline Russell AM: There was the recent announcement from Her Majesty's Revenue and Customs that they are going to wave trucks through at the borders if there is a problem with backing up. Does that also present risks for London just in terms of trucks not being checked?

John Hetherington (Head of London Resilience): It does not change anything that we have in place at the moment in terms of trucks driving straight off. There may well be opportunists. There are issues longer-term in terms of how the food standard agencies then put in place their checks going forward. Customs checks on the whole are dip-checks anyway. It is not that 100% of the goods going through a border are checked to a minute detail. I read somewhere either today or yesterday that it is a low single-figure percentage of goods that are actually checked by customs as they come through in the sheer volumes of what we bring through. We will have to wait and see what the response is.

Of course that is the UK Government's response that they will wave goods through. We are dependent on what the EU mainland does as well on the other side as to what this cycle will be because, if a ferry can unload but there is nothing to put back on it, it will not go across to bring goods back again. There are a number of factors and also depending on how swiftly organisations, hauliers and those who are importing and exporting can adjust to the new regimes of manifests and documents.

Dr Fiona Twycross AM (Chair of the London Resilience Forum): Quite a lot of this is about agility because we really do not know where an issue in the supply chain will come because there is a lack of understanding about supply chains anyway. If you look at the issue we had with carbon dioxide (CO₂) last summer [2018] - and nobody had imagined a lack of CO₂ would cause significant issues as it did - then it is quite possible that the first issue that becomes a crisis is something that nobody has been able to envisage because it has never been perceived as being an issue.

It is about that agility and the testing of plans. The London Resilience Group is putting on a series of different scenarios just to test how people would respond if this particular issue or that particular issue arose, but the key to resilience in a situation where you do not necessarily know what the first issue is going to be is about

testing those relationships, testing the principles of co-ordination and being agile enough to respond to whatever incident should arise.

Caroline Russell AM: Thank you. Finally, what advice are you giving the Mayor as to the work that he needs to prioritise to ensure that London is resilient to the possible shocks that might come out of a “no-deal” scenario?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): The Mayor has already been taking quite an active role in addressing the potential of the impact of Brexit in London. It was the Mayor who initially asked the LRF to undertake this piece of work.

In terms of contingency planning, the Mayor has been quite proactive in relation to this and one of the main discussions I have had with him is around the work of the Brexit Contingency Planning Group, making sure he is aware of what is happening and aware of the issues. He has written to the Prime Minister [The Rt Hon Theresa May MP], although, as John mentioned earlier, the Prime Minister has not chosen to write back to him. John has also accompanied me to give that face-to-face advice to the Mayor at two of my recent regular meetings the Mayor has with the London Fire Commissioner and me. We have flagged issues as they have arisen and then indicated where we are and what progress there has been on the issue.

One part of my role in terms of the advice is around providing him with assurance that the LRF is undertaking the appropriate level of planning including, as I mentioned earlier, having assurance that, as well as Brexit and anything that might present, the LRF is also able to respond to other issues. I have discussed with him the lack of information we have had from the Government and how the individual views of Ministers appears to be impacting on what information we might be getting and what risks we think this presents. I have briefed him on potential issues in relation to some of the planning assumptions provided by the Government, on food, which we identified as a particular risk, but also on fuel. We have also discussed what kind of arrangements we might need to have in place internally.

Caroline Russell AM: Thank you.

Len Duvall AM (Chair): It is fair to say that on day 45 if we move towards no deal, Cobra (Cabinet Officer Briefing Room A) will be in operation and that will be giving a further lead to some of the issues and monitoring the ongoing situation that we face over this period of, hopefully, resolving issues or not resolving issues.

In a sense, then, the respective players are coming together with their own bits of responsibility for resilience in London, whether it is the NHS or not. Is there going to be a reconvening of all those people to share on a strategic London-wide basis if need be to feed stuff back to Cobra and back to the people who take decisions if people need help or not?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): On a London level, the workshop that took place yesterday was looking at how that would work and looking at how the London arrangements would feed into the Government and you mentioned Cobra but also how organisations would feed into that. John [Hetherington] and his team have been working on a structural diagram just to make sure people understand how it works. It is not the same arrangements as people are used to because we are not necessarily putting arrangements in place for a specific incident; this is for potentially a whole range of different incidents. We need to be agile with our normal arrangements while still making sure that we have very clear structures in

place so that people understand the roles of different meetings, who should be at those meetings, what the level of discussion should be and how that then feeds into national discussions.

Len Duvall AM (Chair): We have had experience of this before - I am not going to refer to the incident - with the intervention if one of the partners starts to fall down or if there is a collapse in the system in one part versus the other. We are not going to see a repeat of people standing off because of, what, a lack of protocols that allow intervention or help to be given to those who, quite frankly, may be overwhelmed by a problem? Whether it is a mass crisis in the social care system or something that is going wrong, there will be a different level of intervention than maybe what we saw in the immediate aftermath of [the] Grenfell [Tower fire] post-recovery.

Dr Fiona Twycross AM (Chair of the London Resilience Forum): John [Hetherington] might have comments on this as well, but London Councils and the Local Authorities Panel did a lot of work looking at what went wrong. There is a lot of work going on through the LRF on making sure that lessons are both learned and implemented and we are trying to shift that forward.

Going back to my point about the politics of the situation, one of the unique things about this situation is the overlay of politics and quite immovable views in some instances. If we do get to a situation where there is no deal and issues do start arising, we do need to make sure that people set aside any political lens and see it as the crisis it could potentially be.

However, in terms of lessons learned and implemented, there is an awful lot of work that has been done.

Len Duvall AM (Chair): Let us return. MHCLG has announced that it is giving London councils around £7 million - for most of my constituents that is a large sum, but it does seem rather small - of which the Greater London Authority (GLA) will receive £182,000. What will that be spent on and how will that be spent? It is over two years. I understand that. What are the initial priorities for that?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): Do you want to comment on this? We have had some discussion about this.

John Hetherington (Head of London Resilience): Yes. That funding is over two years. We also, as an LRF, receive just over £76,000 as well and the auspices of that was to deal with the additional reporting. We are putting in place additional staff to meet that demand because, as Dr [Fiona] Twycross [AM] said earlier, we also have to maintain our day job of being ready for any incident that happens in London and so I cannot utilise the whole team on Brexit.

Also, if we look at a six-month period, there will be an awful lot of fatigue. There already is with the uncertainty. It is quite emotionally draining as a subject with the uncertainty and the chopping and changing. We are looking to bring in additional staff to give us that headroom for the reporting demand.

On the piece that you were just talking about, the co-ordination arrangements, it is looking like we will be reporting every day, seven days a week, over the first initial, perhaps, month, which in itself takes quite a demand in terms of the preparation, the reporting, turning that around and answering any specific questions for the Government. That is where the majority of the money for us and also the GLA will go in the first instance: to make sure that we have the right staff for the immediacy and to deal with any crises.

Len Duvall AM (Chair): What do we think our colleagues in local government will be spending their money on?

John Hetherington (Head of London Resilience): That is up to them. They are going through a similar demand of reporting. They are producing at present a weekly local government reporting and they have consolidated that into one London report led by London Councils. There is work going on there. Then it will be as each organisation sees fit. Every London local authority now has a single point of contact and the majority of that has been taken away from resilience areas and into a greater oversight of the organisation and a policy world, as I have been informed. The work needs to go in there as to adapting the agility of an organisation in order to support the changes in policy that they will have to take on.

Len Duvall AM (Chair): I do not want to lose sight of this. I want to follow up and see where they are spending their money and how they are spending it. We will try to do that at this end about how they share it as good practice.

Were you in the NHS given any pots of money to help you in this preparation or have you been told to just deal with it within your budgets? Are there any health pots that have been given to you?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): National colleagues have allocated a small amount to every region in order to, as our LRF colleagues have said, make sure we maintain a level of resilience in our emergency planning resilience and response teams so that if there is any other incident or issue that arises, we have capacity and capability. Like our LRF colleagues, we have established some additional staff in order to augment Peter's [Boorman OBE] current team to manage some of the surveillance, reporting and planning that might be required in this.

We are also working with some of our staff to ask them to think about what is prioritised and, therefore, whether there is any other work that we could potentially deprioritise in order to free staff up to provide support.

Len Duvall AM (Chair): Is there a figure that you can give us of what you have been given for London?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): Our national colleagues have allocated somewhere in the region of £500,000 to plan and prepare London.

Len Duvall AM (Chair): Let us move on just in terms of specifics. If we can go back to the food supply issue, it is clear that with no deal it is more difficult and it is about delays while issues are resolved.

I know you have a relationship with the private sector now as its gears up in terms of the different sectors. Is there stockpiling of foodstuffs? Have they given any indication of that? Have any of the stores or any of the larger food manufacturers been stockpiling or looking into that?

Dr Fiona Twycross AM (Chair of the London Resilience Forum): There are stories around biscuit companies supplying raw materials, but the issue is that if the Government is clear that it is fresh food that is likely to be in short supply, then there is a limit to what people can stockpile usefully at this stage.

The other thing would be that where there are things that people think will be in short supply, it is always going to be the bigger companies that will be better able to do this; whereas some of the smaller companies might struggle. If you look at proxies, you can see what the impact of a loss of supply was on Borough

Market. There is a real issue potentially around some of these smaller businesses struggling if they get a delay and a loss of goods and an inability to trade for any length of time.

Caroline Pidgeon MBE AM: In terms of the NHS, we have talked a bit already about the likely risk to access to medicines and medical supplies. You are saying you have this six weeks. I am going to call it a 'buffer', not a 'stockpile', but you have that there. That gives you the confidence that there will not be any risk?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): Based on the national scenario planning and all the assumptions that have been taken into account, we are confident that six weeks of national reserves agreed across the DoH with our pharmaceutical suppliers are sufficient in order to manage and mitigate any supply chain issues during the immediate aftermath - that sounds slightly damning - of exiting the EU.

Caroline Pidgeon MBE AM: Can I give you a specific? I raised this back in October [2018]. I raised with the Mayor how us withdrawing from the European Atomic Energy Community would have a huge impact on cancer treatments because - not that I am an expert in this area - medical radioisotopes cannot be stockpiled, not that you are stockpiling but they cannot be in any case because they decay quickly.

What are you doing in that particular specific area of very short-life cancer treatments to make sure that patients in London have access to their ongoing treatment?

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): We have specialist providers in London and the DoH is aware of those. It has been engaging with the suppliers of the radioisotopes in question and has received good engagement with those suppliers across the industry with the aim of ensuring that those supplies are able to continue, making sure that they have mapped out any touchpoints for those radioisotopes across Europe, and that the suppliers have adequate business continuity arrangements to ensure continued supply if there are any interruptions after 29 March [2019].

Khadir Meer (Regional Chief Operating Officer - London, NHS England): The bit to add to this is that where there are supply chain issues or delays in the supply chain due to the bottleneck, essentially, that may occur, there will be other routes into the UK, be they by sea or by air. The commitment that we have had from the Government and from the DoH is that medicines and medical supplies would be prioritised in those circumstances. In relation to isotopes, for example, if that becomes an issue due to the bottleneck, there will be other routes and medical supplies for those routes will be prioritised. Does that make sense?

Caroline Pidgeon MBE AM: Yes, you have protected routes so that, no matter what, you can get these drugs and isotopes in from other European countries.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): Exactly.

Caroline Pidgeon MBE AM: I understand some of them are made in places like the Netherlands. We do not make them all here. They are so specialist. You have to make sure patients are guaranteed to continue their treatment.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): That is right. The commitment we have had is that other routes into the country will be protected and these kinds of supplies would be prioritised if we saw pressure on them.

Len Duvall AM (Chair): There must be a cost to that. That is not cost-neutral, is it?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): No, but I presume that that --

Len Duvall AM (Chair): All right. I am a bit obsessed with costs, but I just want to try to keep track of this --

Caroline Pidgeon MBE AM: Quite right.

Len Duvall AM (Chair): -- because it cannot be cost-neutral doing something different than what you are doing now.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): I am sure. I do not have the answer to that. I imagine the answer to that would have to be from the DoH because I presume the DoH would have to bear the additional costs for that.

Caroline Pidgeon MBE AM: It would be the DoH rather than the individual hospital trusts picking that up?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): It would be the DoH. I presume that the additional costs would be borne by the DoH.

Len Duvall AM (Chair): Let us hope they have chartered some special places that have aircraft rather than places that do not have the right ships or no ships.

Khadir Meer (Regional Chief Operating Officer - London, NHS England): I am working on the basis that they have.

Caroline Pidgeon MBE AM: Are there any other particular medicines or treatments that you are having to put particular arrangements in place for that we have not mentioned this morning, slightly more unusual or rare medicines that you are more concerned about?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): The DoH has identified a list of priority medicines. I do not have that list in front of me, but there is a list of priority medicines that have already been identified. Those additional supplies have been negotiated between the Department and the pharmaceuticals concerned in order to make sure that contingencies are available. There is a national list and it is --

Caroline Pidgeon MBE AM: Is that longer than the six weeks for those particular drugs?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): No, it is for those drugs,. That list is probably public. If it is not, perhaps we can see whether we can share that with you. There is a national list of medicines to be prioritised.

Caroline Pidgeon MBE AM: OK, but there is no particular medicine or treatment that you are concerned about?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): No, not that I am aware of or concerned about.

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): We have asked all providers to undertake a thorough analysis of what they use and, if there are any issues then, to raise it through us and we can raise it through nationally, but as far as I am aware in London we have not had anything apart from the radioisotope question.

Caroline Pidgeon MBE AM: Yes. Thank you. I know the London Ambulance Service (LAS) had added Brexit to its risk register as a red alert because it is very concerned about the workforce. Is this something you are seeing across the NHS: people putting this as a red alert?

Khadir Meer (Regional Chief Operating Officer - London, NHS England): We are asking all organisations to review (1) their business continuity and, (2) their risk registers to make sure that they are thinking about it and planning for it. That would include the LAS and so that would be our expectation.

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): We are not encouraging organisations to put Brexit on as an additional risk because, as John [Hetherington] has said, it is about picking up the implications and the impacts of Brexit within their current business continuity and risks.

Caroline Pidgeon MBE AM: The LAS is particularly concerned about access to fuel, stockpiling spare parts - I presume that means for their ambulances and fleet - and the impact on the workforce. That is why they particularly flagged it.

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): Yes, and other organisations may have specific issues that they have put on their risk registers. Absolutely in the right process, the LAS has identified those as specific areas to focus business continuity arrangements around.

Caroline Pidgeon MBE AM: OK. Thank you.

Len Duvall AM (Chair): You have picked upon the fuel issue, have you not, generally, around that?

John Hetherington (Head of London Resilience): The fuel issue was raised as a planning assumption to us on the second iteration. We have subsequently had further conversations. This is what I referred to earlier when I said, "We are given the answer. We are given what the planning assumption is as a statement". Actually, we need the grown-up two-way conversation with Government to understand how that manifests.

The manifest of fuel disruption was around disruption to traffic and so it will be hardest hit probably down in the south east of England, which may lead to very localised shortages which then is exacerbated by public behaviours. The risk to fuel is not that there will not be sufficient supply. It is not that the supply chain has broken down in any way, shape or form. It is the public behaviours that could exacerbate the just enough just in time provision to the public, which it takes two days to run the system down but seven days to fill it back up again. That is where we will see the problems when very localised fuel forecourts run out all the time, but if it happens around the period of 29, 30 and 31 March [2019], people will treat it in a different way and we could see the public rushing out to buy.

Caroline Russell AM: I am just picking up more on the LAS. The piece in the *Evening Standard* said there have been discussions with the military to establish support if required in the event of political unrest. In the light of that and all the things that Caroline [Pidgeon MBE AM] has just raised, can you tell us any more about the discussions you are having with the emergency services to ensure that they are ready for every eventuality if there is a “no-deal” Brexit? I do not know whether that is for the NHS or John.

John Hetherington (Head of London Resilience Forum): In terms of both the military and the LAS, they are represented on the Brexit contingency planning group and that has not arisen with those two groups. We have to be very careful how this is reported, the article in fact says that discussions with the military should be undertaken to establish support if required in the event of political unrest. There is a very fine difference and that goes back to the support they had previously around strikes and utilising prior contingency plans should the support be taken. We are not aware of that conversation taking place. It is a thought process to go through if required.

Caroline Russell AM: OK. Thank you. Is there anything --

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): I do not have anything to add to John.

Caroline Russell AM: OK. In which case, I just want to ask each of you what your priorities are for the next few weeks. I do not know which end you want to start.

John Hetherington (Head of London Resilience Forum): Our priority continues on the engagement with Government and, in particular, the work around our reporting arrangements, what we call the C3 arrangements, command, co-ordination and communications, following on from a workshop yesterday to detail out the exact terms of reference to finalise the strategy that we have as an agreed draft working strategy and to look at the real practical arrangements of where we will be sat, where we host meetings on a daily basis and bringing in staff to ensure we can meet that demand.

Caroline Russell AM: That is a nice short list. Good luck.

Dr Fiona Twycross AM (Chair of the London Resilience Forum): I mentioned it before but my priority is to make sure that we have the appropriate level of strategic coordination in relation to Brexit, that we are agile in response, that we meet reporting demands, that we work as closely as we can with Government and with partners but also that we can have that assurance that if and when something else, and we need to be realistic about the level of the likelihood of something else happening in London at the same time as any Brexit related issues, that we can deliver that strategic coordination for both. That is the challenge, but it also has to be the priority.

Caroline Russell AM: Thank you.

Khadir Meer (Regional Chief Operating Officer, London, NHS England): Three from me. Making sure that we have the right partnerships across London, therefore, the NHS is playing its part and making sure it is demonstrating its readiness; and that we have the people in place within the service and that at a regional level within the NHS England London regional team we have the team stood up and operational. The final thing is making sure that for the patients and public, any concerns or issues they have are allayed and responded to and where they exist.

Len Duvall AM (Chair): Peter, do you want to add anything in response?

Peter Boorman OBE (Regional Head for Emergency Preparedness, Resilience and Response, NHS England): Very similar to Khadir. Just to make sure that we are in a position where we are ready to protect the public going forward in terms of making sure the patient gets continued service.

Caroline Russell AM: Lots of Ps from the NHS. Everything begins with P; alliterative.

Len Duvall AM (Chair): Thank you for the way that you have answered our questions. We will go away and deliberate on some of your answers. We will come back to you around costs and preparations. Slightly different for you in the LRF but we think it may be worthy of debate because it is quite important to understand that and to understand that we realise we are planning on the worst-case scenario. Whatever happens in 45 days' time, it is going to be a bit chaotic until things settle down but even more chaotic if there is no deal. We wish you well in the preparations you do. A lot of Londoners are relying on you to get it right and there will be problems; we know that. It will not all run perfectly but some of the work you are doing now is obviously going to pay some dividends in this albeit I understand you are working in the best possible way in terms of planning for these challenges. Thank you for that.

We will come back to you. We probably will write to you. If there is anything you feel that you want to share with us, we do have our website. We are more than happy if there is stuff that is public you want to try to give an airing on our website, then let us do that. You are already covered but in terms of the NHS, if you want to share those issues about the medicine list, just to reassure the public that you have got this in hand, then we are welcome to host it.

Khadir Meer (Regional Chief Operating Officer, London, NHS England): Thank you for the time. Certainly some of the costs, we would be keen to make sure that we are getting out there.

Len Duvall AM (Chair): Thank you very much.