UK covid-19 inquiry

Module 1: resilience and preparedness

Association of Directors of Public Health

1. Before explaining briefly what the ADPH is and the position it adopts on the issues of resilience and preparedness for the pandemic, I want to read these words from Professor Jim McManus, the President of the Association, who will give evidence on ADPH's behalf in week 4:

   Over 220,000 people in the UK alone lost their lives to this virus, with many people experiencing the enduring pain of long covid, and as we have heard, many who have lost loved ones and colleagues, and care and health staff who have experienced significant trauma. Our hearts are with them all. The scale of this loss heightens considerably the fundamental moral obligation on all of us to ensure that when the next pandemic comes, as it will, we are absolutely prepared to respond in a way which delivers the minimum possible loss to life and harms to people. Keeping faith with those who have been lost, bereaved or harmed entails that above all else we lay seriously to heart this shared obligation to articulate systems, structures, working cultures and behaviours which will deliver that goal.

2. ADPH is the representative organisation of DsPH across the UK. ADPH is, along with the LGA and its equivalents in the devolved nations, the only voice of local, as opposed to central, government in this module of the Inquiry. The role of DsPH has been likened to that of a local CMO. Their role is similar across the UK, although there are some differences between the public health systems in which they operate. In England, every local authority with public health responsibilities must employ a specialist DPH (jointly appointed with the Secretary of State of DHSC). DsPH retain the primary responsibility for the health of their communities and are accountable for the delivery of their authority's public health duties. The DPH is a statutory chief officer of their LA and the principal adviser on all health matters to elected members and officers. In Scotland and Wales, DsPH are employed by NHS Health Boards, whilst in Northern Ireland the sole DPH is accountable to the Chief Medical Office (CMO). DsPH are also present in Crown Dependencies and Overseas Territories, functioning as both DsPH and the CMO for their respective jurisdictions.

3. ADPH wishes to convey to the Inquiry key messages about resilience and preparedness for the pandemic at a local level. Those messages will be

summarised in this short opening statement, expanded upon in week 4 when Jim McManus gives evidence, and developed after the evidence has been heard in closing oral and written submissions.

4. The position of ADPH in that there was, in the latter part of the period with which this Module of the Inquiry is concerned, an insufficient understanding of the role, capabilities and responsibilities of DsPH at a national level and as a consequence they were largely omitted from the systems, processes and plans that began to be put in place at that point. DsPH are trained in containing infectious diseases, understanding and interpreting data, recognising risk factors, understanding the evidence base and what motivates behaviour change, and helping develop local policy interventions. DsPH also have deep knowledge of their local populations and community organisations. Whilst the DsPH were working at a local level at the start of the pandemic, they were repeatedly excluded from key communications and guidance developed at a national level (by NHSE and devolved equivalents, and by central government departments). They should have been consulted earlier and more comprehensively by national bodies with responsibility for health protection from the outset.

5. There were some striking examples of this:

5.1 At the start of the pandemic, DHSC did not hold an up-to-date list of contact details of the DsPH.

5.2 At the start of the pandemic, DsPH were learning about new policies and guidance at the same time as members of the public, when the televised 5 pm daily briefings were broadcast. They were expected to implement these policies without the necessary structures and support mechanisms having been put in place. Along with several other CPs, ADPH was asked by the Inquiry to canvas the views of its members by means a survey. The majority of DsPH felt that initially, there were very limited routes available to them to engage with the national approach and that, during those initial stages of the pandemic, it is widely felt that the local voice was not wanted, or heard.

5.3 DsPH and their teams have extensive experience and understanding of contact tracing, their local communities and the wider health and social care system. Within local government, there were plenty of people (environment health officers and public health specialists, with the skills to support the contact tracing

efforts in response to the coronavirus. However, the involvement of local councils and DsPH in the Test and Trace service was, at the beginning of the pandemic, very limited. It appears that local capacity to carry out testing and contract tracing was not recognised at a national level.

6. Returning to the survey, when selecting the top five factors which most negatively impacted their organisations state of readiness, DsPH said:

6.1 (1) national guidance relating to pandemic preparation did not anticipate the nature of the challenges provided by Covid-19

6.2 (2) full lockdown was never anticipated as a reasonable worst-case scenario, so plans did not reflect the challenges to which lockdowns gave rise

6.3 (3) Inadequate and unclear communication and support from central government

6.4 (4) Inadequate capacity in the public health workforce and

6.5 (5) inadequate funding: it is the view of ADPH that, across the public health system, funding and staffing levels had been rundown to such an extent – at all levels – that the response to Covid 19 was severely hampered.

7. DsPH also identified that data sharing was a key challenge in the early stages of the pandemic. The ability of DsPH to establish effective data sharing protocols varied significantly, both across England and in the devolved nations. Data protection requirements were, rightly or wrongly, thought to be an obstacle to data sharing. Different organisations had markedly different interpretations of their data protection obligations.

8. Although beyond the remit of this module, it is right to observe that as the pandemic progressed, there was increasing recognition of the value of local leadership as a vital component of an effective pandemic response. DsPH were brought in to provide a local perspective and inform the design of the system. They worked at pace to develop Local Outbreak Plans, ensured the challenges of Covid-19 were understood and addressed the impact on local communities. But there were, in the view of ADPH, numerous missed opportunities early on.

9. The overall view of ADPH is that the UK was inadequately prepared for a

pandemic of this nature. At a local level, DsPH – working with partners and colleagues in local authorities, NHS, the voluntary sector and other emergency responders – had plans in place for an influenza pandemic (as required by national governments based on working assumptions of what was most likely) and did their best to adapt those arrangements to meet the challenges presented by Covid-19. Clearly, in future, national and local plans will need to be more flexible to respond to different types of viruses and threats.

10. Looking forward, much greater local involvement is needed in formulating national policy. This means bringing in bodies such as the ADPH, the LGA, the Associations of Directors of Adult and Children's Social Services (and devolved equivalents) to collaborate and inform national decisions. There needs to be greater recognition of the role of local public health and local government in the planning for future pandemics. In ADPH's view, a key lesson is that locally driven processes and responses are more speedy and effective than those prescribed centrally through 'top-down' approaches, and enable improved co-ordination and collaboration between agencies. It is important that the UK government understands the distinct role of DsPH when engaging locally.

11. DsPH were asked in the survey to suggest ways to improve preparedness and resilience. Their responses included:

11.1 putting in place arrangements to enable data and intelligence to flow more freely from national agencies to local public health teams, organisations and authorities

11.2 improved transparency and timeliness of communications from the national government

11.3 ~~the~~ national governments should consider developing ~~a~~ national strategies around communications during an emergency and utilise the voice of trusted local leaders and the voluntary sector

11.4 conducting regular tests of preparedness and to better equip the workforce to respond to pandemics by providing more training opportunities for relevant staff in health protection and pandemic preparedness

11.5 widening the scope of emergency planning to be more inclusive of different emergencies and diseases and developing a national testing strategy early on

11.6 maintaining the relationships they formed during the Covid-19 pandemic with internal and external partners and through LRFs

11.7 better harnessing of the voluntary and community sectors in emergency planning strategies going forward

11.8 greater clarity around the role of DsPH and local authorities in pandemic preparedness and emergency planning

11.9 greater certainty around the Public Health Grant and more funding for emergency planning and health protection

11.10 expanding the public health workforce

12. The aim of ADPH is to provide evidence that informs better pandemic planning and preparedness. In summary, lessons point to three essential themes i) improving the overall health of the UK, including reducing health inequalities ii) clarifying the roles and responsibilities of key agencies and professions at all levels and iii) ensuring sufficient powers, capacity and resources are in place. We must learn the lessons of Covid. The country must do better next time.