

# Health Protection Review

July 2023

# Contents

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Executive Summary .....	3
Introduction.....	5
Purpose of this review .....	6
Methodology.....	6
Findings .....	7
Current structure of Jersey health protection functions.....	7
Findings from internal engagement.....	8
Strengths .....	8
Opportunities for improvement .....	9
Findings from other jurisdictions .....	12
Findings from internal COVID-19 review .....	13
Recommendations .....	14
Governance and partnership working .....	14
Digital surveillance and case management.....	14
Strategy and planning.....	15
Workforce .....	15
Legislation .....	15
External Collaboration .....	15

# Executive Summary

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Health protection refers to the prevention of the spread of infectious disease, responses to environmental hazards (e.g. chemical, biological, radiological and nuclear incidents (CBRN) and extreme weather events), and emergency planning.

This review has been informed by interviews with colleagues who had a role in health protection and had valuable learning to share from the COVID-19 pandemic. Interviews were also held with the heads of public health protection in Bermuda and Malta – small island nations whose health protection systems have similarities to that of Jersey. The findings of the Jersey Independent Covid-19 Review and the recommendations from the Jersey Audit Office were also considered. The review represents the system as it was in spring 2022, when the interviews were carried out. This report does not reflect the evolution of the system between spring 2022 and publication, to provide an understanding of the system at that point in time.

This review finds that there are significant strengths in Jersey, but also that there are areas for improvement.

This review has found that there is a lot of good practice in Jersey; there are close-knit teams who work well together and provide a range of skills, and they are flexible to the Island's needs. Those working on health protection have consistently demonstrated significant dedication to their work, regularly working extended hours, including out of hours to ensure that time-sensitive health protection work is undertaken.

There are areas for improvement. Health protection capacity is currently dispersed across several Government departments: Justice and Home Affairs (JHA), Strategic Policy, Planning and Performance (SPPP), Infrastructure, Housing and Environment (IHE), and Health and Community Services (HCS). There is not currently a strategically co-ordinated health protection function, where all partners are clear and in agreement about roles and responsibilities, and there are not consistent methods for sharing data and information across partners.

A digital surveillance system and digital case management system would support effective monitoring and sharing of information, enabling health protection action to be clear and audited.

The existing functions are heavily reliant on some specific individuals, which places a high burden on them, and there are some gaps in the workforce.

There is the opportunity for a health protection strategy which could determine strategic health protection action and help reduce health inequalities, and for external collaboration with other jurisdictions for specialist support and sharing of best practice.

The health protection activities across the Government can be strengthened, and this review makes 30 recommendations for improvement. Some of the key recommendations are outlined below.

- Public Health should set up a Health Protection Partnership to enable easier cross-Government working and provide strategic direction to the departments that have a role in health protection. This should include developing a memorandum of

understanding between key partners to formalise roles and responsibilities and establishing weekly operational and quarterly strategic meetings to provide the structures for joint decision making and action.

- Digital surveillance and case management systems should be internally developed or procured.
- The Health Protection Partnership should develop strategies, including a health protection strategy and a vaccination strategy.
- The health protection workforce needs to be strengthened. Workforce needs to be strengthened across the Health Protection Partnership to reduce reliance on single individuals, and ensuring there is adequate and appropriate acute response available both in and out of hours. Appropriate strategic health protection capacity, skills and experience need to be retained from the pandemic and developed to provide a sustainable health protection function within Public Health, to reflect the significant strategic role for Public Health.
- In 2023-24, the Public Health law and the Civil Contingencies laws should be updated to ensure that they are fit for purpose.
- Finally, external collaboration would strengthen the Health Protection Partnership, allowing the Government to call upon specialist advice both in and out of hours, and ensure that best practice and new developments are shared and can be acted upon.

Implementation of the recommendations made in this review will help improve the Government of Jersey's response to all elements of health protection.

# Introduction

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Public health focuses on preventing disease, promoting health and prolonging life health at a community or population level<sup>1</sup>. To achieve this public health is often described as having 3 domains: healthcare public health, health improvement, and health protection. Health protection has three components:

1. Prevention of the spread of infectious disease
2. Responses to environmental hazards (e.g. chemical, biological, radiological and nuclear incidents (CBRN) and extreme weather events)
3. Emergency planning

The COVID-19 pandemic led to the need to review current health protection practices in Jersey, to understand the strengths and limitations so that the strengths can be capitalised upon, and the limitations addressed, to help protect the health of the population.

In April 2021, the Jersey Audit Office (JAO) published an investigation into the management and health response to the COVID-19 pandemic. The report recommended: *“the proposed expansion of the public health function as part of the Jersey Care Model should be reviewed to ensure that the function is properly equipped to address future health protection emergencies<sup>2</sup>.”*

In October 2022, an independent review into the response of COVID-19 was published<sup>3</sup>. It found that overall the response was handled well and made 16 recommendations into how the Government could be better prepared in future. It found that, *“in the toughest of circumstances, from a less than ideal starting position, Ministers, Scrutiny panel members, other Assembly members, Government staff and the voluntary sector came together and delivered the basics well”* (p4). Additionally, they reported that in their report they detail, *“areas where we have heard of well-founded disappointment in Jersey, or where our judgement is that more foresight, better leadership, or a greater capacity to work collaboratively would have encouraged a more satisfied population”* (p7). The recommendations are grouped into nine themes:

1. Prepare for threats
2. Understand the Jersey population in depth
3. Ensure the best evidence is available
4. Keep the Government in good repair
5. Make decisions better
6. Form alliances of assistance
7. Sort out the sharing of data
8. Communicate better
9. Keep up the good work.

The Government has accepted the recommendations and is developing a Crisis Resilience Improvement Plan which will outline the actions that need to be taken and a timetable for completion. Many of the recommendations from the independent review are for the whole of Government. Public Health and partners who work in health protection will work with the

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<sup>1</sup> Public health | Clinical | Royal College of Nursing (rcn.org.uk)

<sup>2</sup> Jersey Audit Office, *Management of the Healthcare Response to the COVID-19 pandemic*, 29 April 2021

<sup>3</sup> <https://covidreview.je/>

leaders of the Crisis Resilience Improvement Plan to implement the relevant recommendations as appropriate.

## Purpose of this review

The experience of the COVID-19 pandemic has reinforced the need for a more centralised and coordinated health protection function to provide leadership and coordination of the many different Government of Jersey departments, teams and individuals involved in delivering health protection services. The establishment of a new public health function in government has enabled this review to take place.

This review has been undertaken to allow Public Health to better understand the current state of health protection delivery in Jersey. This learning will guide the creation of the future vision for effective service delivery. The review highlights strengths and weakness of the current systems, as well as identifying opportunities for improvements. The evidence gathered has been used to propose recommendations for the future.

## Methodology

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This review was conducted through a series of semi-structured interviews. Interviews took place between January and May 2022, and were conducted by Meng Khaw (National Director of Health Protection for Wales), Charley Haquoil (Senior Policy Officer) and Becky Polglass (interim Operational Manager). The report has been written by Grace Norman (Deputy Director of Public Health), with support from Becky Polglass and Rob Marr (Public Health Consultant) and following consultation with the Government stakeholders.

The list of participants is being kept confidential so that interviewees could speak freely. Participants were recruited from across the Government of Jersey where their roles cover an element of health protection, including, but not limited to, COVID-19.

Interviews were also conducted with representatives from Malta and Bermuda, which were chosen because of their similar island context.

All interviewees were asked about strengths and limitations of their current practice, as well as ideas for development of their function, and their experience of the system as a whole. To protect individual identities the outcomes of interviews have been generalised.

# Findings

These findings represent the system as it was in spring 2022, when the interviews were carried out. There has been some evolution of systems between the interviews being carried out and the final report being published. These are not reflected in this report, except where stated, in order to provide an understanding of the system at a point in time.

## Current structure of Jersey health protection functions

The health protection functions in Jersey are currently distributed throughout different Government of Jersey departments. Table 1 provides a summary of the departments and key areas of responsibility that each has and Table 2 shows, in greater detail, some of the key health protection activities which are provided, and which department and team are responsible for them.

*Table 1: Overview of Government of Jersey health protection functions*

<b>GOJ Department</b>	<b>Health Protection Responsibility</b>
<b>Infrastructure, Housing and Environment</b>	Environmental Protection and Control
<b>Justice and Home Affairs</b>	Jersey Resilience Forum
	Emergency planning
	Legislation and law making
<b>Health and Community Services</b>	Microbiology & Consultant in Communicable Disease Control
	Infection Prevention and Control (hospital and community)
	Sexual health services
	Laboratory services
	HCS-specific emergency planning
<b>Strategic Policy, Planning and Performance</b>	Public Health (since July 2021): <ul style="list-style-type: none"> <li>- Medical Officer of Health – recording of notifiable diseases</li> <li>- COVID policy &amp; strategy</li> <li>- COVID vaccination</li> <li>- COVID testing</li> <li>- COVID Safe – support &amp; advice (including contact tracing if required)</li> <li>- Other health protection issues where they have an impact on the population's health</li> </ul>
	Legislation and law making

Table 2: Detail of Government of Jersey health protection functions

Activity		Responsible Department	Responsible Team
<b>Routine activities</b>	Infection control	HCS	Infection Prevention and Control team (IPAC)
	Infectious disease surveillance	HCS	Consultant in Communicable Disease Control (CCDC) / Infection Control Nurse
	School liaison	CYPES	
	Environmental health monitoring	IHE	Environmental Health
<b>Contract tracing</b>	Sexual health	HCS	Genitourinary Medicine (GUM)
	Food borne incidents	IHE	Environmental Health
	COVID-19	SPPP	Test and Trace Team
	Novel pathogens	SPPP	Public Health
	Other infections	HCS	IPAC
<b>Outbreak management</b>	General Hospital	HCS	CCDC / IPAC
	Food-borne outbreak	IHE	Environmental Health
	Non-food-borne community outbreak	HCS	CCDC / IPAC
	Novel pathogens	SPPP	Public Health
<b>Incidents</b>	Incident management	SPPP	Public Health
<b>Policy and planning</b>	COVID-19 policy and strategy	SPPP	Public Health
	Jersey Resilience Forum	JHA	Multi-agency
	Emergency planning	JHA	Emergency Planning Team
	Pandemic planning	SPPP	Public Health
<b>Vaccination</b>	Childhood vaccinations	HCS	Child Health
	COVID-19 / Flu / M-Pox vaccination	SPPP	Public Health
	Occupational vaccination	HCS	IPAC

## Findings from internal engagement

A summary of all internal stakeholder interviews has been used to identify both strengths and opportunities for improvement.

### Strengths

Stakeholders identified a number of strengths of health protection in Jersey, in two themes: the island context and the dedication of the teams.

#### *Island context*

There are many features of the island context which are advantageous to risk of and protection against health protection hazards. Being an island allows for a natural 'contain and control' environment for disease management as we can restrict movement across borders if required. Having a single hospital and laboratory with small numbers of staff who all know each other also produces opportunities for disease management that would be hard to replicate in a larger system. Jersey has a lower risk from some environmental hazards, such as air pollution, than other jurisdictions.



Jersey is able to set its own legislation as an independent jurisdiction whilst being able to call on the benefits of being a Crown Dependency. This was particularly important during the COVID-19 pandemic. Jersey was able to make the decisions in the best interests of Islanders while benefitting from UK resources such as personal protective equipment (PPE) and vaccinations. Jersey is able to look internationally to practices across various systems to create policy and legislation that is the best fit for the island. Legislation and policy are developed by people who live on the Island and so are highly invested in a positive outcome.

The self-governed system allows for the opportunity to capture population-wide data contextualised to Jersey. The population is large enough to gather robust data yet small enough to control that data. Again, COVID-19 was an example of this in the way positive cases, tests and contact tracing were managed and presented.

#### *Dedication of the teams*

Small, close-knit teams work well together, they provide a range of skills that are flexible to the island's needs, and can allow for agile flexibility at rapid pace when needed. Even when working across departments, often individuals know each other well and this can create an effective and constructive environment to work in.

Those working on health protection across the Government of Jersey have consistently demonstrated significant dedication to their work, regularly working extended hours including out of hours, at weekends and bank holidays, and sometimes at great personal cost, to ensure that time-sensitive health protection work is undertaken. This was particularly true throughout the COVID-19 pandemic, but is by no means limited to just the pandemic, and has been a consistent feature for many years and continues to be the case to date.

Professionals work to best practice guidance within their field, maintaining and developing their knowledge despite having limited training budgets. They have continued to try to modernise and develop systems but have, at times, come up against seemingly insurmountable barriers with limited resources and capacity.

The professionals have a positive and 'can-do' attitude, understand that system development is needed, and are supportive and keen to engage. They are passionate about Jersey and want to achieve the best for the island.

### **Opportunities for improvement**

As anticipated at the outset of this review, opportunities for improvement have been identified within the existing systems. These can be grouped into the following themes:

1. Governance and partnership working
2. Workforce
3. Digital surveillance and case management
4. Strategy and planning
5. Legislation
6. External collaboration

#### *Governance and partnership working*

Good practice exists, as articulated above, in particular within teams, but there has not been a consistent approach to governance and partnership working across teams.

Health protection capacity has been developed over time in different parts of Government as needs have arisen and leaders have sought practical solutions. This piecemeal development has resulted in there being a lack of strategic oversight to ensure that it is an effective

system that has partners routinely working in collaboration. There is significant collaboration in the system, but it is reliant on good will and good working relationships in the absence of written arrangements and agreements. Each department has their own leadership, but there is a lack of recognised whole-system health protection leadership, which can result in inconsistent priorities and lack of clarity about decision making.

Systems of information sharing require improvement and standardisation. There is not an agreed upon shared understanding across all partners of what information should be shared and at what frequency.

There is the potential to implement standard processes, which would provide additional resilience within the system so that a consistent approach can be undertaken to cases. This would support the process for enabling auditing of health protection actions.

There is standardised record keeping for COVID-19 cases, but this could be improved for other infectious diseases and hazards. This would support information being shared appropriately across the partners working in health protection.

#### *Workforce*

The Jersey Audit Office (JAO) report recommended the “*expansion of the public health function proposed as part of the Jersey Care Model to ensure that it is properly equipped to address future health protection emergencies.*” The Public Health team has already developed significantly from April 2021 when the JAO report was published, and there is now an experienced Director of Public Health in place, who has started development of health protection capacity within the Public Health team. However, Public Health have no enduring funding for health protection, and the interim staffing model could be enhanced with a specialist health protection role. Additionally, formalising an on-call system for health protection would enable improved work-life balance for those working on acute health protection cases and situations.

Contact tracing for infectious diseases is currently spread between four different teams:

1. Infection Prevention and Control undertake contact tracing and outbreak management both within the hospital and for individuals and residential settings in the community.
2. Sexual health undertake contact tracing for sexually transmitted diseases. This is necessarily separate from other contact tracing to preserve service user anonymity.
3. Environmental Health have a responsibility for contact tracing for food-borne illnesses. One challenge with this is that, at the outset of an incident, it is not always clear what the causative agent is. Additionally, the environmental health team have had staff vacancies that they have been unable to recruit to (more detail below), and so may not have the capacity to undertake contact tracing in an outbreak situation.
4. COVID-19: There is a dedicated COVID-19 contact tracing team which was developed with significant capacity in 2020. Since 2021, capacity has been reducing in line with changes in public health guidance and legislation which no longer mandates that contacts of cases need to isolate. (*To note – from January 2023 there is no longer any specific COVID-19 contact tracing team.*)

There are advantages to having contact tracing functions spread across a number of teams, but it can also result in a lack of clarity about roles and responsibilities and duplication of

effort. Having clarity about roles and responsibilities, and consistent Health Protection Consultant or Consultant in Communicable Disease Control oversight would strengthen the response.

There are some typical health protection functions that are currently not provided, such as a single point of contact for members of the public or clinicians, and audits and outbreak reports, which would enable continuous learning.

In many specialist fields in Jersey, there are challenges in recruiting staff who have direct and relevant experience at the right level, and health protection is no exception. There are particular challenges recruiting environmental health officers<sup>4</sup>, and others. One solution may be to recruit people with the capacity to undertake these roles and provide training, although budgets need to be available to support this.

#### *Digital surveillance and case management*

There is the potential to streamline and standardise sharing of information, which would improve documentation and result in the ability to audit practice, and reduce workload.

Surveillance is required to provide a strategic overview of the burden of infectious disease on the Island over time, to direct resource, and to enable assessment of the efficacy of efforts to reduce this burden. Public Health Intelligence, in collaboration with the COVID Safe team, produce weekly COVID-19 surveillance data but the process is not automated and producing the weekly reports is time-consuming. A consistent surveillance system for all notifiable infectious diseases and pathogens would enable greater understanding of the impact of infectious diseases on the island.

A digital case management system would support the cross-government working on management of cases and outbreaks and would result in the ability to audit practice and enables multiple people to work on any given situation, reducing reliance on single individuals and supporting development of team members.

#### *Strategy & planning*

There is the potential for greater strategic work across Government, which could be facilitated by Public Health.

A health protection strategy would take an overview of the island's future population-wide health protection needs and would enable the identification of cross-government strategic priorities, such as the elimination of specific diseases, and identification and mitigation of health inequalities, among others. Without a health protection strategy, operational priorities will continue to predominate and opportunities for improvement and development will not be capitalised upon.

There is the potential for additional strategies to be developed also, such as a whole Island vaccination strategy and a comprehensive winter strategy.

#### *Legislation*

Current legislation is outdated and in places conflicts with other jurisdiction's legislation. Legislation is too focussed on infectious diseases, and it is unclear as to how effective the current law would be in the event of an environmental hazard or contamination.

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<sup>4</sup> Environment and Consumer Protection have 4.0 Full Time Equivalent (FTE) posts at grades 8, 9 and 10 who could contribute to community management of food-borne infectious diseases but these posts remain unfilled due to recruitment difficulties.

The existing public health law in Jersey (the Loi (1934) sur la Santé Publique) is written in French and dates from 1934. Legislation was developed urgently in March and April 2020 to provide the appropriate tools for managing risks to health from the pandemic. However, this legislation created a framework by which Government can impose on the lives of citizens in a manner that has no modern precedent. Reflecting the exceptional nature of these arrangements, legislation has been time limited and extended, suspended, or repealed. Triennial regulations will expire on 30<sup>th</sup> September 2022 and the Enabling Law on 17<sup>th</sup> December 2022.

A revised, modern legal framework for the control of infectious disease, emergency planning and other public health measures is required. This framework will be provided by a new Public Health Law and Civil Contingencies legislation. The Public Health Law has completed one round of consultation and is scheduled to be continued in 2023 and completed in 2024. Civil Contingencies legislation should also be updated in 2024, with work required throughout 2023.

#### *External collaboration*

Jersey has the benefit of being an independent jurisdiction, able to set direction independently, and this means that it can ensure legislation, regulation and health protection action are appropriate to island context. There are, however, other jurisdictions that Jersey could have a formal relationship with, which would add to Jersey's strengths.

The UK Health Security Agency (UKHSA) is the health protection function for the UK, and there is the potential to develop formal relationships with them at different levels to provide support. A regional-level partnership would enable Jersey to receive support for day-to-day matters, while a partnership at the national level would enable Jersey to receive very specialist support for rare or novel diseases and pathogens.

For emergency planning, there is a strong relationship between Guernsey and Jersey, through the sharing of some emergency planning resource. There is the potential to build on this existing relationship, and further develop relationships with the Isle of Man. This could mean that expertise could be shared more widely among others who are likely to face similar challenges given their island contexts.

## Findings from other jurisdictions

As with the internal interviews, common themes were extracted from interviews with Bermuda and Malta. Many of these reflected the Jersey position. There is an importance in embracing the unique nature of delivering public health on an island. Both Bermuda and Malta harness the opportunity to look globally for best practice standards to combine to meet their own needs. This is important as the needs of an island can be similar to those of a large country, but the resources are much more limited. There were similarities in the functions that were covered by health protection including the management of infectious diseases, environmental contamination, emergency planning, surveillance and contact tracing.

Small teams enable a closer and more personal way of working, which when done well can improve efficiency. It is the accepted norm for people taking up single handed functions to be available 24/7, which significantly impacts the robustness and resilience of services.

The island setting also poses an opportunity for an increase in migrant/non-registered residents. This can lead to a cohort that do not have access to or take the opportunity to

access the required healthcare they need. Malta have introduced a proactive medical offer to all new arrivals (legal or otherwise) to control infectious diseases. This has helped with screening for tuberculosis for Ukrainian refugees as they already had the systems in place.

Both Bermuda and Malta found complexities in delivering elective and routine (non-urgent) care during the pandemic due to the nature of only having one hospital site. As in Jersey, the convenience of all tests being processed in the public hospital laboratories is the common factor in identifying potential infection or disease prevalence. Finally, the way in which care is delivered across both public and private sectors can cause difficulties and inefficiencies in data sharing due to various systems in use.

In comparison to other island jurisdictions, Jersey's position is very similar. The limitations in capacity and resilience of systems are similar. This presents an opportunity for ways of working that are optimized, and only possible, within small, close teams. As with Bermuda and Malta, Jersey has the benefit of being able to look internationally at examples of best practice to bring together a model that is suitable for the local population.

## Findings from internal COVID-19 review

In April 2021, the Jersey Audit Office produced a report into the *Management of the Healthcare Response to the COVID-19 pandemic*<sup>5</sup>. This report acknowledged the quality of much of the work done under intense pressure and made several recommendations relating to improved governance, audit trail, and consideration of health inequalities and vulnerable communities in advice given to ministers. These recommendations are reproduced below as they remain relevant to current practice.

- (R2) Introduce formal procedures to improve the documentation of specialist public health advice [with regards to health protection] to make it clear what advice was given, and why that advice was given, as opposed to alternative advice that was not given.
- (R3) Ensure that all future material pieces of public health advice that are provided to Government contain appropriate impact assessments, that take into account the impact of that advice on vulnerable communities.
- (R4) Develop and implement a Code of Practice for future [Scientific and Technical Advisory Committees] (STACs) to encompass principles and procedures to be followed in determining membership, relationship with the sponsor department within Government, independence and objectivity, working practices and communication and transparency.
- (R5) Improve the records and minutes of future STAC meetings to provide a more complete audit trail as to; how advice given has been determined; the action plans arising from the meetings (including timescales and responsibilities for actions); and the follow through of matters arising and actions taken.

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<sup>5</sup> Jersey Audit Office, *Management of the Healthcare Response to the COVID-19 pandemic*, 29 April 2021

# Recommendations

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The recommendations for the strengthening of the Government of Jersey's health protection functions are as follows:

## **Governance and partnership working**

1. Develop a Health Protection Partnership (HPP) to provide support, co-ordination, and strategic direction for the departments that have a role in health protection.
2. Develop a memorandum of understanding (MOU) between all key health protection partners to formalise the roles and responsibilities of each team.
3. Develop and maintain Standard Operating Procedures (SOPs) for key health protection hazards including infectious diseases, chemical, biological, and nuclear and environmental threats.
4. Establish a weekly Operational Health Protection Partnership (OHPP) for information sharing and management of routine health protection work.
5. Establish a quarterly Strategic Health Protection Partnership Forum.
6. Develop data sharing agreements and practices for the Health Protection Partnership.
7. Establish clear reporting requirements for notifiable diseases and pathogens within the Health Protection Partnership.
8. Establish a process for reviewing cases or incidents and reporting lessons learnt, to ensure continual development and improvement of the acute health protection response.
9. Develop and implement a Code of Practice for future Scientific and Technical Advisory Committees (STACs) to encompass principles and procedures to be followed in determining membership, relationship with the sponsor department within Government, independence and objectivity, working practices and communication and transparency. *[JAO recommendation]*
10. Ensure that there is appropriate governance around health protection meetings (including STAC). Records and minutes of meetings should provide a complete audit trail including how advice given has been determined; the action plans arising from the meetings (including timescales and responsibilities for actions); and the follow through of matters arising and actions taken.

## **Digital surveillance and case management**

11. Procure or develop and implement a digital case management solution for management of cases, situations, outbreaks and notifications of infectious disease in the community whilst meeting requirements for data security.
12. Procure or develop a digital surveillance system that is able to monitor the range of infectious diseases, and provide accessible and comprehensible outputs for both common and novel diseases and meet requirements for data security.
13. Develop an online portal for internal and external stakeholders to access the most up to date guidance, policy and contact information for reporting concerns or diseases and seeking advice and guidance.

## **Strategy and planning**

14. Develop a health protection strategy including identification of strategic priorities and identification and mitigation of health inequalities.
15. Develop a vaccination strategy which considers vaccination for Islanders of all ages.
16. Develop a winter strategy for 2022/23 which includes, but is not limited to, COVID-19 and includes influenza, and an assessment of the impact on health inequalities.
17. Identify, prioritise, and develop essential emergency plans, in particular the development of a robust nuclear incident framework.
18. Undertake an annual health protection emergency exercise to foster broader multi-agency working and identify weaknesses in existing systems.

## **Workforce**

19. Identify areas of the health protection function not currently covered by health protection partners. Identify and implement solutions.
20. Develop an appropriate model for contact tracing which builds on the existing strengths of teams and provides appropriate supervision for their activities.
21. Retain and develop the appropriate strategic capacity to provide a sustainable health protection function within Public Health. This will require the appropriate skills and experience to reflect the significant strategic role for Public Health in health protection.
22. Develop a robust, resilient and sustainable on-call system for health protection emergencies and routine but time-sensitive work, outside of normal working hours.
23. Develop and maintain the skills of a 'reservist' health protection capacity from across government to provide additional resource at times of exceptional need.
24. Keep the structure of health protection capacity on island under review to ensure it is fit for purpose.

## **Legislation**

25. Update the Public Health Law from 1934 to reflect modern health protection practice, including control of infectious disease and environmental hazards.
26. Provide Public Health input to developing Civil Contingencies legislation to support population health in the event of major health protection emergencies.
27. Update the existing list of notifiable diseases and develop a list of notifiable causative pathogens to be incorporated into the new Public Health Law, and ensure it is accessible to the public and professionals.

## **External Collaboration**

28. Establish a formal Memorandum of Understanding (MOU) with the United Kingdom Health Security Agency (UKHSA) to provide expertise in and out of hours.
29. Develop appropriate relationships with the UK in respect of data sharing and observer status at relevant committees such as the health protection committee.
30. Build relationships with other island jurisdictions.