

Welsh Health Protection System Review Implementation Plan 7 February 2023

Version 3.0

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Review of the Health Protection System in Wales

Delivery and Implementation Plan

7 February 2023

This thematic Implementation Plan should be read in conjunction with the independent report of the Welsh Health Protection System Review, published on 7 February 2023.

The independent review of the health protection system in Wales was commissioned by the Welsh Government and was conducted collaboratively with partners and stakeholders from across the health protection system in Wales. This document begins to identify the actions and initiatives that will help to deliver the overarching recommendations set out in the report.

The actions outlined in this document will build upon previous assessments, recommendations and improvements to the public health system, including the work of Audit Wales and the technical report on the COVID-19 pandemic by the UK's Chief Medical Officers. We aim to address the recommendations in a thematic way, ensuring we take forward the more detailed recommendations in the report alongside the overarching thematic recommendations outlined in this plan. We will work together with partners across health protection adopting a One Health approach.

An update on work to address both the overarching recommendations and those more detailed recommendations will be published later in 2023.

Progress against delivery of the actions to address the recommendations of the review will be monitored by the Chief Medical Officer's Health Protection Advisory Group and we will further develop a communication plan to regularly update partners on progress and developments.

Thematic area	No	Recommendation	Action(s) to implement
	1	Maintain large-scale sustainable	The importance of health and wellbeing and prevention is critical for the
		integrated public health response	entire health system in Wales. One of NHS Wales' core values is a focus on
		capacity as seen during Covid by:	prevention, health improvement and inequality as key to sustainable
			development, wellness and wellbeing for future generations of the people of
			Wales. We must continue to focus on population health and prevention as

System Design

Ensuring that backlogs in health services and public protection services are cleared and remain manageable, and do not lead to deterioration in the public's health and wellbeing, so ensuring more healthy people who are less vulnerable to infectious disease (ID) and non-ID threats.

the route to better health and wellbeing and to improved health security in the longer term.

As outlined in <u>A Healthier Wales (gov.wales)</u> we want to work together to help people to live longer, happier and healthier lives. A strong public health approach is key to a healthy society. We will continue to deliver strong immunisation and public health programmes, and promote a better understanding of health, infection, and environmental hazards.

Our vision is for an agile, sustainable and collaborative health protection system that responds effectively to existing and future local, national and international threats. The last few years have been hugely challenging but the public sector partnership approach we have taken in Wales has enabled us to develop our capacity and capability at a local and national level. We want to build on the skills, experience and learning developed during the response to the Covid-19 pandemic, with health boards and local authorities working in partnership with Public Health Wales and Welsh Government to deliver a local approach under national frameworks and guidance.

Planned Care and Recovery to address backlogs in health services is being led by the National Recovery Programme which will set specific requirements for local health boards. Meeting these requirements is a Ministerial priority for health boards.

It is critical we ensure recovery efforts are inclusive and work is underway through the Health and Equalities Group to ensure matters of equity are considered in the delivery of the planned care programme.

Public Protection teams within Local Government play a critical role in the health protection system in areas including communicable disease, food, health and safety, port health as well as in wider functions within local authorities such as emergency planning, social services and education. It will be important to link together relevant existing workstreams and recovery plans to ensure a joined-up system response and promote wider partnership working and community involvement. Partnership work will include delivery

of well-being plans and engagement with Public Services Boards and other multi-agency groups.

Beyond this, we will use the levers of environmental public health to contribute to improving public health, for example in areas such as air quality, water and land contamination, housing and climate change mitigation. We will also work with our colleagues in Animal Health and Welfare to strengthen partnerships in a One Health approach as recommended in the Chief Medical Officer for Wales Special Report which was published in January 2021.

We will ensure there continues to be a relentless focus on screening which will include the recovery of Breast Test Wales, Diabetic Eye Screening Wales and Wales Abdominal Aortic Aneurysm Screening Programme to prepandemic levels.

Our vision for vaccination services was outlined in the <u>National Immunisation</u> <u>Framework for Wales</u>, which was published in October 2022. An important part of the Framework is identifying the lessons from our pandemic experience and applying these for the benefit of all vaccination programmes, to ensure a continued focus on high uptake levels across our vaccination programmes. We will ensure there are strong links across vaccination and screening, for example with HPV and cervical cancer screening.

As part of our World Health Organisation commitments we will continue to focus efforts to eradicate TB and Hepatitis.

The All Wales TB Expert Group is in the process of being established, with an internal Welsh Government Oversight Group, independent of this group, to oversee and challenge progress in this space. One of the first tasks of this group will be to review and update the drafted National Framework for Wales to be presented for review and endorsement by the Welsh Government Oversight Group. It is envisaged that the framework will be reviewed and endorsed in the next six months.

		A Hepatitis B and C Elimination Programme Oversight Group has been established, which includes a wide range of stakeholders from the Welsh Government, health boards, PHW, Area Planning Boards, hepatitis B and C health services and the third sector to provide a renewed strategic focus on the elimination agenda, and specifically the WHO 2030 elimination targets. This group first met in November 2022 and have developed a Welsh Health Circular outlining 13 key actions that will act to ensure that frontline services are provided with the support required to both recover services to pre-pandemic levels and drive the elimination agenda.
2	Continuing to bring the wider system, from the local to the regional and national levels, together in routine disease control activities, and in exercising and training for emergencies so that it works as one and does not become fragmented.	We consider the work to clarify roles and responsibilities to be a key priority. As work progresses on roles and responsibilities (recommendation 3), and as plans are reviewed and developed (recommendation 4), we will also use exercises to test and support a learning culture of continuous improvement. We will work with partners to develop a schedule of relevant training and exercises involving people and organisations across the health protection system including communicable disease and environmental incidents. This will link to the refresh of the Communicable Disease Outbreak Plan for Wales and also to Winter preparedness, taking the learning and experience from Winter 2022/23 into Winter 23/24. Alongside tests and exercises, partners regularly meet in other fora. We are currently undertaking a governance review of the Health Protection Advisory Group which will identify additional opportunities to improve planning, linkages and delivery.

3	Ensuring that health board Public Health teams and local government Environmental Health teams continue to be strengthened by clarifying their respective core roles and responsibilities, including behaviour science, risk communication and infection prevention and control.	We consider this to be our top priority to progress. We will establish a task and finish group with partners to clarify and define roles, responsibilities and expectations across the system at local, regional and national level (including specialist health protection resource and leadership). It will be critical to also describe where there are opportunities for, and expectations of, collaboration and integration. We will build on the work that has already been done, for example in respect of the Communicable Disease Outbreak Plan for Wales, and we will map this work to the original scope of the Review to ensure we capture the main areas of health protection, and that we align with civil contingencies plans. The scope of the review was: • Health Emergency preparedness, resilience and response (including CBRN) • Communicable disease control, including microbiology services • Environmental hazards, climate risks and public health risk management • Risk communication, risk assessment, and risk management, including behavioural informed approaches. • Monitoring and surveillance of communicable and environmental and climate related threats • Infection prevention and control
4	All health protection and civil contingency plans, as well as those for the control of endemic diseases, need to be reviewed collaboratively now and in the future, following the cycle of plan, train, educate, exercise, review, plan, to ensure they are fully developed, that they align with other co-dependent plans, including local and national civil	This is linked to recommendations 2 and 3. We will identify and map all health protection and civil contingency plans and develop a forward plan of when key plans will be refreshed. We will identify where there is duplication and overlap and seek to rationalise plans to improve efficiency. We will be clear where there are interdependencies with wider UK level plans.

Governance and accountability		contingency plans, and that they include clear lines of communication and support.	In parallel with this exercise, we will select one core plan to test and review, ensuring we develop a strong process of evaluation so that lessons can be applied to all plans.
	5	Plans should be tested through multiagency exercises and workshops, with staff from all levels of the organisations taking part. Where feasible, voluntary organisations should be involved in these developmental processes.	See recommendations 1, 2 and 4. We will develop exercises to test plans and our work around roles and responsibilities, using a range of staff across those organisations taking part and where possible involving third sector organisations. We will link to opportunities in the wider civil contingencies arena, to ensure we share learning and benefit from multi-agency multidisciplinary experiences.
	6	Accountability frameworks should be developed so that for any population data, inequalities can be routinely monitored and actions can be designed to tackle them.	We will review the data available to identify any gaps and consider the processes though which any data is routinely monitored. The Welsh Government's Science Evidence Advice (SEA) division has a programme of work to better understand inequalities and the impact they have on health and care policies. SEA will work closely with policy leads to prioritise those policies where gaps have been identified. SEA will provide policy leads with evidence and advice related to addressing specific inequalities. The division works with Public Health Wales on the joint Welsh Health Equity Status Report initiative (WHESRi) project and will be working closer with the Health and Inequalities Group. In addition to this, SEA has also published two papers on the impact on health inequalities by the COVID-19 pandemic, hospital admissions and deaths. The Health and Equalities Group is undertaking work to ensure matters of equity are considered in the delivery of the planned care programme. We will

			ensure the group is aware of this recommendation for consideration in their work. A focus on vaccine equity will also continue, including through the National Immunisation Framework expectation on health boards to have a Vaccine Equity Strategy and programme of work. We will work with health boards during 2023 to have these strategies in place and implemented.
Workforce	7	Local resilience for all-hazard health protection needs to be retained following recovery from the Covid pandemic. For a local disease control or response team to be effective it needs support from both health protection specialists, public health laboratories and field epidemiologists. This multiagency relationship can be strengthened through joint training.	This links and will build upon the work described in response to recommendation 3 on roles and responsibilities. Transitional funding has been secured for 2023-24 to support the development of local health protection multi-disciplinary teams on a health board footprint with health boards and local government working in partnership to deliver a local response to health protection measures and threats. National frameworks and guidance will ensure there is consistency across Wales. The agility and resilience of these local teams is fundamental and Welsh Government will outline core principles to help regions to develop a sustainable model going forward. We will work with HEIW and others to consider the more detailed recommendations in the report about training programmes and competency frameworks.
	8	The voluntary sector should be engaged nationally and locally to explore what contribution volunteers may make in endemic disease control and future significant events.	As part of the work of the task and finish group on roles and responsibilities, we will work with partners to develop agreed structures, competencies and specialisms, to determine where there are gaps which could be filled using volunteers and those who are not health protection specialists. We will actively consider the role of the voluntary sector in health protection. We will test the inclusion of volunteers in exercises where appropriate. We will engage with WCVA to test the potential of working with charities, for

		example Red Cross, and we will engage with universities as outlined in response to recommendation 10. This will require further work and development and will link to thinking about the role of volunteers in wider health services. We will work with colleagues across civil contingencies to share learning and development opportunities. This is also linked to wider 4 Nations work on the health protection workforce, being led by Public Health Wales on behalf of the 4 Nations Health Protection Oversight Group.
9	Maintain rosters of volunteers and members of the public who provided support during the pandemic and determine whether feasible to keep them engaged in activities on a voluntary basis.	This is linked to the work on roles and responsibilities (recommendation 3), the review of plans (recommendation 4), and to exercising (recommendation 2). Local teams have been asked to maintain a register of individuals who assisted during the pandemic, for example by undertaking contact tracing calls, who consent to being contacted to assist again in future should the need arise. However, it should be noted the context within which individuals were re-deployed towards health protection during the pandemic (for example to Test, Trace, Protect (TTP) or mass vaccination centres) was exceptional as national lockdown meant staff were freed from their usual roles. It is unlikely those individuals would be easily released in future, and there are challenges to keeping a register wholly up-to-date. Nevertheless, there is much to be learned from the mechanisms and processes developed during this time to deploy large numbers of additional staff. We will consider the best way to capture this learning to prepare for future threats that require planning in order to scale up resources and allow for rapid deployment. This may include training, development and mobilisation plans.

	10	Discussions should be initiated with universities and other tertiary education providers to explore mechanisms to engage students on health-related courses to support health protection and participate in present and future all-hazard exercises and responses.	Using outbreak scenarios for training purposes would provide an engaging introduction to health protection as a specialty and possible future career. We will start discussions with academic institutions at a national level to determine the feasibility of including students as support. Should this be viable, we will include this in the testing and exercising referenced above. In parallel we will explore opportunities for further developing curriculums to provide students with health protection competency and experience, as this may serve as a pool for a future specialist workforce.
Leadership, collaboration and communication	12	Aim to build on existing good relationships while opening up some of the routine communication mechanisms to civil contingency partners. Ensure communication systems can operate in all directions, not just one way, to provide feedback and allow recipients to engage fully.	We will continue to build on the experiences and relationships developed during the Covid pandemic to ensure there are established multi-agency mechanisms for partners to come together to discuss emerging issues and hazards in a timely way. We will build upon the engagement with specific sectors (e.g. care homes; education) which developed during the pandemic, to ensure two-way communication which is timely, relevant and effective. We will ensure these mechanisms are reflected in plans (such as the Communicable Disease Outbreak Plan for Wales) as they are reviewed, so that these mechanisms are explicit and tested. We will develop a post-pandemic system map which will sit alongside the roles and responsibilities work described in response to recommendation 3.
Intelligence	13	Review all data systems currently operating and explore how they can operate to agreed, shared standards and be combined, within the confines of Data Protection safeguards, to aid data capture and to increase their value in national and local surveillance.	We will work with organisations such as Public Health Wales and Digital Health and Care Wales, alongside Welsh Government's Knowledge and Analytical Services to review current digital systems and identify improvements, including any gaps in intelligence / surveillance that could be filled and any duplication in the current system. The review will also need to consider barriers to data sharing and how these could be overcome to ensure smooth and efficient partnership working.

			Funding has been allocated from the Covid response budget in 2023/24 to explore how data systems such as the CRM developed for contact tracing Covid-19 cases may be adapted to aid our response to future threats in a 'once for Wales' approach.
Horizon scanning and anticipation	14	Continue and strengthen four nation and international links and academia, for stronger horizon scanning, anticipation of emergency events, and identification of needs for better routine control.	This links to recommendation 10. The Chief Scientific Advisor for Health, through the Science Evidence Advice (SEA) division, will build upon their relationship with Health and Care Research Wales and the Covid-19 Evidence Centre to strengthen links with academia and research partners. In particular, SEA will work closely with Public Health Wales (PHW) to develop an aligned scientific research strategy that meets the needs of the programme for government and supports work to address future threats and issues. SEA already has a strong academic relationship with Bangor and Cardiff Universities though the wastewater monitoring programme. Cutting edge academic collaboration and research has helped inform the work and direction of the programme. In addition, the programme has led the development of new and novel methods for wastewater monitoring, producing a number of academic papers and publications. In addition to this, SEA continues to work in partnership with Swansea University to deliver modelling of Covid-19 and other respiratory infections whilst also building a specification for longer term modelling and computational requirements for pandemics and other health related emergencies. The Chief Medical Officers of the four nations regularly come together to discuss emerging events and horizon scanning, and relevant data and information is shared.

15	Maximise the health and therefore
	resilience of the population through
	health and wellbeing initiatives and the
	recovery of NHS and Public Protection
	services which have been impacted by
	Covid.

See response to recommendation 1

Additional investment has been made to support the recovery of key health protection services, such as screening, and recovery plans continue to be delivered.

Momentum will be maintained key proximal determinants of health, particularly smoking and obesity, with delivery plans and associated investment in place for both. More broadly, the Programme for Government sets out cross government action to support health and wellbeing, with progress to be monitored through national indicators on healthy life expectancy.