

Time	Item
9:15	Registration
Morning sessions	
10:00	Welcome and Setting the Scene – Mike Wade
10:15	Local Authority perspective – Nadia Inglis
10:35	Q & A
10:45	Coffee break
11:00	Keynote speaker – Tracy Daszkiewicz
11:20	Q & A
11:30	Workshops: Session 1
12.30	Lunch and networking
Afternoon sessions	
13:45	Workshops: Session 2
14.45	Coffee break
15:00	UKHSA Perspective – Katie Spence
15:20	Q & A
15:30	Coffee and evaluation and networking
16:00	Conference ends

The Health Protection Tapestry: Weaving Together People, Protection, and Preparedness



ADPH
West Midlands

The Health Protection System Tapestry



Yesterday



Today



Tomorrow

Opportunities

- **10-year Plan & 3 Shifts.**
- **Strong narrative** - ensuring golden thread from intelligence-led, needs-based population health plans that inform ICB strategic commissioning decisions (right data/access/sharing).
- **Office of Pan Integrated Care Board Commissioning (OPIC)**
- **Neighbourhood health** – strengthened relationship between population at place and health system to co-create better resilience.
- **Integrated infection prevention control services** working across acute sector and community/opportunities for co-located teams
- **Integrated Health Organisations** – we need to maximise our influence in large Trusts.
- **Your tenacity, leadership, knowledge, skill & commitment**
- **Partnership and Relationships** (now more than ever)



Tomorrow

The Health Protection System and the role of the DPH

Nadia Inglis – DPH Walsall

Ruth Tennant – DPH Solihull



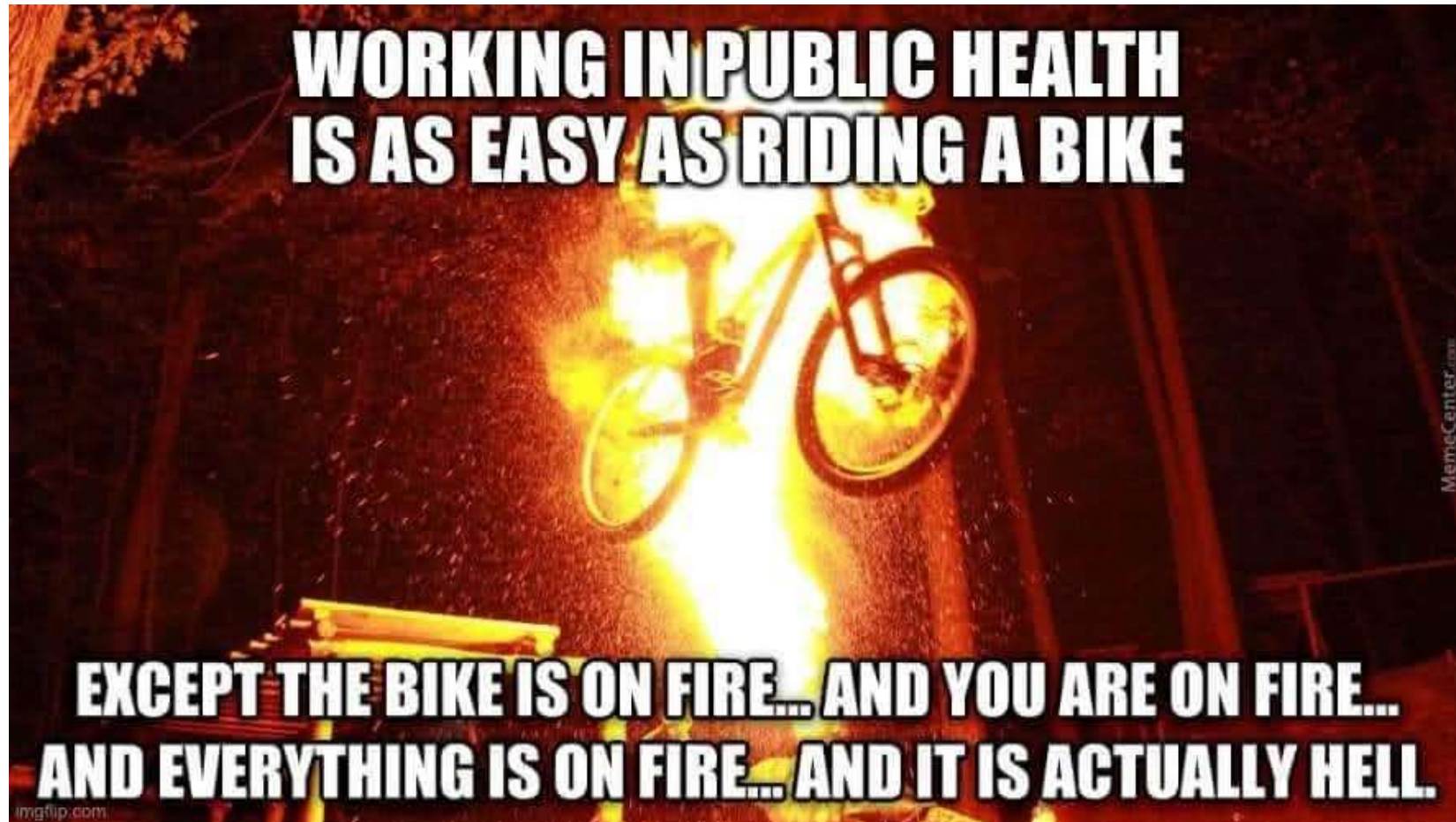
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Health protection – still the Cinderella?

“It isn’t a priority until it’s a priority”



Like riding a bike...



What health protection teaches us...



About communities... inequalities....the need for speed... partnership

A health check for our health protection system?

- What Good Health Protection Systems look like
[What-Good-Local-Health-Protection-Systems-Look-Like-Updated.pdf](#)
- Health Protection Assurance Framework
[Health Protection Assurance Framework](#)
- WGLL Quality Improvement Framework
[WGLL Quality Improvement Framework](#)



ADPH What Good Looks Like

Key features of what good health protection systems looks like	Reflections/Discussion points
Local system leadership	Collective responsibility
Legislative powers	Are we clear about our responsibilities and make best use of them e.g. Public Health Act 1984 and Health protection regulations 2010 and statutory responsibilities of the DPH
Evidence-based delivery	Have we got the right mechanisms for keeping up to date?
Health protection workforce	Importance of specialist training and CPD. Workforce wellbeing
Partnership working	Clarity on who does what/who pays. Learning from incidents
Governance arrangements	System wide arrangements to improve quality

Health Protection assurance/Quality Improvement framework

Scope	Assurance Framework	Quality Improvement Framework (Standards)
Immunisation and Screening	Performance, quality, delivery planning (e.g. measles elimination)	Call/recall process, making every contact count, uptake outcomes (across life-course), communications plans, flexible workforce, delivering National vaccination strategy
Communicable Disease	Good communications re notifications, 24/7 response, NHS response, focused plans including re STIs, AMR/infection control	Infection Control in primary care/social care, schools/childcare facilities. Hep B/C testing, vaccination and treatment. Reduce transmission of TB. AMR plans in place
Environmental Hazards	Similar to Communicable disease but different partners. Includes environmental permit applications/planning applications. Extremes of weather and pollution	Air pollution in local plans, climate change, adverse weather framework
LA health protection services (e.g. Env Health, Trading Standards, Licensing, port health)	Good communication with DPH, involvement in exercises	
Emergency preparedness resilience and response	Planning, exercising, training (MAGIC, STAC, JESIP)	Good local health resilience partnership governance, commissioning/paying for interventions

The West Midlands System – key players

Structure/organisation	Footprint	Role
UKHSA HPT	West Midlands	Regional UKHSA response to health-related incidents. Specialist support to prevent/ reduce the impact of infectious diseases, chemical and radiation hazards, major emergencies
Integrated Care Board Clusters (3)	BSOL & BC CW & HW STW & SS	Strategic commissioning, including clinical response to incidents/ outbreaks Cat 1 responder
Office for Pan-ICB Commissioning (OPIC)	Midlands	Vaccination, Child Health Information Services, most screening
Local Resilience Forums	Police boundaries: West Mids, West Mercia, Warks, Staffs	Plan, prepare and coordinate response to local emergencies.
Local Health Resilience Partnerships	3 across the West Mids	Strategic forum for local healthcare organisations to facilitate preparedness and planning for health emergencies at system and LRF level.
Local authority	Upper tier/lower tier	DPH assurance (health protection boards/forums), direct delivery (EHOs, trading standards)
Delivery bodies (primary care, NHS providers, care homes). National agencies (Environment Agency etc)		

Risks and Opportunities

Risks

- Reorganisations
- Overall capacity locally and nationally
- Role clarity: who has what 'job card'?
- Wide variation in how health protection is delivered
- Under-developed data systems
- Clarity needed re roles and responsibilities in emergencies

Opportunities

- Reorganisations
- “Doing once” where we can
- COVID-19 inquiry recommendations/ National Pandemic Strategy.
- Scope to agree new MOUs
- Use of Sector-led improvement for Health Protection and joint training

Role of the DPH (and our teams!)



Assurance:

is the system doing what it needs to for our local population?

– Good data, effective escalation...

See the invisible



Convener:

are the right people round the table?

ASK:

- What is my / my team/organisation's mandate?
- Acting within competence: training/CPD/
clinical governance: passing the public inquiry test?



Leader:

chairing STAC/
SCG



Advisor:

local intelligence

Health protection regional priorities for 2026?



Critical for 2026:

Reduce TB incidence



Measles Elimination



**Scope for a regional Model MOU
for Health Protection**, based on
sector-led improvement tools?

Thoughts to take away....

- It will become a priority if it isn't your priority
- Don't let Health Protection be a casualty of organisational change
- Let's use 2026 to build our system!

Thank you!





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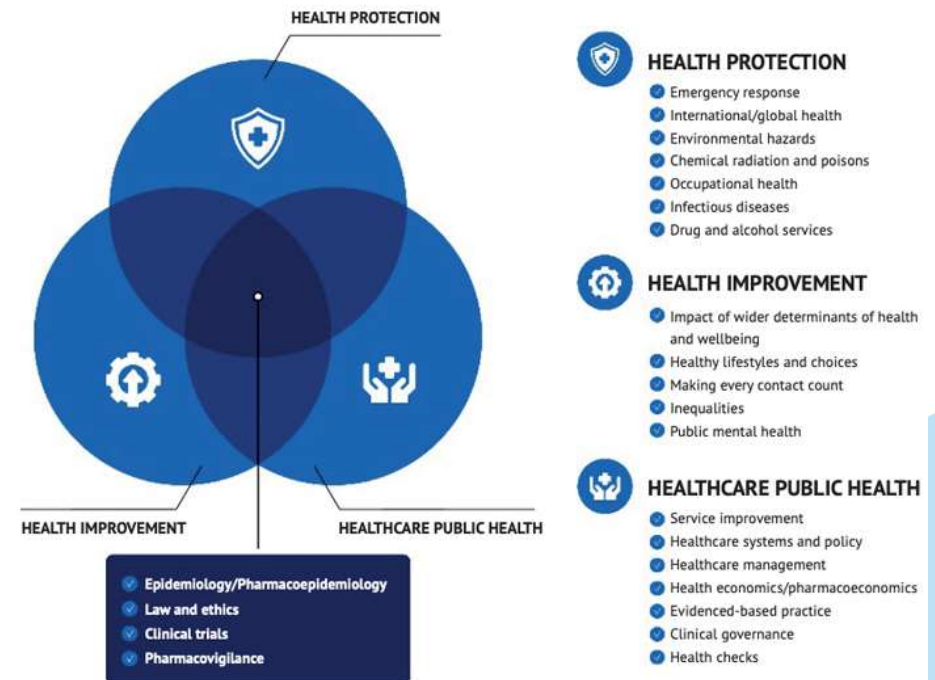
Health Protection: The Foundations of Public Health Practice – Lessons from our Past, Present and Future

Professor Tracy Daszkiewicz
President of the Faculty of Public Health

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What do we mean by Health Protection?

- Health Protection is about protecting “individuals, groups and populations through expert advice and effective collaboration to prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats.”
- Health protection remains a core pillar of public health systems and public trust.





Three classic domains of Health Protection

- **Communicable disease control:** mandatory disease notifications, outbreak investigation and contact tracing, immunisation programme delivery and surveillance.
- **Emergency preparedness, resilience and response (EPRR):** planning for and managing acute threats to population health - Local Health Resilience Partnerships (LHRPs), Local Resilience Forums (LRFs), NHS EPRR core standards.
- **Environmental public health:** chemical, radiological and wider environmental hazard management.
- **These domains are interdependent:** effective health protection requires all three working in concert.

An historical lens: How we got here

- Many of the foundations of modern public health are health protection interventions: e.g. sanitation, vaccination, outbreak control – work done by John Snow and Edwin Chadwick.
- During the 20th century we saw the evolution and formalisation of national and regional health protection structures including outbreak surveillance and environmental hazard monitoring: the Communicable Disease Surveillance Centre (CDSC) from 1977; the Health Protection Agency (HPA) from 2003; Public Health England from 2013; UKHSA from 2021
- Each advance built on a recognition that population-level protection requires collective action, effective systems, and proper resourcing.



Health protection today: A system under pressure or facing opportunity?



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- Modern health protection is technically complex and deeply interdependent.
- Effective responses depend on effective relationships and systems across agencies, tiers of government, public health professionals and communities.
- We also face an ever-expanding and increasingly complex set of hazards including infectious disease, climate change, cross-border risks, and chemical/ environmental hazards.
- Climate change is creating new and shifting health protection risk profiles, whilst resurgent diseases including measles, TB and syphilis reflect eroding public trust and increasing health misinformation.
- In this context the role of rapid risk assessment, skilled workforce capacity, a focus on inequalities, and effective cross-system relationships are critical.

New (and returning) threats facing us...

- Re-emerging diseases
 - In 2024, there were 9,535 diagnoses of early-stage syphilis in England - a 2% rise on 2023 - with the overall syphilis burden including late-stage disease rising 5% to 13,030. This represents the highest level recorded since the 1940s.
<https://www.gov.uk/government/news/ukhsa-publishes-latest-sti-data>
 - In 2024, there were 2,911 laboratory-confirmed measles cases in England - the highest annual figure since 2012.
<https://ukhsa-dashboard.data.gov.uk/vaccine-preventable-diseases/measles>
- Cross-border and global risks: mpox (formerly monkeypox) demonstrated how rapidly novel or re-emerging pathogens cross borders.
- Climate change is creating new and shifting health protection risk profiles: expanding vector ranges (West Nile virus now detected in UK mosquitoes), longer and more intense heat events, flooding and water contamination, disrupted food systems.

Health protection and health equity



- Health protection threats do not fall equally across populations – and those most at risk often receive the lowest level of protection.
- TB, syphilis, vaccine-preventable diseases; all show clear socioeconomic gradients – as do environmental threats including the mounting impacts of climate change.
- In Birmingham's 2023–24 measles outbreak, 78% of cases occurred in the city's most deprived areas. <https://pubmed.ncbi.nlm.nih.gov/40276885/>
- Effective health protection interventions must be designed with equity at their foundation or they risk widening existing inequalities.

Learning from Practice: What recent reviews and incidents tell us



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- Major incidents and independent reviews – including the COVID-19 inquiry – consistently highlight similar themes:
 - The importance of clear, credible public communication tailored to relevant communities.
 - The need for strong and established cross-system relationships and lines of accountability before a crisis.
 - A resilient and well-resourced public health system and workforce.
 - The value of transparency and honest narrative in maintaining public trust.

Priorities for the future of Health Protection



We must...

- Embed health protection across the whole public health system and avoid siloed working.
- Put equity at the foundation of every health protection priority and response; stratified surveillance, targeted vaccine delivery, community engagement.
- Invest in our workforce and public health system; the COVID-19 Inquiry was clear that the cost of under-investment vastly exceeds the cost of building resilience.
- Strengthen emergency preparedness, resilience and response as everyday public health practice.
- Improve surveillance, data-sharing and real-time intelligence across boundaries.
- Build and maintain public trust through clear communication, transparency and community engagement.

The role of the Faculty of Public Health



- As the professional home for public health in the UK, the Faculty has a leadership role in championing excellence, professional standards, workforce development, and national co-ordination in health protection and beyond.
- This role includes active engagement with public health agencies at local and national level across England, Scotland, Wales and Northern Ireland.
- The Faculty joins with cross-system partners to advocate for proper resourcing for the public health system and workforce, and to ensure that health protection has the visibility and professional leadership it needs.
- Find out more via our website including our **Health Protection (Education and Training) Special Interest Group!**



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UK Health
Security
Agency

Horizon scanning in health protection. What might be coming down the line...

Katie Spence
Regional Deputy Director UKHSA West Midlands
27th March 2026

Health Protection at Local and Regional levels: Key functions summary



System Leadership & Partnerships

We maintain relationships, provide public health expertise and leadership, and bring together system partners to enable effective health protection. This includes work on prevention as well as regional and local delivery of Emergency Preparedness Resilience & Response (EPRR) objectives as a Category 1 responder under the Civil Contingencies Act 2004, among other legal duties.



Prevention & Programmes

A range of preventative and programmed work is undertaken in partnership with local and regional partners. We operate via cross regional networks to carry out programmatic work to facilitate operationalisation of national strategies and UKHSA priorities at local and regional level, coordinate regions' input into national strategy/ policy development and share knowledge/ best practice between teams, across UKHSA and with wider partners.



Response & Recovery

We receive 'all hazards' (infectious disease and environmental hazard) enquiries, reports of notifiable cases, and exposed persons from professionals, laboratories and members of the public. We triage, risk assess and take appropriate public health action e.g., identification of the source and mitigation to prevent onward transmission or further harm.



Surveillance & Intelligence

Systematic and continuous collection, analysis, and interpretation of data, drawing upon field epidemiology and microbiology expertise, to inform understanding of local/ regional disease burden, timely detection, risk assessment and response to health protection outbreaks and incidents. Public health intelligence outputs also inform strategic priority programmes and enable us to evaluate impact of local programmes and prevention activity.

Drivers and Trends that will impact on health protection



Future Proofing.....



Tomorrow

