

Population Health & Partnerships In Committee Meeting

Mon 20 May 2024, 15:30 - 16:00

Virtual Via Teams



Agenda

15:30 - 15:35 **1. PRELIMINARY MATTERS**
5 min

1.1. Welcome and Introductions

Carolyn Donoghue, Chair

1.2. Apologies for Absence

Information Carolyn Donoghue, Chair


1.3. Declarations of Interest

Information Carolyn Donoghue, Chair

15:35 - 15:55 **2. MAIN AGENDA**
20 min

2.1. Health Protection Structure

Discussion Philip Daniels, Director of Public Health

-  2.1 Health Protection Structure PHP In Committee 20 May 2024.pdf (6 pages)
 -  2.1.a Appendix 1 Health Protection Structure PHP Committee 20 May 2024.pdf (1 pages)
-

15:55 - 16:00 **3. CLOSE OF MEETING**
5 min

Carolyn Donoghue, Chair



Agenda Item

2.1

Population Health & Partnerships Committee

Health Protection Structure

Dyddiad y Cyfarfod / Date of Meeting	20/05/2024
Statws Cyhoeddi / Publication Status	Closed / Private
	Not Applicable
Awdur yr Adroddiad / Report Author	Kate May, Assistant Director Public Health
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Noting
---	------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Executive Leadership Group	29/04/2024	Approved

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
PHW	Public Health Wales
JCVI	Joint Committee for Vaccination and Immunisation
TTP	Test, Trace and Protect
NIF	National Immunisation Framework
CVC	Community Vaccination Centre



FTC	Fixed term Contract
WIS	Welsh Immunisation System
POCT	Point of Care Testing
ELG	Executive Leadership Group
TTP	Test, Trace, Protect
OCP	Organisational Change Policy
PPE	Personal Protective Equipment
IMTP	Integrated Medium Term Plan

1. Situation /Background

- 1.1 In 2023/24 Welsh Government provided non-recurrent funding to transition the Covid programme into a Health Protection Service. Prior to 2023/24, all Covid expenditure was reimbursed on an actual spend. In 2023/24, the Welsh Government 1 year transitional funding for 2023/24 of £6.4m for vaccinations and £2.7m for TTP, a total of £9.1m. The aim being to retain the knowledge and experience gained from Covid, so Health Boards would be prepared for any Health Protection hazard that may occur in the future.
- 1.2 The ELG meeting on the 3rd July 2023, supported a transitional model for Health Protection on a fixed term basis to the end of 2023/24 due to the risks around the non-recurrent allocation. The impact of this position was that we were unable to recruit given the timeframe left to the year end and staff left for permanent posts. The Executive team subsequently agreed to recruitment of permanent posts up to the value of £500K. Most of which was then absorbed as part of the OCP process and recruitment of a Public Health Consultant.
- 1.3 For 2024/25, Welsh Government has allocated all Health Boards in Wales a core allocation for Health Protection, based on 80% of month 8 full year forecast spend against the £9.1m in 2023/24. As our spend was less than the £9.1m allocation in 2023/24, this resulted in a reduced allocation to CTMUHB of £6.01m in 2024/25, which includes costs for PPE. This provides a baseline budget for Health Protection of £5.7m.
- 1.4 In order to utilise as much of the funding as possible the Health Board included a wide range of additional health protection related spend of £1.4m against the budget in 2023/24, identified as substitutional costs, the majority of which have been rolled forward to be taken from the 2024/25 budget, so reducing the £5.7m by a further £800k (80% of £1m which was identified in care group IMTPs as requiring recurrent funding), leaving a baseline budget of £4.9m. The CTMUHB

allocation is one of the lowest on a per capita basis across NHS Wales and has been raised as a concern to Welsh Government.

- 1.5 The purpose of this report is to outline the proposal on the development of a Health Protection service within the budget allocation.

2. Specific Matters for Consideration

The New Model

- 2.1 A copy of the staffing model is attached as Appendix 1
- 2.2 This model for Health Protection/ Vaccinations has been developed within the residual resource envelope of £4.9m. This service will be required to provide expertise and leadership for a range of health protection functions at Health Board (and Local Authority) level for plausible threats, response, management and control (All Hazards Approach), including:
- Pandemic
 - Chemical, Biological, Radiological and Nuclear incidents
 - Infectious disease outbreaks
 - Eradication programs e.g. Hepatitis B and C
 - Management and control of tuberculosis
 - Screening of refugees, asylum seekers and migrants
 - Vaccinations and Immunisation
 - Implementation of the National Immunisation Framework
 - Addressing inequalities in access and uptake of control measures
 - Behavioral insights to inform action
 - Risk Communication
 - IP+C
 - Antimicrobial Resistance
 - Prison Health
 - Emergency Preparedness
- 2.3 The operating structure for the Health Protection team and the Vaccinations and Immunisation service (Appendix 1) will be part of the Health Protection System, which will still require the collective efforts and support of a wide range of services both within the Health Board and external partners such as the Local Authority and Public Health Wales. The service is not instead of existing

functions/providers but to provide additional resource and resilience, to be able to provide an all systems response when needed.

2.4 Within the Health Board there are a range of other departments outside the health protection team, undertaking key health protections functions and those would remain, including:

- Pathology – testing
- Hep B/C Elimination working group (via Planning)
- School Health/ immunisation – school Nurses
- Sexual Health (inc HIV) – sexual health service
- Antimicrobial resistance – Pharmacy
- TB – Respiratory nurses
- Emergency Planning
- Prison/YOT Health – Primary Care

3. Key Risks / Matters for Escalation

3.1 Current capacity in both the existing Public Health Team and Vaccinations and Immunisation teams is at extremely low levels, making response to a major hazard, should it occur at the present time, a major risk for the organisation, especially in terms of leadership, expertise and capacity to respond.

3.2 Public Health has major staffing gaps in their current team, which would make mobilising an expert team to lead any major response difficult and so expose the Health Board and the community it serves. The additional resource, as in Appendix 1, would help mitigate this position.

3.3 Providing a Vaccination and Immunisations resource to deliver the NIF continues to be a major issue, with extremely low levels of staffing. With the majority of the current team either on a Fixed Term Contract or recruited from the bank, this position is not sustainable. A permanent flexible workforce with the right skills is required as detailed in the new proposed model.

3.4 The key risks associated with the new model, remain as follow:

- Additional expectation and requirements from Vaccination Program Wales (VPW) could put a severe strain on proposed resources
- Major outbreaks requiring a surge response will require additional support



- The current level of investment for the Local Authorities does not meet the requirements of the current level service and this is under review

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below: Safe Timely Effective Efficient Equitable Person Centred
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment



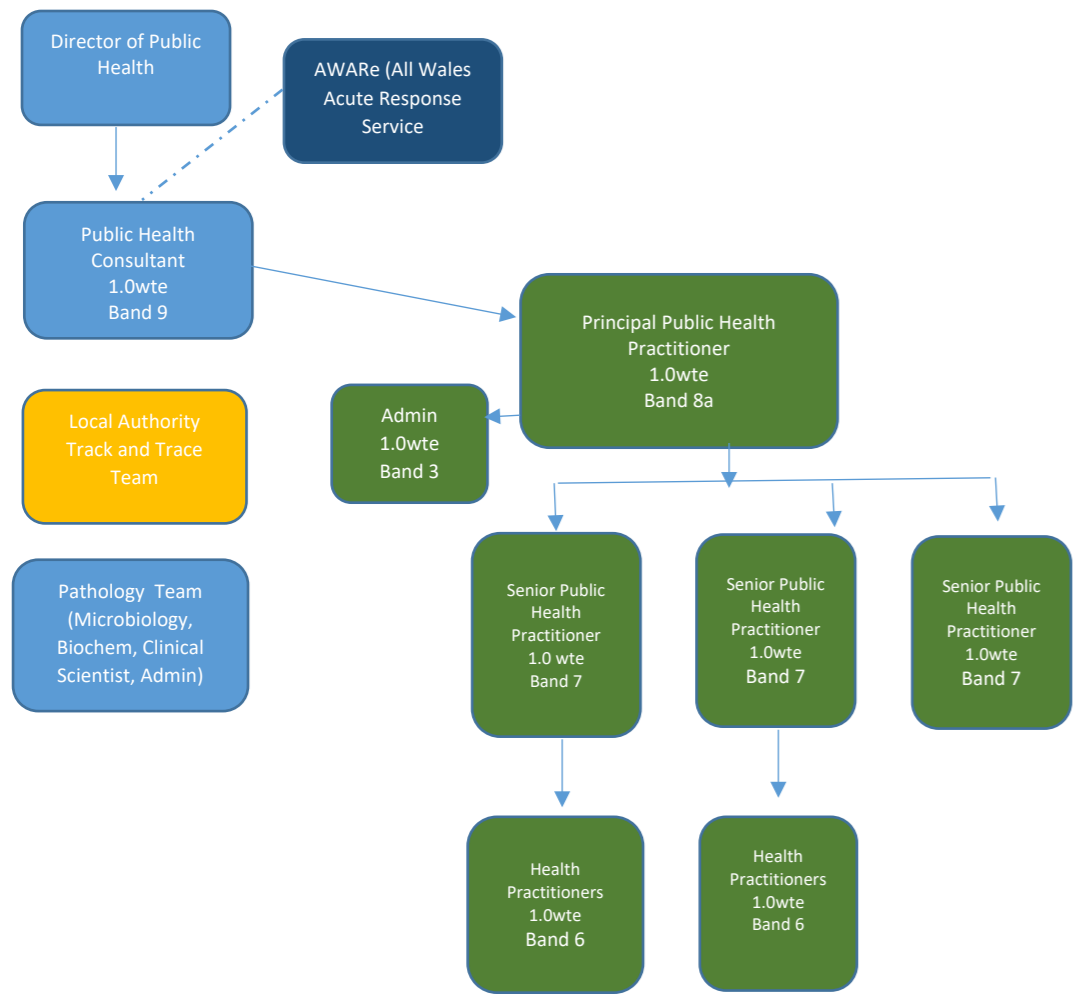
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	HR implications for those on Full time and part-time contracts	
Enw da / Reputational	Yes (Include further detail below)	
	Welsh Government investment in Health Protection Services has been significant	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	These are outlined in section 2 of the report	

5. Recommendation

5.1 The Committee are asked to **NOTE** that the Executive Leadership Group has approved the proposed plan to commit the £5.7m as outlined in the paper and support the recruitment of staff in line with the staffing model.

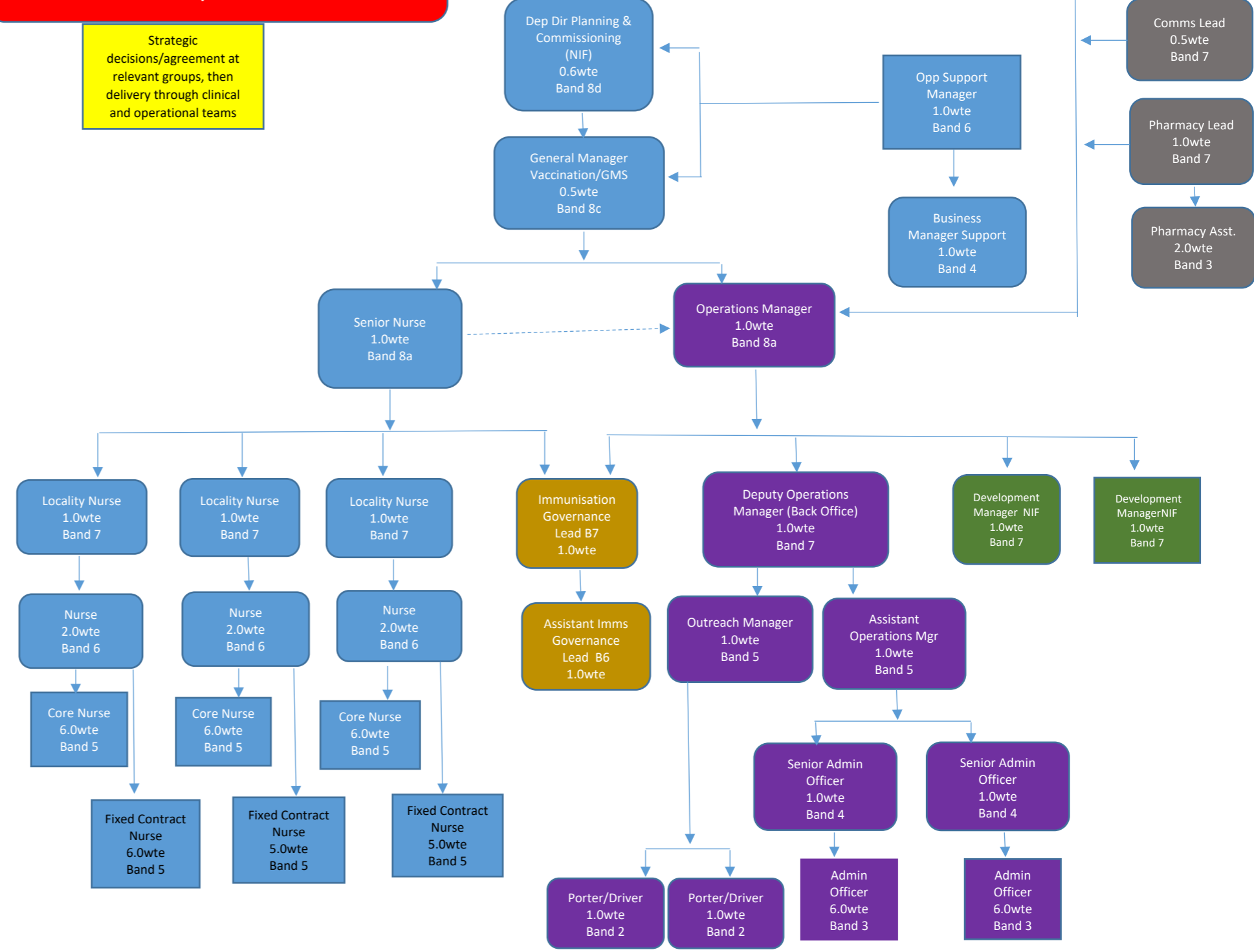
6. Next Steps

6.1 Recruitment to the agreed structure to commence



**All Hazards Health Protection System*
Organogram
26 April 2024**

Strategic decisions/agreement at relevant groups, then delivery through clinical and operational teams



*Expertise and leadership for a range of health protection functions at Health Board and Local Authority level for plausible threats (response, management and control) including:

- Pandemic
- Chemical, Biological, Radiological and Nuclear incidents
- Infectious disease outbreaks
- Eradication programmes e.g. Hepatitis B and C
- Management and control of tuberculosis
- Screening of refugees, asylum seekers and migrants
- Vaccinations and Immunisations
- Addressing inequalities in access and uptake of control measures
- Behavioural insights to inform action
- Prison Health
- Antimicrobial Resistance
- EPRR including training