

UK Covid 19 Inquiry

Preliminary Hearing 4 October 2022

Outline Submissions – Association of Directors of Public Health (ADPH)

This document is an outline of the submissions to be made by ADPH at the Module 1 Preliminary Hearing.

Preliminary

When announcing this Inquiry, the then Prime Minister (Boris Johnson) described Covid 19 as the “*gravest crisis*” that the UK has faced since the Second World War. He was correct.

According to official statistics nearly 180,000 people have sadly lost their lives.

The thoughts of ADPH and its members are therefore with the bereaved, their families and everybody affected by Covid 19. It is important to remember that both the virus and its effects are ongoing, including long Covid.

Introduction

ADPH is the membership body for Directors of Public Health in the United Kingdom. It represents the professional views of Directors of Public Health as local leaders for the nation’s health. It is a small charity which can trace its roots back to 1856.

ADPH recognises the vital importance of the UK Covid 19 Inquiry’s work and is committed to support it with evidence and information.

ADPH agrees that it is appropriate to look at the UK’s preparedness first. The preparations made by local authority Directors of Public Health are an important part of the UK’s readiness picture.

Directors of Public Health

Before and throughout the pandemic, Directors of Public Health have played a crucial local leadership role in responding to the pandemic. Broadly speaking (and this will be expanded in witness evidence later), there have been five main tasks:

- **Preparation**
Directors of Public Health are trained for disease outbreaks. Their teams have tried and tested processes in place to both monitor the local situation (surveillance) and to provide place, based leadership. Directors of Public Health produced and provided local guidance and information for local authorities, elected politicians, and the wider community e.g., the NHS, Social Care Sector, Education settings, businesses, and faith groups.
- **Prevention**
Directors of Public Health worked with the local media and community groups to promote clear public health messages and advice during the pandemic. This included developing

resources and campaigns on issues like public mental health. Many Directors of Public Health have also taken a proactive approach to sourcing of PPE and hand sanitiser – working in partnership with universities and manufacturers.

- **Prioritisation**
Some public services had to be adapted to ensure that resources were focused first on the pandemic, e.g., sexual health and drug treatment (who had to enhance their online offerings). The focus on other services increased as evidence about the pandemic grew – see the emerging information about smokers being more at risk of severe Covid 19 symptoms. Accordingly, ‘Stop Smoking’ support was expanded in many areas by Directors of Public Health.
- **Collaboration**
Directors of Public Health worked proactively within their local systems e.g., social care colleagues on PPE and with external partners e.g., Public Health England on monitoring and responding to outbreaks.
- **Advice**
Directors of Public Health were the ‘go to’ source of knowledge for information for numerous agencies when it came to planning and providing a local analysis of Covid 19, supporting local public services and businesses.

ADPH welcomes the opportunity to be a Core Participant in Module 1 of the Inquiry and is grateful for the acknowledgement that its members:

“...played or may have played a direct and significant role in relation to the UK’s resilience and preparedness for the Covid 19 Pandemic and that it has a significant interest in Module 1 of the Inquiry”.

Local Leadership

Local authorities are designated Category One responders under the Civil Contingencies Act 2004 and therefore have a statutory duty to prepare for a range of civil emergencies – including pandemic disease. Local authorities are also responsible for working with both local and regional agencies.

ADPH believes that an analysis of the preparation across local and regional agencies will be important for understanding the wider preparedness piece.

Scotland, Wales, and Northern Ireland have separate organisational and government governance arrangements for public health to England. ADPH considers that it will be very important to the Inquiry to understand these differences and to understand comparative lessons about how well the systems in each of the four nations worked. ADPH is uniquely placed to describe the role of Director of Public Health within the systems across the UK.

Engagement With the Inquiry

ADPH is committed to rendering the Public Inquiry every assistance possible.

It seeks to ensure that the collective insights of Directors of Public Health are available and that lessons can be formally captured by the Inquiry in this way. ADPH will provide documentation to the Inquiry and proposes to file witness evidence. It will draw on a range of documents including:

- Notes of meetings with officials,
- Press releases,
- Blogs,
- Comment pieces,
- Letters,
- Case studies,
- Briefings,
- Guidance documents.

However, as a charitable organisation, ADPH must be mindful of available resources.

Reflections Upon the Scope of Module 1

It is ADPH's belief that a consideration of pandemic preparedness involves two elements:

- a. To establish what the Pandemic Plan was – what structures existed to operate it, what organisations had responsibility for delivering it and the point at which it would be activated. Accordingly, the Inquiry needs to look at what was in place immediately before the pandemic emergency was declared. That provides the UK's theoretical, or '*on paper*' state of readiness.
- b. Whether the Plan was resilient and operated as it was designed to. Did the Plan survive first contact with the emergency? This involves the Inquiry looking at the early weeks of the pandemic and whether the '*paper plan*' worked when the pandemic struck. In that regard, the UK could not be said to be properly prepared if the written plans were incapable of execution or quickly failed for practical reasons.

By way of example: ADPH has evidence that Government departments and NHS did not maintain up-to-date lists of contact details for Directors of Public Health. This slowed dissemination of information and, therefore, pandemic response. If preparedness were investigated by reference to the planning alone, these omissions would not be apparent. To properly test preparedness, it is necessary to examine what happened in the first few weeks of the pandemic i.e., to look at the operational phase of the plan.

ADPH therefore submits that the Inquiry will need to investigate whether it was possible for pre-pandemic plans/responses to operate in practice. That will require the Inquiry to consider some evidence of events in the early stages of the pandemic. It is ADPH's position that an assessment of preparedness to a point immediately before the pandemic struck will not provide a full picture of how well prepared the UK was. There must be a consideration of whether the plans would work for important practical reasons, including, inter alia, communication.

Subject to the above, ADPH has the following observations on the scope of Module 1.

ADPH has no comment on the six points identified. However, ADPH offers the further additional thoughts for the Inquiry to consider:

- The Inquiry should consider how national government and national bodies planned and approached engagement with and involvement of Directors of Public Health. In particular, did their plans mean Directors of Public Health were involved in a timely and appropriate manner – in relevant policy discussions, decision making and communications. Were the plans correct?
- It is the ADPH's position that there has been a lack of investment in local public health over recent years. The Inquiry should consider the impact of this on local public health and upon the capacity/ability of Directors of Public Health (and their teams) to prepare for the pandemic.
- The Inquiry should examine evidence relating to underlying health inequalities and the impact that these will have had on the resilience of individuals/communities and the extent that they subsequently contributed to levels of hospitalisation and mortality. The effects of the pandemic were different in different areas and therefore should preparation/ planning have been addressed more locally?

Core Participants

ADPH notes that seven Government departments have been given core participant status in Module 1. Local Authorities, as Category One responders under the Civil Contingencies Act, were and should have been a significant part of the UK's preparedness for the Pandemic.

ADPH notes that only it and the Local Government Association (LGA) are available to provide the Local Authority perspective. This creates a potential for imbalance. To ensure that does not occur, the Inquiry should obtain the Local Government perspective by: –

- a. Undertaking a series of preparedness case studies involving specific Local Authorities and/or;
- b. Obtaining preparedness documentation/ plans from a spread of Local Authorities.

ADPH may be able to facilitate or assist with this. At this point ADPH is unclear whether there were other local government connected core participation applications.

Next Steps

ADPH believes that it would be more efficient to provide the Inquiry with an early overview of the role undertaken by Directors of Public Health (across all four nations). It is also able to provide the guidance materials that it issued before and during the Pandemic.

Consideration of Rule 9 Requests involving ADPH ought then to await the Inquiry's consideration of the above material.

ADPH also believes that it is well placed to contribute thoughts to the instructions of experts assisting the Inquiry on matters of Public Health and Public Health Structures.

Finally, ADPH is committed to assisting the Inquiry in its vitally important work. To repeat, it is grateful for the opportunity to do so.