



# The Association of Directors of Public Health

## COVID-19 Public Inquiry – Learning Lessons for the Future

The purpose of this briefing is to set out the Association of Directors of Public Health (ADPH) perspective on the COVID-19 public inquiry. The ADPH is committed to contributing to the conversation about the timing, focus and leadership of the inquiry; and providing evidence to it based on the experiences and insights of Directors of Public Health (DsPH) across the UK. If you have any comments or questions, please contact [policy@adph.org.uk](mailto:policy@adph.org.uk).

### Introduction

The ADPH welcomes confirmation by the Prime Minister that a public inquiry will commence in Spring 2022. A public inquiry is an essential part of understanding and learning lessons, seeking justice and helping to heal the trauma caused by the pandemic.

This is a sensible timeframe for what will be a complex and challenging inquiry to establish, organise and conduct. It is understandable that many people, particularly those grieving for family members and friends, feel an inquiry should start sooner. We believe it is now appropriate to begin the search for a Chair and panel for the inquiry; and kickstart a public conversation on the terms of reference.

The inquiry should be required to publish its report within two years – most past inquiries have met this standard.

### Terms of Reference

Jason Beer QC (one of the UK's leading experts on public inquiries) argues that public inquiries should address three fundamental questions:

1. What happened?
2. Why did it happen and who is responsible?
3. What can be done to prevent it happening again?

The procedures for how public inquiries should be conducted are set out in the Inquiries Act 2005.

The ADPH proposes that the public inquiry addresses the following eight themes:

- **Preparation** – whether appropriate planning took place to enable a swift and effective analysis and understanding of the emerging threat, rapid mobilisation of existing systems and approaches (across science, operational and policy aspects) and resourcing of key bodies and expertise. An assessment as to whether lessons from the pandemic are being implemented across Government to improve the response to future public health emergencies.
- **Inequalities** – the extent to which underlying health inequalities contributed to the levels of hospitalisations and mortality; and an assessment as to whether the response to COVID-19 – in terms of policies and programmes – further exacerbated inequalities or created new ones.

- **Funding** – the impact historic underinvestment – and funding constraints throughout the pandemic -- had on the capacity and ability of local and national bodies to respond effectively. Scrutiny of the procurement process and the value for money delivered by public contracts across crucial aspects of the response (e.g. PPE, testing and consultancy).
- **Strategy** – evaluation of the coherence of the Government’s overarching approach, strategy and decision-making processes for managing the pandemic set against existing public health principles and systems, local emergency response structures and capabilities, and the developing evidence base and scientific advice.
- **Governance** – consideration of whether there was sufficient understanding of, and respect for, the existing systems and the statutory roles and responsibilities of relevant local, regional and national public bodies; and whether they were involved and engaged sufficiently and in a timely and appropriate manner.
- **Data** – an assessment of how GDPR was applied and the overall approach to data-sharing across public bodies; and the impact of delays and restrictions to data-sharing on the effectiveness of the response at all levels.
- **Communications** – exploration of whether there was clear and consistent messaging to the public rooted in behavioural science to support compliance. Consideration of how the Government engaged with stakeholders during policy development and ahead of press announcements.
- **Performance** – scrutiny of what the main elements of the response achieved (e.g. NHS treatment; social care; test, trace and isolate; non-pharmaceutical interventions (NPIs); economic and business support; the vaccination roll out) and the barriers to their success.

## Leadership

The choice of a chair for the inquiry is a matter for the responsible Minister. Historically, chairs are drawn from trusted professions relevant to the subject matter. In this case, it would be appropriate to appoint an individual with a public health background.

The chair, panel and support team should possess extensive knowledge and experience in the fields of public health and local government.

## Recommendations

In summary, the ADPH recommends the following:

- A start date for the inquiry should be set in Spring 2022.
- Work should commence now on identifying a chair and panel for the inquiry; and undertaking a public conversation on the terms of reference. This should be followed by a formal consultation once the inquiry has been formally established.
- The chair of the inquiry, panel and support team should include significant experience of public health and local government.
- The inquiry should explore the following key themes: preparation, inequalities, funding, strategy, governance, data communication and performance.
- The inquiry should issue its final report within two years of commencing work.