



UKHSA Advisory Board

Title of paper: Health Security Threat Assessment – Progress Update
Date Wednesday 19 July 2023
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1. Executive Summary

- 1.1 This paper provides a progress update to the UKHSA Advisory Board on the Health Security Threat Assessment (HSTA) that All Hazards Intelligence (AHI) in Data, Analytics & Surveillance (DAS) are developing with input from across UKHSA and engagement with partners across Government.
- 1.2 The Health Security Threat Assessment (HSTA) aims to provide a systematic appraisal of the potential acute health threats that the agency is responsible for and seeks to consider and compare how health threats may evolve over the next 5 years through reasonable worst case scenarios.
- 1.3 Phase 1 'Proof of Concept' [Dec 2022-Feb 2023] involved developing, testing and validating the methodology, producing draft assessments for a selection of 24 health threats and gaining subject matter expert engagement. The outputs from Phase 1 were presented to the UKHSA Advisory board in February 2023.

2. Recommendation for the Advisory Board

- 2.1 The Advisory Board is asked to:
 - a. **NOTE** progress update on the HSTA since the concept of this work was presented to the Advisory board.
 - b. **COMMENT on** Phase 2 of the HSTA which was endorsed by UKHSA Executive Committee on 25 May.

3. Recent and planned work on the HSTA

- 3.1 A number of recommendations were made by the Advisory Board when Phase 1 of the work was presented. The following activities are underway or are planned as part of Phase 2 of the HSTA to address this feedback:
- 3.2 **Feedback:** The HSTA should be presented to wider Advisory Committees (i.e. NERVTAG) and the UKHSA Science and Research Committee.

- 3.3 **Activity:** Cross government meetings held on the purpose of HSTA and to gain feedback and presentation to the UKHSA Science and Research Committee on 3 May. We plan to also take it to the Scientific Advisory Group for Emergencies (SAGE) and The New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) in the Autumn 2023. International Engagement has also started with plans to engage with World Health Organisation, US Centres for Disease Control and Prevention and Berlin Hub.
- 3.4 Expected delivery: Majority of engagement complete; international engagement ongoing.
- 3.5 **Feedback:** The HSTA should be embedded within wider preparedness activities to ensure it informs understanding where significant gaps exist between capability and risk. Focus should be given to common mitigations – looking across common hazards - and ensuring best value return for the limited return on resource.
- 3.6 **Activity:** For informing UKHSA Preparedness, the HSTA has been identified as a central pillar in the 'Ready to Respond' review of UKHSA's capability to effectively respond to key public health threats and hazards for which it is responsible. A three-stage preparedness cycle has been proposed with the Health Security Threat Assessment cited as an excellent example of robust, cross-Agency working to underpin this.
- 3.7 The HSTA is being used to contextualise and frame different health hazards and the threat they pose. For example, the HSTA is being used to frame a forthcoming discussion on Tuberculosis for UKHSA Executive Committee. Linking key data sets and surveillance systems to the hazards in the HSTA will enable the agency to regularly monitor key hazards and identify where hazards need to be re-assessed and where our surveillance gaps lie.
- 3.8 Plans for the HSTA have been briefed across HMG to inform wider government bodies and partners on potential threats (such as the Cabinet Office National Security Risk Assessment) and provide context to future decision making. We are considering how we might use the HSTA to inform public understanding of acute health threats.
- 3.9 Expected delivery: Ongoing.
- 3.10 **Feedback:** Greater focus should be given to people (particularly those disproportionately impacted) and place - for example asylum settings/care home settings.
- 3.11 **Activity:** A companion assessment of inequalities is currently under development to assess if, and the extent to which, the threats in the HSTA disproportionately affect at risk populations (e.g. UKHSA CORE20PLUS

groups). Developed in close collaboration with colleagues in clinical public health, the proposed approach consists of two phases: Phase 1 is a rapid assessment of the existing evidence base through consensus workshops with subject matter experts; followed by Phase 2 which is the development and application of a methodological framework for a systematic scored assessment. This is developmental work at an early stage and engagement activities will inform its direction.

- 3.12 Expected delivery: Phase 1 workshops to be completed by end of July 2023.
- 3.13 **Feedback**: Greater consideration to emerging hazards and ensuring we articulate the extent of uncertainty for certain hazards.
- 3.14 **Activity**: Phase 2 will seek to address key gaps based on transmission and include threat scenarios addressing concurrency of several health threat. We have adjusted our methodology to articulate this better (see para 3.17).
- 3.15 Expected delivery: October 2023
- 3.16 **Feedback**: Methodology should be tested with wider HMG and the process clearly documented.
- 3.17 **Activity**: Methodological working group established to gather feedback on approach and suggest improvements. Key changes include:
- Revision to scoring matrix for impact (duplication removed, scoring thresholds refined, greater clarity given to metrics)
 - Improved calculation on how likelihood is scored and included more defined assessment to convey confidence/uncertainty in assessments.
 - Methodology documented and process flowchart established.
 - Include analysis to better reflect which hazards disproportionately affect vulnerable groups and the degree to which they are disproportionately affected.
 - Include a more detailed assessment of chronic issues that may impact health e.g. Climate change, misinformation, and anti-microbial resistance.
 - Development of a HSTA dataset that can be used for wider analysis.
- 3.18 Expected delivery: Complete
- 3.19 **Feedback**: Impact of climate change and mis/dis-information should be considered.
- 3.20 **Activity**: Meetings have been held with the Cabinet Office National Security Risk Assessment Team and Go Science on the work they are

conducting on chronic risks for the National Security Risk Assessment (NSRA). This will ensure that our approach to these issues is aligned to wider Government.

3.21 Additional activities planned for Phase 2 of the HSTA include:

- **Review of how health threats will be impacted over longer time horizon (10+ years).** Expected delivery: Dec 2023/Jan 2024

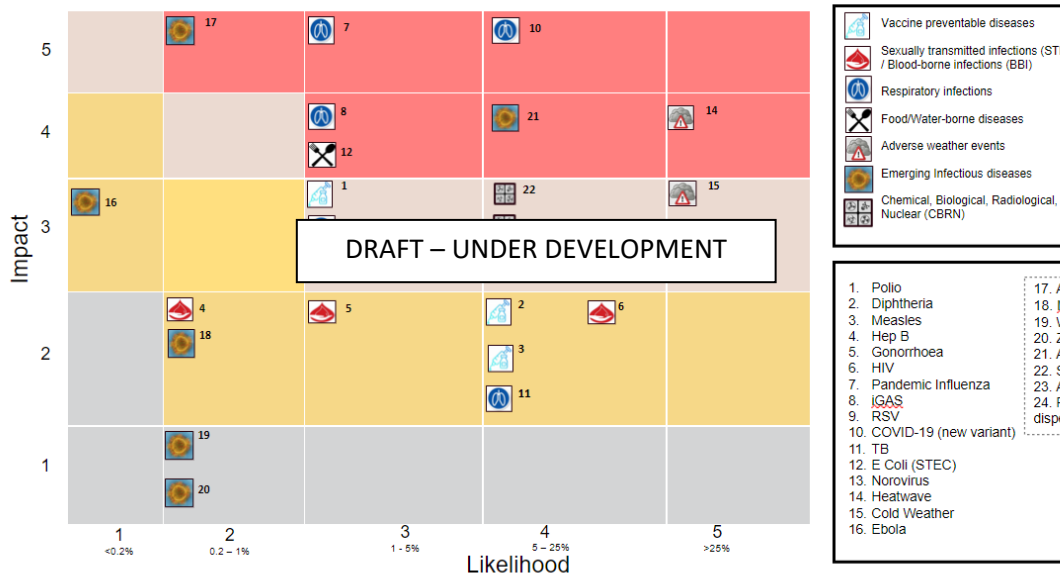
Matthew Sexton

AHI,

July 2023

Annex A

Overarching HSTA Threat Matrix – Developed for Phase 1



Threat Matrix – illustrating uncertainty

