

Health Protection Assurance Framework Workshop: Exploration as a Practice Improvement Tool

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Introduction

In November 2025, ADPH London hosted a London Regional Practice Improvement workshop in partnership the UK Health Security Agency (UKHSA), which brought together Health Protection leads from across the capital. The aim was to convene the leads, who historically have not had an opportunity to meet at a regional level, and to learn from each other how local authorities are using the Health Protection Assurance Framework¹ as a practice improvement tool and to share good practice and local learning.

Framework

The assurance framework was originally developed by the East Midlands Health Protection Community of Improvement, based on an original document by Lincolnshire County Council. It enables Directors of Public Health (DsPH) and their teams to perform their statutory function to be assured that adequate local Health Protection functions are in place in their local system and identify and agree mitigation measures with partners where elements may be perceived to be inadequate. It is not intended to be a tool to perform monitoring or evaluation, rather for DsPH to gather local evidence against the assurance standards and assess whether actions are required to strengthen local arrangements.

Although DsPH are the primary audience, this framework will also support other system partners to collectively gain assurance on their Health Protection responsibilities. The framework is intended to be a live document and as such, can be completed incrementally over a period of time.

The following areas of Health Protection are included in the framework:

- Immunisations and vaccinations
- Communicable diseases
- Environmental hazards
- Local Authority Health Protection services
- Screening

As well as these enablers

- Emergency Planning, Preparedness and Response
- Governance arrangements
- Surveillance
- Data sharing and notification processes
- Workforce

Workshop Preparation

Prior to the Workshop, DsPH identified some of these as areas of interest, which were then explored further in a survey that were completed by Health Protection leads. From this three

¹ <https://www.adph.org.uk/wp-content/uploads/2025/01/FINAL-Health-Protection-Assurance-Framework-v2.3.pdf>

areas of focus were identified for the workshop: Workforce, Communicable Disease, and Immunisations & Vaccines.

In preparation for this workshop, Health Protection teams were asked about challenges faced in relation to Health Protection. Based on the responses, there were three emergent themes.

- Resources & Capacity (particularly in relation to Workforce and Immunisation & Vaccines)
- Data & Intelligence (particularly in relation to Immunisation & Vaccines)
- Leadership & Governance (particularly related to: Communicable diseases and Screening)

Colleagues also provided examples of best practice which were shared in the workshop, with highlights included in the slide deck shared on the day. The workshop attendees comprised ~60 Health Protection colleagues from across London local authorities, supported by UKSHA London senior leadership team.

Workshop Discussions

The workshop was built around four case studies, related to the identified focus areas. Following each case study, participants took part in table discussions. Feedback from each discussion was collated, and high-level themes were identified:

Approaches to Completing the Health Protection Assurance Framework

- **Usage & Purpose:** The framework is generally seen as useful; however, the level of engagement varies with some boroughs only having done light-touch assessments.
- **Benefits:** It is useful for identifying gaps, prioritising Health Protection needs, sharing best practice, standardising processes, raising the Health Protection profile internally and externally of public health teams.
- **Challenges:** There is varied capacity in Health Protection teams, unclear roles/responsibilities, governance differences, and a lack of escalation routes. The framework can be overwhelming in scope, with unclear next steps for big gaps or where more resource might be required (internally or externally). There is also potential for missing ICB involvement and data quality concerns.
- **Current Practice:** The current focus in terms of the use of the Framework is on immunisations and vaccines, with sub-regional collaboration emerging in some areas but not all (e.g. SEL developing its own sub regional group)

Workforce

- **Training and Capacity:**
 - There is a lack of clarity on training needs, inconsistent standards for Health Protection practice and teams, as well as minimal CPD opportunities across the region.
 - There are large scale recruitment challenges, and a lack of ring-fenced funding.

- **Opportunities:** Reciprocal training with UKHSA, sub-regional and pan-London training are potential ideas, as well as reserve roles for rapid mobilisation in response to outbreaks.
- **Challenges:** The political nature of local authorities means that commitment to training varies. There is also variation in skills across boroughs, with minimal IPC expertise in community settings as an example.
- **Needs:** Clearer role definitions, resource for training, stronger links between public health and environmental health.

Communicable Diseases

- **Awareness of the [MOU for managing outbreaks](#):** The MOU is useful for clarifying roles, but there is currently inconsistent awareness and confidence among partners.
- **Opportunities:** Establishing knowledge hubs for outbreak management learning, and stronger accountability for ICBs.
- **Challenges:**
 - There is minimal funding for outbreak response, resource gaps, and maintaining institutional memory. Current wicked issues include Tuberculosis, Housing and antimicrobial resistance.
 - There is limited capacity to activate vaccination during outbreaks, with heavy reliance on goodwill, and unclear operational roles post-NHS restructure.

Immunisations & Vaccines

- **Challenges:**
 - **Data Issues:** Overall, there is a lack of timely, accurate, granular data and fragmented systems,
 - **Operational Barriers:** Current service models are rigid, with poor communication channels and complex consent processes.
 - **System Challenges:** There are issues with vaccine hesitancy and trust issues in the population, with a need to better understand why. There are unclear roles among partners and disincentives in primary care funding.
- **Opportunities and new solutions:** Health equity audits, roving teams, improved data sharing, and training for frontline staff.
- **Community Engagement:** There is an important need for culturally appropriate messaging and myth-busting to address hesitancy, and better use of social media to enable roll out of programmes and uptake e.g Hackney's work with the Charedi Jewish Community and the Pan-London Why We Get Vaccinated campaign

System Leadership: How Can We Work Together?

- **Collaboration:** A request for sub-regional networks, shared resources, regular Health Protection events, and regional training.
- **Tools & Platforms:** It would be helpful to share the findings from regular reviews of the HPAF; infrastructure such as document repositories would be helpful (e.g. KHub for resource sharing).

- **Challenges:** There is variation in capacity in teams, and unclear governance and leadership duties.
- **Opportunities:** Standardising practice, mapping workforce structures, improving immunisation data quality, table-top outbreak and pandemic planning exercises.

System Leadership: Wicked Issues

- **Key Issues:** Climate challenges and extreme weather, housing for isolation, particularly in cases of No Recourse to Public Funds, antimicrobial resistance, and misinformation.
- **System Gaps:** Lack of standardised training, unclear public health role in screening, resilience planning, multi-source data dashboards.
- **Future Needs:** Pandemic preparedness and cross-borough collaboration

Local Actions Post-Workshop

- **Immediate Steps:** Review the HPAF, set up/expand Health Protection networks, revisit IPC training, and present the MOU to partners.
- **Strategic Actions:** Develop workforce action plans, initiate ICB conversations, and improve data utilisation.
- **Operational Actions:** Carry out light-touch HPAF assessments, and review risk registers.

Final Reflections and Next Steps

Following the workshop, delegates were asked whether they wanted to commit to a Health Protection Community of Practice (CoP). The aim would be to bring together public health professionals in London to work collaboratively to continuously improve Health Protection outcomes, processes and system working. It would support collective approaches between organisations with a Health Protection role across London and sharing of best practice.

The CoP would not be solely for information sharing and updating from UKHSA and ADPH London. For its success it would need commitment from Health Protection leads to own, actively participate in and create the CoP through sharing learning, providing case studies, suggesting agenda items.

Interest levels from workshop attendees were very high, with a commitment to supporting the strategic development of a CoP.

The **next steps** involve determining the scope, leadership, meeting rhythms and infrastructure – there is scope for the CoP to merge with existing networks, which is to be discussed with the working group, who identified themselves to be involved in developing the community.

In terms of health protection training offers, UKHSA colleagues agreed to explore this further (both regionally and nationally) to better understand the current gaps and potential offers. UKHSA are also continuing to work with NHS colleagues to improve immunisations data available for health protection colleagues.

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