

Thank you very much for inviting me.

So, Peter, thank you for all you're doing thank you to the group for all you're doing. South Woodham Ferrers is certainly one of the areas that I think is a real beacon in terms of community work and I commend you for all the work you're doing. I notice Jon, who runs the and leads the Facebook groups across Essex, but also Facebook admin group locally in South Woodham Ferrers is on the line. And again, big thank you to that.

There's a lot of great work I'm aware of that's going on locally. I mean, you mentioned Mr. Gee. And Mr. Gee had already been mentioned to me earlier today in connection with the work that the foundation have been doing with the Prince of Wales Pub in Stow Maries. She's done huge amounts of work in terms of meals for people. And also, I understand he's just about to lead on holiday hunger in the area as well.

And while I'm on pubs, I have to mention the Curlew and the fantastic work they did right before this happened, but in terms of mental health, and allowing people to undertake Mental Health First Aid training.

So I'm going to your list now. I mean, I was going to do a presentation, but when I saw your questions, I thought, well, actually, it's really good. What you asked, and by answering your questions, I think I can probably cover most things I wanted to talk about anyway

So, um, so, thank you very much for having me in terms of the first point, and I you know, it is it is the best job in the world. It's always been the best job in the world more than ever although there's more responsibility with it even more than ever, but I wouldn't want to be doing anything else. This is the most important thing I've done in 30 years in public health.

Question: Many thanks for joining us. Thanks for all you've done for Essex during pandemic & lockdown. We don't envy you. What's it been like for you? Professionally & personally?

So, what's it like for me? I mean, professionally, it's, it is a real challenge. There's so little that people know about this condition. We are learning all the time, we are making terrible mistakes. And then we're rectifying those mistakes and moving on. I think really, it has been a huge learning curve for everybody in the profession. Personally, I found the whole thing extraordinary humbling. It's not for you to thank me, it's for me to thank you. The only reason, the only reason we're not facing a horrendous wave of disease, which will kill many, many people is because of the positive good actions of the people of South Woodham Ferrers and the positive good actions people of Essex and the people of the country who really stepped up and embraced the requirement for lockdown, and it is only people's approach to lockdown that has enabled us, allowed us, to suppress this disease. I stress the word suppressed because it actually hasn't gone anywhere.

Question: How have you been involved with the national strategy and putting it into practice in Essex?

So we've constantly been feeding back into the national strategy in terms of what they should be doing, what changes we'd like to make. So there are a number of things that have happened around, for example, care homes, and the management of people in care homes that have reflected on what we've said. The position about recording, people going to restaurants and things came from work we've said, and as we move into the local outbreak kinds although collaborate plan is what seen as one of the best in the country, and it's been copied and emulated by a number of other people. And another area where we're leading at the moment is on Adult Community Learning and how we might bring out Community Learning back in line in September as the schools open.

And so I think the world of public health is actually very small when things like this happen and the colleagues are learning from each other and from the centre because those people you see at the centre, they're just ordinary people. They just happen to have that job.

And a number of them. Yvonne Doyle, Paul Cosford, Jenny Harries, I've known for a very long time. I know personally. I know what they're going through. So I think really sort of they are doing the best and they were working really, really hard on this.

Question: How have Essex & SWF fared (know 15 deaths between March-May)?

I think that while this country has seen more deaths than other people, than some other countries, I think we've managed it well. The worst case would have been we'd seen a huge pandemic wave sweep over us and that hasn't happened. I think we moved at pretty much the right time.

We are now absolutely seeing a reduction in every measure of coronaviruses. It is great. We're seeing far fewer deaths, we're seeing far fewer cases, we're testing more people. And even though we're testing more people, the proportion that the number of positive tests are going down, the proportion of people that coming back positive is reducing and reducing reducing. Nationally my understanding is that it's about 2% of tests now taken that are positive. And in Essex, it's much less than that at the moment, I think it's probably less than half percent looking at the most recent data.

So I think we're in a good place. I think it's varied across Essex. I think in the South, we've seen more cases than the North. I'd say, while the worst case scenario is talking about 80% of people being affected and a pandemic wave, I would say in Essex, probably about somewhere between five and 10% have been infected depending where you live in the county.

The issue with that though, of course, is that a lot of people are still susceptible. Another wave would actually be really, really bad news for us. And so broadly, I think the country have managed this well. I think government have managed it well. And that's simply a statement from me as a professional, it's not meant to be in any way political. I do think we've made a good job of this generally.

I think when you compare to what's happening in the United States, for example, I think we're far far better prepared, have a much better grip on it than others have.

Question: Where would you say we are now?

So as I said, I think we're in good place. I think we're in the right place to start to relax lockdown. Summer is always a good time for viruses. Well a bad time for viruses and a good time for people are susceptible to viruses. And we are seeing a reduction in cases.

The hard work that people have put in, the sacrifices people have made during lockdown, are paying off, and we are seeing fewer and fewer cases. And I think even though we are relaxing lockdown, I think as long as that's done in a sensible way, and I think it will broadly be in a sensible way.

We should just as a note to that the actual initial work by that guy, Neil Ferguson, on the modelling that we're following. It doesn't actually assume 100% of people are sensible. There is a sort of a built in idiot factor within that. So there's always an assumption that some people will not appropriately behave and that is recognised in the modelling anyway, so it doesn't freak me out that 100% of people aren't following the guidelines, as long as the vast majority of sensible people are so doing.

Question: What do you think will happen in SWF and Essex in the coming months, winter and into 2021?

However, I think things will change. I think that there are a number of reasons for that. I think, first of all, as winter comes on, all RNA viruses that we know about become more virulent. Now, we don't know about this particular virus, but there's absolutely no reason at all it should be different from any other RNA virus. I would strongly suspect that the Coronavirus steps up, becomes very more virulent in itself towards winter and that'll start pushing on the R number and pushing the R number above one.

Additionally, I think it's very, very difficult to get the schools back, all schools back, and to maintain an R below one. I think that's inevitable given both the nature of children, the nature of schools and the number of children that have been involved. I think education is paramount. I think also getting those children back to school is paramount to managing the economy and getting the economy back on its feet. And if I look at my passion, which is around health inequalities, it is those people who can least afford it who are most badly hit by the Coronavirus. And it has been really discriminatory in terms of hitting those who are who can least afford to be hit. And we really do need to get the economy back on its feet. However, in doing so, and improving the education to those who need it, we are risking pushing the R factor value above one again and we will probably have to put increasing measures and lockdown in other parts of society in order to counter that.

Thirdly, I think at the moment we're quite lucky - well, he says looking out the window, not tonight - but generally speaking weather has been good. If the weather is good, it's okay for people to meet outdoors and people have to meet outdoors. And as we get into winter that's going to be less and less acceptable. People are going to be more inclined to meet indoors. The thing is much more virulent indoors than it is outdoors and spread is much more likely.

So for those reasons, the change in R number, the disease will have as it gets to winter, the increasing opportunities for spread in schools and increasing the opportunity to spread

between people who meet indoors as well as the relaxation measures we're seeing now, I think all points to a bumpy autumn and winter.

We will see this come back. I'm pretty certain of it, unfortunately, and it may well be that we will see a return to lockdown in some form.

So not good.

Question: Should there be a second wave in the winter flu season, is there a way of telling whether a patient has flu or Covid 19, so that the necessary isolation can be applied if it is Covid 19, and will the hospitals be able to cope?

I there was a couple of additional questions from Jackie at the bottom. I want to take one of those now, which is the flu, which is quite interesting. Australia at the moment are seeing the best flu season they've ever had. The reason is, if you hope if you do this stuff you should do for Coronavirus. So if you wash your hands, if you observe social distancing, you won't get the flu.

So basically, people managing Coronavirus is a really good way of managing flu. So actually, it may be perverse enough we don't have a lot of problems with flu as winter draws on. I think that is to be seen, but that is certainly one of the scenarios. I think the other thing which I think she's right as well, is I think that it will be problematic to distinguish between flu and Coronavirus. And that will make the job of the Test and Trace services which are in place much much harder. So I think Test and Trace will struggle as we get towards winter. We are only just starting at the moment.

Question: What would make you and others consider a lockdown in a location such as SWF and how might it be applied?

So what we're seeing in Leicester at the moment is what happens, it's what viruses do. As we see fewer and fewer general cases across the country, the likelihood it will be seen bubbling up in any certain place at any certain time is quite high. So I think the Leicester one is not going to be the first one. It's not gonna be the last by any means of local areas that are required to consider local lockdown. And there by the Grace of God kind of thing. It could well happen in part of Essex. It could happen anywhere. I think despite the best preventive efforts, I think it is going to happen and I don't know where it will happen in Essex. It may well happen in Essex. It may be possible a local increase may be part of a much more generalised increase.

So it's possible you could have have an outbreak in South Woodham Ferrers. It's possible you could have an outbreak in a larger place like Basildon or somewhere. Probably more likely simply because it's a larger place. And you could have much more, you could have widespread outbreaks everywhere that make us want to lock down more severely. So I think it is absolutely certain we will have more localised lockdowns across the country. And there's no reason why Essex should be spared that in any way. We don't how common or how frequent they're going to be, or how easy they are to manage.

And I will talk a little bit about the outbreak plan towards any of your questions.

I think that this is something it's taxing us a lot at the moment. There are only a very limited number of powers invested in research to public health. There are actually rather more powers invested within the District Council's within their Environmental Health Officers because a proper officer function and there are some powers in Public Health England. So if there are things like closing schools, working with NHS facilities, closing individual businesses, then there are ways in which we can do it, I think quite easily without huge amount of escalation.

I think if we had to close down South Woodham Ferrers, if we had to lock down South Woodham Ferrers, then I think that has to go to the Secretary of State, I think quite rightly would go to Secretary of State. So I think the two mechanisms would be we have a Health Protection Board which meets weekly, although we have twice daily updates at the moment on cases. And the Health Protection Board basically includes anyone who's anyone officer wise, from the NHS, from each district and borough, from the city, from Public Health England, legal people, education people, Adult Social Care people, the police, and we consider each individual outbreak that's going on and it's no great secret. We have some outbreaks going on at the moment. We have two smallish outbreaks in businesses across Essex, and we have probably a few in care homes, there have been a couple in hospitals. And there's been a few in schools, although I think touch wood, have been we've been recently spared. So we look at those. I think more importantly, though, we also look at this data, there's an awful lot talk about pillar one and pillar two data, and I'm happy to discuss that.

So basically, at the moment, we do have postcode data down to the postcode area. It's all very new. And we're just learning to map postcode data in a way that starts to enable us to identify whether we might be seeing in general increase in general rising cases across Essex. We're learning all the time the best way to do that. And actually even better than the number of cases is changes in the number of cases. Even better than that is probably changes in the rate of positivity and tests that we're doing. But we're putting all this data together and making a view on whether there's any issues.

At the moment, Public Health England send us daily data on where every case and daily data on whether or not the numbers of cases are more than you'd expect, given the history for a given area. And we get that on district levels. So we would have it for Chelmsford, we wouldn't have it for South Woodham Ferrers. Chelmsford have performed very well up to date, up to now. But we have had some areas that are red, but actually the way it's very easy to be red on those figures, and the general pattern is that you are stop being red very quickly. So, again, not very far from here, Rochford has been red for a while, it's now not anymore. It's now moved after that. We have another area in Essex, I fully expect that that will go on being green very quickly as well. But we keep a very, very close eye on the data on the numbers.

Should we see sustained increases in death numbers? If you think about this, we're starting from a very low number. So in South Woodham Ferrers, we might have no cases in a week might have one case in a week. So if we started to see three cases in a week, we wouldn't freak. But then if we went to six cases, we'd start to take notice, if we went to 12 cases, then I think we really would need to consider some action, because we know what is going to 12. Next thing is it's going to get to 24, particularly if we don't know why it's gone to 12. So this is

every few days, you'd see those doubling. We know that the doubling time for these cases is about four or five days. So this isn't something that you go next morning in the huge amount of cases. By measuring this and watching it very closely, something shouldn't jump out this the we're not aware of. I hope that's not famous last words, but really that would be the approach.

So should we identify an increase like that it will be discussed in Health Protection Board. As Director of Public Health, I would have to take a view on whether or not we needed to consider close down of an area, should that happen in an area.

That would then be discussed with Public Health England, they would bring it up through their routes to the Secretary of State. And we have something called the Outbreak Engagement Board, which is chaired by Councillor Finch as the leader of the County Council and includes leaders from many of the districts and boroughs. They would consider the position around that and Councillor Robinson is on it from Chelmsford. They would consider the position locally as well. I would hope they would take notice of the Director of Public Health's view. And then we would proceed through the Secretary of State to organise local lockdown through the SCG, which is the Strategic Command Group, which includes the police particularly chaired by the police.

So there is a clear system and structure in place locally and nationally. And that will enable us to undertake a lockdown of South Woodham Ferrers should it be required, and I would not hesitate to do so if I felt it was the right thing to do to preserve life and well being of the population locally.

Question: How do you think Communities have handled things?

I think brilliantly. The evidence to that is that we haven't had a pandemic wave. And we haven't. When people talk about the first wave, the second wave, we haven't had a first wave. We dodged the bullet, which means it's still out there. But we haven't had a pandemic wave and that's entirely due to the behaviour of local people and people nationally. It's got nothing to do with the NHS, we all clap the NHS, they've got nothing to do with it. It's down to you guys, you have stopped the pandemic wave. You have prevented the deaths, you've prevented the immense harm that would have been caused to society by a pandemic wave hitting us. So I think it should be you, the people, who are congratulated to receive the claps rather than any professionals.

Question: What is your message to people who are still shielding and isolating and are extremely cautious and nervous?

So I think there's some very difficult messages at the moment. As I said before, this is a very discriminatory virus that attacks those who are least able to manage either through their own frailty or through the socio economic conditions in which they find themselves. So those people who are worse off tend to be those who are more likely to suffer severe disease and death and also those who are more likely to be to have to go into environments where they're more likely to become infected. Additionally, they often work in industry, in jobs in hospitality, where the area's been hardest hit by the Coronavirus and the implications Coronavirus in terms of lockdown. So, if you want to get those people back into work and they will probably suffer more from social deprivation and material deprivation they ever would from

Coronavirus, then we need to start opening some of those shops, some of those hospitality venues.

The problem is in doing so, you have to compromise in terms of social distancing because a lot of them can't manage two metres. The reality is that two metres is better than one meter. That's the fact that's the science. It's at least twice as good and probably a lot more than twice as good. So, one of my key messages to all of you is please stick to two metres if you possibly can. Try to. There is no advantage in going to one to two metres even if you have the masks and screens and the what have you. If you are in that environment and you're the person who's with you or yourself are infected, then whoever's close to you will be regarded as a contact will have to self isolate for 14 days. That's how the test and trace system works.

If you are in the same environment, but you maintain two metres distance then you will never you will never be asked to self isolate. So if you retain it a 2 metre distance, you will not be asked to self isolate by those undertaking the tests and trace because you will not be regarded as a contact. If you're between one and two metres for more than 15 minutes, you'll be regarded as a contact you will need to self isolate.

So one of my key messages is try and stick to the two metres if you possibly can. Not always possible, but if you possibly can try and stick with the two metres because it is safer, and it will protect you.

So what is the message for people wanting to go free? I think it's ill considered. I think that you may be okay in yourself, but you're harming the population more widely. So at the moment, they're actually very few people today in Essex who have got this condition. I mean, today, very few. Of the ones we test, as I've said, only 1 in 50 , 1 in 100 come back positive and they are the ones we test. So within the population at the moment of Essex, I mean I'm busting it, I would say probably one in 10,000 people have got it at any one time. So the chances of any individual bumping into somebody else who's got it as an individual aren't very high at the moment. They were much, much higher and much, much higher in the States, but in Essex at the moment, not terribly high. The problem is over a whole population. If people stop recognising social distancing, and stop adhering to that, it'll start to come up very quick. And then in a few days, it'll be one in 5000, next couple of days it will be one in 2000, next few days one in 1000 before you know it, it'll be everywhere. So we've seen the sort of the way it can exponentially spread. So I think it's really important that people retain social distancing, and do not go free on this because it will attack you, and nobody is safe from it. Nobody's immune from it in the sense that it won't be harmful. There are children who become very, very ill with this. There are young people who have succumbed from it so nobody is safe and it is a very, very horrible, nasty disease.

So what's my message to people who are still shielding, isolating and extremely cautious and nervous? So bearing in mind what I just said, I think the positive side at the moment is very few people have got it, you can go out, you're very unlikely to bump into somebody who has it. If you do go out, keep more than two metres from somebody, keep more than two metres of everybody. And the chances of you getting it are very, very low. So you can be reassured in that way. However, it remains just as harmful to us as it ever was. I think extreme caution and nervousness is not at all unreasonable. And I think I would be very nervous if I was someone in that position. I think that if you want to sort of meet with other families you're able to with

with one other person, then I think it's reasonable to do so. If you want to go out and be extremely cautious and observe the two metres then you are very likely to be safe.

The other thing that's happening at the moment is that the government are working very hard with the people who develop the risk tool for heart disease some years ago. So it's Professor Hippisley-Cox in Oxford to devise a very sensitive and appropriate risk measure for everybody who's been asked to socially isolate and is an extremely high risk group. Because actually it turns out that some of the people who are in extremely high risk are very high risk, but some of them probably not that high risk at all. And application of this tool, which has been developed apace would allow people a much clearer view about just what their individual risks are, and will be much more sensitive. And having that degree of sensitivity and selectivity for those who are particularly at risk would allow a lot of people to go out. And we'll make it very clear to those people who can't go out that they can't go out. And that's being worked on very quickly so hopefully within a few weeks, that will be rolled out and it will be rolled out by your doctor. So doctors will have to assess everybody individually and give them a sense of what the real risk is for them.

Question: Anything else you'd like to cover/say?

I don't think so. I think you have given me the opportunity to cover things off. What I would like to do is answer any questions that people have got. And many thanks for your time tonight and all the work you're doing. So I will shut up and I will very happy to take any questions if people would like, thank you very much time. Thank you.

Peter: Do you want to answer the first of Jackie's questions? You answer the second one during it?

Question: There are many in the medical profession, who think there will be a second wave of Coronavirus, with the most likely time being the winter.

I would like to know whether we are prepared for this second wave, with adequate stocks of PPE, equipment for testing for Covid 19, and other essentials that were in short supply at the beginning of the pandemic. [Jackie Birch]

So, so yeah, absolutely. There will be another wave of Coronavirus. No, actually, I'm not going to go back on that because there hasn't been a first wave. So we ducked the first wave, we suppressed the wave, the wave remains suppressed. The nightmare scenario is we get a wave. I don't think we will get a wave. I think we'd be really unlucky to get a wave but I do think we'll see as we did before, an increase in cases and further lockdown will be required to maintain that suppression. So I think that wordings quite key, because if we'd had a wave, everyone would be immune because it's gone through and everyone's had it. And that's not happened. And I don't think it will happen. And I really hope it doesn't happen because that'll be awful.

We are definitely better prepared in terms of stocks of PPE. Absolutely. I think we were taken by surprise earlier in the year, that's not going to happen again. I think that there is more than adequate stocks of PPE and that will continue to increase.

I think the equipment for testing for COVID-19 has lots of different bits to that at the moment. So I think that the ability to identify the virus itself quickly, so that's the sort of RNA replication

tests, are getting really good, really, really accurate. And also there are machines now like the SAMBA II machines that a lot of the hospital have, which can do that in half an hour, an hour. And so now there are machines. They're not everywhere, unfortunately, but there are machines that can do this in an hour, the testing facilities are now phenomenal, that the capacity is just enormous for testing. The speed of turnaround could be better still, I think. But certainly I think by the time we get to an increasing case in the winter, we should have 24 hour turnaround on tests. That should be possible.

The other thing we're struggling with at the moment is a test of immunity. So increasingly, they're looking at the antibody tests and antibodies come into the blood when you've been exposed in the past to the condition. And they exist at the moment. Of course, as in Essex, we say 95% of people, 90% of people be negative anyway, because most people haven't been exposed. The problem at the moment is that recognition that exposure does not equate to immunity. So you can have a positive antibody test. But that doesn't mean you're not going to get it again, nor as I mentioned, that you can't give it to somebody else. So the antibody tests are extremely limited value at the moment. That's partly because we don't know enough about the disease.

So I don't think we're going to be caught short. I think we will spot the thing coming quick. I think there's lots of PPE in place. I think the tests are improving very, very quickly. I think within short order, we probably will have an effective antibody test. I haven't got a crystal ball. I can't say that. Obviously, the goal Holy Grail here is a vaccine. I don't know where we are in terms of vaccine development but it would be great if we could have that within several months, and that's not impossible but we are being optimistic. The other Holy Grail is a treatment that's so effective that basically it wipes out any sort of seriousness in this disease at all. And for that, that would have to be 95% effective treatments. We've already found that dexamethasone in certain cases is 20 - 30% effective in reducing the sort of severity of the condition. So I think compared to where we were in February, March, I think we've advanced a long way. And there's no reason we won't advance similarly long way by winter. So long answer, but I think it is it is a long answer. I think we will be well prepared for the return of his condition and not a second wave. We'll avoid a second wave. He says hopefully, or first wave even.

Peter: I bet Mike that in all your years, you've never actually experienced anything like this and you would agree that this really has been an unprecedented thing?

Mike: Yes, absolutely. Absolutely. Yes.

Peter: It's the first time I've used the word unprecedented before but it really applied.

Mike: Well actually, if you think about unprecedented mean, everything's unprecedented. By definition.

Peter: Okay, so I can already see a question and I do encourage people after that, illuminating, informative and comprehensive presentation for which I'm sure we're all extraordinarily grateful, questions on chat are very welcome. And the first one comes from Val. Will care homes need to continue the current level of lockdown until the end of the year?

Mike: Um, so it's the same kind of works the same as everybody else. I think care homes have been extraordinarily problematic over the last few months. That's because, and you

know it's one of the things I think we did get wrong, and I hold my hand up that we got it wrong. And that was there was an absolute pressure on keeping hospitals open. There's an absolute pressure on keeping these ICU beds open. People worried about you know, the throughput people come into hospital and having nowhere to go. And I think people were discharged into care homes without being tested and people were discharged into care homes who were infected. And that led after a few weeks to the extraordinarily devastating levels of care home infection that we saw around Easter time just a bit after. That fortunately has stopped, nobody gets into a care home who might be infected. And again the learning around how to protect care homes. There was very little published evidence on how to do this. We will literally doing this on the hoof.

In Essex, we decided we wanted to do things differently. And Public Health England agreed with that. This was on a Friday, we learned we learned something on Friday, we decided we want to do something different in Essex on Friday. On the Saturday morning Public Health England agreed to a pilot trial in Essex. And on Sunday, we actually started recruiting patients into that trial and the pace at which we were doing things and Essex was then informing some of the stuff that's going on nationally. So what we know now is hugely more than we did previously. A lot of it is about preventing stuff getting into care homes in the first place. Which reflects on the question.

Currently we're fortunately seeing much, much lower rates of infection in care homes. We changed the definition of infection in care homes quite early on in the outbreak as well. Because initially, we thought, well, people are saying, well Public Health England were saying "the definition an outbreak is two cases in a care home." By the time there were two cases in care homes it was everywhere. So we had to change it to one suspected case. So that's why a lot of that the numbers jumped up in terms of the number of care homes that had infections because we change the definition. So anyone that had a suspected case became treated as a potentially infected place.

We learnt a lot more about infection control in care homes, particularly the importance of staff and staff transferring infection from other care homes. So I would say absolutely, there will be some elements of lockdown that will stay in care homes. I would think that keeping visitors out as far as possible is rule number one and good practice. I would think that staff moving between care homes is an absolute no, no, absolutely must not happen. And people must not mix care homes unless they've been tested and shown to be negative. They need to go into self isolation for two weeks beforehand. PPE practice needs to be absolutely scrupulous in care homes, hand washing and cleaning of the care homes need to be absolutely scrupulous. I think by doing that we can really reduce the risk of infections in care homes. The reality is social distancing doesn't work in care homes. Once it's in there, it'll spread.

The other thing that's happening now is that staff have been tested weekly, and care homes and residents monthly. I think, personally weekly testing of staff may be a bit of overkill, but I can understand why people wish to do it. But there's scientific reasons I do not think it's a great idea.

I think as well, in Essex, we've taken a more robust approach. Much more in line with the WHO guidance than the national guidance. I would see this as an area where as cases reduced generally, they will reduce in care homes and as our ability to manage and control and prevent infection in care homes continues, receive fewer and fewer cases. But I would

say that a degree of lockdown and degree of caution is absolutely crucial in nursing homes and care homes and will continue.

Peter: I suppose the obvious question to follow up from that is when will the Duchess of Cornwall and the rest of us grandparents be able to hug our grandchildren and when will people with elderly relatives in care homes be able to go and give them a hug?

Mike: I think that's a difficult question. I would remain cautious at the moment about that. It is very difficult. I would I would remain cautious about that. Risks are reducing, and I suspect there will be some latitude but I think it's hard it is, you know, we've seen this infection in care homes, and it just goes nuts.

Peter: And it's horrible. I mean, I have seen it. It's the most horrible thing I've seen.

Mike: And it spreads and spreads. Once it is in, it is really hard to control. You've got to stop it from getting in.

Peter: Yeah. And the behavioural science has been the big key in this hasn't it really in terms of when lockdown started and how long it was expected that people would adhere to it.

Mike: That is not my speciality but I would say that I'm impressed with the way people have behaved. But I think people welcome straight talking and welcome straight questions, straight answers and clear facts. I think that generally speaking, that's been okay. I think there were a few kind of weasley words being said at times, which I don't think were helpful. I think, that although I can understand there was a lot of thought behind what they were. So for example, the Prime Minister saying that we all go into lockdown three in three weeks for half a thing on the run. But actually, yes, in three weeks, you will see cases will start to reduce but you have to keep in lockdown for a lot longer than that before we can stop the lockdown, which wasn't entirely clear to some people I think. I just think people are learning so much all the time about what is it is frankly, a very new disease. I think that that it's hugely complex because of the impact its had on society widely. You used the word unprecedented. I think that's absolutely right. We are literally learning day to day and continue to do so. I think people have been great. I think population have spared themselves this.

Peter: Yeah. Thank you, Mike, for that. And just as a brief one... if there was a lockdown for argument's sake in South Woodham Ferrers, how would that be organised and policed as it were? I don't mean that in a capital P case. But you know, will someone come and put a boundary up and barriers up or?

Mike: No, I don't. So this is a discussion I'm at the moment. I'm looking at and learning from Leicester. And I think that the people of South Woodham Ferrers will be very sensible, will recognise the need for it. We will probably close schools, restaurants, venues. I don't think there would be a draconian policing approach. I mean that the position of Essex police has always been just support, to enable, to encourage rather than enforce. I think that's the right way forward. I think if we start getting really heavy instead of doing that, like that movie with Dustin Hoffamn in it here, I don't think that's going to work. People aren't going to want to go to South Woodham Ferrers anyway if there's infection there. People will be allowed to go out to work, you know, if they live in South Woodham but work elsewhere that's okay. You know, it's not going to be like the Simpsons. There's not going to be like a dome in The Simpsons,

it's going to be a reintroduction of local lockdown, closing businesses, closing schools, encouraging people to social distance more, encouraging people not to meet in big groups, but it's going to be encouraging and advising not, you know, sort of a bid dome.

Peter: Okay, we have a question from Roger.

Question: 10 plus years ago re swine flu there was a central control mechanism in Essex for both predictive and reactive issues run by Phil Reeve, then mid Essex PC team. This was intended to be fast reacting and responsive. It was three years in the planning and could have predicted some of the problems now being encountered. Are you comfortable with the processes now in place, and that they can cope as was predicted 10 years ago?

Mike: The good thing about the science swine flu thing is we never tested. It was never tested in live action. So I was involved very deeply in Essex in the swine flu. I was Director of Public Health in Northeast Essex. And we had lots of plans and lots of ideas, but they were never tested in the way that this has been tested. So I think the amount of work that's been done this time and the amount of learning this time, its magnitudes greater than what did for swine flu.

Am I comfortable with the processes in place, and that they can cope as was predicted 10 years ago? I'm learning all the time. We're learning all the time. I guarantee we've got it wrong. I guarantee that we got the Essex Test Trace, Contain and Enable service up and running at the moment, which is phenomenally different for anything that was there in swine flu, much more advanced. The technology is much better in terms of IT for a start. We have links, we have national and local testing and tracing services. The Essex plan is felt to be one of the best in the country, and is being held around as good practice. However, and also we're starting before anyone else because I just want to get going. So even though the systems aren't entirely up and running, I've been running it and testing it. Every time we tested, something goes wrong. Nothing serious and nothing that impacts on people's health, but in terms of the system, it's very bumpy, it's very clunky and that will smooth out and that will develop that will improve over time. But we are really learning on the go.

So today I had a meeting, I'm listening to our enhanced services. I pulled back in three retired communicable disease consultants who have recently retired from across the region to support us in Essex. I think we're very well placed to deal with it. But I'm not going to you know, I'm a worrier. I'm not going to say I'm comfortable with processes now in place. I think that we will be okay. And I think we'll muddle through. And that's kind of what we do a bit. But I think we've got as good systems as anybody, and we are probably more willing to learn than others. And keen to get up and at it. So I think if anyone can do it, we can but I'm not confident. Simply because we don't know the scale of this thing, particularly as we get into winter again.

Peter: It's a voyage into the unknown. You've mentioned something I think you've been very kind in thanking us. I think we ought to record our thanks to all of those people that have come out of retirement as you've mentioned, all the students and everybody who's piled in, taken on unfamiliar roles. And I think it's been a great team game. Actually, I think everybody's played their part and without any individual bit, there wouldn't have been the whole approach. So I think you're right, everyone has stepped up.

Mike: I did kind of want to add that Peter, because actually, it where I said, I am comfortable with the processes. The reality is, whatever my processes are, however good they are, if the people of Essex, the people of South Woodham Ferrers, don't behave appropriately and responsibly that's what's going to make us fail. My Test and Trace service, my prevention service is only going to work if people will if people recognise and adhere to social distancing, remain alert are appropriate in their behaviours, because that's what's going to keep the thing away from us. And the other group, I think it's important to mention, we've got students from ARU doing the course and all of this, it's the volunteers. It's the way the community have stepped up to support each other. And because one of the jewels we have developed is Essex Welfare Service, which again grew from our current sort of support service for loneliness and social isolation, but was really again through the work of Jon who is on the call here (and on the test card), and the Essex Coronavirus action page which Jon and colleagues set up literally overnight. We had a phenomenal response from the communities. Phenomenal response to people we're having like thousands of people coming forward for volunteering. we're having hundreds of requests for people to have support. And the average time went down to less than a minute between a task coming, being put on the internet and somebody picking up, with volunteers picking tasks by the minute. And it's just phenomenal response, absolutely phenomenal. And that's nothing that I'm responsible for. That is you as a community. And that as I keep saying, it is you guys who are going to manage this outbreak, not me.

Peter: Thank you for that. I think you're right. And I think local has worked really well. And we need to think about how that can be made sustainable with lots of really good groups have jumped up. I would give you the feedback that the national scheme hasn't worked well. And I'll happily give you lots of examples of that another time. I had one just today and when I rang the people up it was all over the days ago. I'm afraid the national scheme really hasn't worked and I think it's proved that it's local communities that know their communities that react. I mean, we literally the GPS got onto me on the Friday and the Pharmacists, and by Monday we had a scheme up and running. And we've delivered over 1700 tasks since 23rd of December, March rather. I know that that similarly happens in Chelmsford, Danbury, Maldon, etc. because I keep bumping into people. And I think it's proved to work with local volunteers, quite rightly. But it has been a team game because it's neatly coordinated by people like you and everyone. Everyone's played their part.

Question: Can you mitigate the risk of asymptomatic infected people. Should we assume that we could all be in that position and keep our guard up?

Mike: The asymptomatic ones have always been really complicated and I will come to the particular particulars in a minute, but the reality is if you keep two metres distance. Anyway, first of all anyone who is symptomatic shouldn't be out there anyway. They shouldn't be, they should be self isolating. So the only people who are people who haven't yet shown the symptoms. So the two metre rule is basically to protect you. If you stay two metres from anybody else and you are protecting them from you potentially having it because you're not within two metres of them, and you are protecting yourself from them not having it. So as long as the two metre rule is fastidiously adhered to, asymptomatic infection isn't an issue. It only becomes an issue when that two metre rule is breached. Now there are a number different elements around this. Why would somebody be asymptomatic and infected? So the most common one is probably that they just haven't shown the symptoms yet. So usually,

people start becoming infected between 24 and 48 hours before they show symptoms, and they can be quite infective at that time. So that's kind of a clear, obvious group. The problem with them is you can't test for them, and there's no point unless you get your tests back within 24 - 48 hours because by then they have got symptoms anyway. So you know they've got it.

So one of our issues, and that's one of the issues for me with the care home testing every week... Unless you get your test results back very quickly, then there's no point doing it because those people who were going to get infected will have it by then, you know, and they're isolating. So you have to have the test results very, very quick.

There's also a group of people who are carriers over longer term for some reason, some illogical reason. And we don't really know much about them. Nobody knows very much about them in terms of how effective they are, how long they carry it for. We do know that a lot of people test positive for quite a long time afterwards. But that doesn't, that the census that is not equated to infection, it's just a residual positivity on the tests we do with dead virus rather than a real infection.

The other group that we have to worry about are people who actually have very, very mild symptoms or no symptoms at all. And what's been found in a lot of those cases, they actually do have symptoms. So a lot of people who've been tested and come back positive and say, because they haven't had symptoms, and they go, actually, now you mentioned it, I was feeling a bit dodgy a couple of days ago, a little bit of a temperature. So a lot of people who are quoted as asymptomatic actually aren't asymptomatic but are rather very, very mildly symptomatic

But I say the way to mitigate any risk is not go within two metres. And that if we do that, we actually say we could be in a position we're not going to infect anybody and nobody is going to infect us.

Peter: Very interesting to hear about the postcode data. Will that be published by ONS in a timely manner?

Mike: So I don't know what the I saw at the moment is not. It's available to us in Public Health. The degree of secrecy in forms of I mean, I'm not very good at IT and things like this and information governance, but the number of bloody forms to jump through to get data has been huge. So I suspect that in the short term, it won't be that widely published. I think that they are publishing pillar one and pillar two data by district and borough, and at that level it will be published. I think, the postcode data, I suspect the numbers are so small, that they start to become identifiable. So I think probably not.

Peter: I think the really good news that you've given us is that you're on top of this.

Mike: No, I didn't say that! <laughs>

Peter: Well I am. You are on top of it as anyone is by the sounds of it.

Mike: Yes, I think that is fair enough.

Peter: I think it's very reassuring to us to know that you are looking after us. And you'll know if we've got a problem, and you will be in touch and you'll do the necessary. That's really, really helpful.

I just want to say how grateful, I know you'd be very kind about us. But I believe we're in very safe hands. You are a very experienced man and I don't think we could be in better hands. Thank you for your leadership and for looking after us.

We're here if there's anything we can do to help you, anytime. You know where we are. And hopefully you've been very kind and recognise the efforts that people have made, and we stand ready to do anything we can. So please don't hesitate to ask us.

Mike: I thank you very much. Again, the community of South Woodham Ferrers always been a beacon, have always been a shining light, has shown leadership in this. I mean, I thank you, because actually, you know, I can't do this. This is something that society, this is something that communities have to do themselves to prevent this disease. And I think we've done a really good job of it, and we just need to carry on with it. And there's lots of banana skins out there, we just have to be really cautious.

Peter: But we couldn't have done it without people like you. And without you in particular, and Essex, as always is doing its bit.

We are just so grateful for your time when I'm sure that you're being pulled in all sorts of directions. It's very good of you to recognise that, you know, communities like us are worthy of the input. So thank you very much indeed.

Mike: Thank you, Peter.

Peter: Thank you, we wish you all the best, because we all know that people like you and people we have been seeing on the podium etc. are going through it and we can see that they are taking it personally and taking it seriously. So just please pass on our thanks.

Mike: Thank you very much. Thanks for your time and attention.