

SCC Health Protection Team Annual Report, Public Health

September 2022 – September 2023



SOUTHAMPTON
CITY COUNCIL

Document control

Amendments

Plan Version	Changes	Date amended	Author
1.0	Final report following SMT approval	05/10/23	RN

Document approval

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Background and introduction

Background

The [Director of Public Health has a responsibility](#) under the National Health Service (NHS) Act 2006 and the Health and Social Care Act 2012 to provide assurance to the Local Authority on the adequacy of prevention, surveillance, planning and response to reduce the harm from health protection issues that affect Southampton residents.

Health Protection is a term used to encompass a wide range of activities within public health aimed at protecting the population from both infectious diseases, and non-infectious threats to health, such as chemicals or extreme weather conditions. Under the [Civil Contingencies Act \(2004\)](#), SCC is a Category One responder which places a legal duty on the organisation to respond to major incidents and emergencies. Delivery of the health protection function therefore requires close planning and coordination with multiple internal and external agencies including; Emergency Planning, Environmental Health and Port Health, as well as **UKHSA**, who **are the lead agency for planning and responding to Health Protection issues and incidents in the UK**, as well as NHS colleagues, early years and educational providers and the voluntary sector.

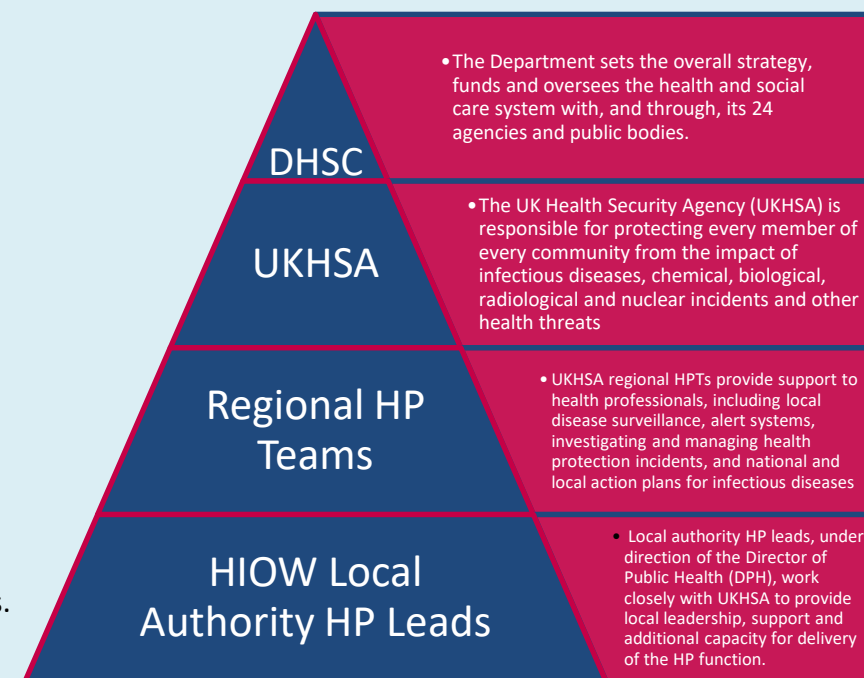
Aim of report

The purpose of this report is to provide assurance on behalf of the Director of Public Health (DPH) and Health and Well Being Board (HWB) in respect of the local health protection function in Southampton.

Objectives

The objectives of the report are to:

- Report on activity and key developments nationally and locally relating to health protection.
- Capture Health Protection Board (HPB) activity.
- Record and reflect on situations and issues that have arisen over the last year.
- Summarise work undertaken to develop and maintain preparedness and capacity to respond to future incidents.
- Inform and shape priorities for the coming year.
- Highlight key issues and risks.



Background and introduction

SCC Health Protection Team

During the COVID-19 pandemic, like many Local Authorities, SCC Public Health Team rapidly expanded the Health Protection capacity, with fixed term posts and reprioritisation of existing team responsibilities, to undertake the significant volume of work generated by the pandemic. In recognition of the crucial role that local authorities play in supporting delivery of the health protection function, a small amount of this capacity has been retained to help strengthen the organisation's capability and resilience to respond to future health threats. This also means that some of the learning and expertise gained during the pandemic has been retained within the organisation.

Structure of this 2022-23 report

We have structured our report around the three strategic aims, **'Prepare, Respond and Build'**, set out by UKHSA in the recently published (August 2023) [UKHSA 3-year strategic plan](#). In addition to providing assurance as to the health protection function, this report aims to concisely draw together some of the work undertaken in relation to health protection across the city, as well as inform planning for the future. Where possible links to supporting documents are provided to avoid reproducing information that is available in more detailed studies and reports elsewhere.

Scope of Health Protection

[Health protection practice](#) aims to prevent, assess and mitigate risks and threats to human health arising from communicable diseases and exposure to environmental hazards such as chemicals and radiation. **Core health protection functions expected of a local health system include:**

- Emergency preparedness, resilience and response (EPRR)
- Communicable disease control
- Risk assessment and risk management
- Risk communication
- Incident and outbreak investigation and management
- Monitoring and surveillance of communicable diseases
- Infection prevention and control in health and care settings
- Delivery and monitoring of immunisation and vaccination programmes
- Environmental public health and control of chemical, biological and radiological hazards
- Responding to European Centre for Diseases Prevention and Control and the World Health Organisation (WHO)

UKHSA Strategic Priorities 2023/26



Timeline

On 1st April 2022, free asymptomatic Covid-19 testing came to an end, followed by the publication of the national Living with Covid Strategy in May 2022. As a result of the move to “living with Covid” the local outbreak control programme began to close. To ensure some core health protection capacity was maintained and help strengthen the organisation's capability and resilience to respond to future health threats, a Health Protection team was established. This also allowed retention of learning and expertise gained during the pandemic.

The below timeline identifies some **key points (not exhaustive)** across the **last 12 months**:

UKHSA Watching Brief including:

- Avian Influenza
- Measles
- Mpox
- Covid-19
- Seasonal Flu



Prepare

Preparedness

Preparedness involves ensuring that we, as an organisation, and our partners are **prepared for future health threats** that we might face, be that new emerging infectious diseases or increasing threats from climate change and extreme weather.

We do this in multiple ways including:

- Working closely with key partners on initiatives, such as **routine vaccination programmes**.
- **Maintaining readiness to respond** by undertaking training and attending exercises to explore key scenarios including, 'Exercise Foxwater' (held October 2022) which tested 'off site' radiation planning arrangements under [REPPiR](#). Also, 'Exercise Selsaem', the UKHSA led measles focused exercise (held in August 2023).
- Inputting to the **development and delivery of response plans** locally.
- **Participating in** and inputting to the work of the **Local Resilience Forum (LRF)** including attending LHRP meetings and relevant Working on Tuesdays (WOT) sessions.
- Receiving, assimilating and disseminating **stakeholder cascades** from UKHSA.
- **Monitoring latest data and surveillance reports** including the weekly Notification of Infectious Diseases (NOIDS) report, COVID-19 dashboard and COVID-19, influenza and other seasonal respiratory illnesses surveillance report.
- **Anticipating future threats** and hazards.

Plans, policies and Standard Operating Procedures (SOPs)

The following policies and plans were developed and updated in 2022-23 period.

- **Outbreak Response Tool Kits – September 2022:** A range of toolkits have been drawn together to capture learning, information and useful reference materials relating to a range of capabilities that were developed in response to the COVID-19 pandemic. These include a testing toolkit, contact tracing toolkit and vaccination uptake toolkit.
- **Cold weather and heatwave plans - Updated July 2023:** A new national Adverse Weather and Health Plan (AWHP) was published by UKHSA in April 2023. The SCC heatwave plan has been updated in line with this new plan. The cold weather plan will be updated by the end of 2023.
- **Public Health Incident Management Plan (IMP) –September 2023:** a new PH Incident Management Plan (IMP) has been developed (in draft awaiting sign off). This plan sets out the overarching generic framework and structure required to support the PH team to respond to any type of public health related incident at a local, national or international level.
- **Invasive Mosquito Monitoring and Control:** The standard operating procedure (SOP) that was produced September 2021 has been utilised over the last 12 months. This procedure describes the surveillance, response and treatment arrangements that are in place to identify invasive mosquitoes within HIOW, as well as confirm the roles and responsibilities for the different agencies involved. Mosquito traps in Southampton Docks are being monitored by environmental health and sent regularly to UKHSA.

<https://documents.hants.gov.uk/emergencyplanning/CommunityRiskRegisterbooklet.pdf>



Partnership Working

Many different stakeholders have a role to play in the delivery of Health Protection. The pandemic highlighted how crucial trusted relationships are at times of crises, and how much can be achieved when individuals and organisations come together to work towards a shared objective. Fostering and maintaining these relationships is an important aspect of the local authority health protection function. Our approach to the delivery of health protection reflects this. As a team we work to maintain relationships with key partners across many different areas.

Key mechanisms for achieving this are **The Health Protection Board (HPB)**, which brings together stakeholders from across the city to consider local health protection issues, and **the Local Resilience Forum (LRF)** which includes emergency services, councils, businesses and voluntary organisations from across Hampshire and Isle of Wight (HIOW).

We also engage with a range of stakeholders via other forums and groups including:

- The University Oversight Group (UOG)
- The Local Health Resilience Partnership (LHRP)
- Education Oversight Group (EOG)
- Health Protection Leads Screening and Immunisation (SIT) meeting
- HP West of Region/Southeast Forum
- DsPH Regional meeting (as required)
- HIOW Flu operational delivery group
- Care Home Oversight Group
- GP reference group (as required)
- HIOW ICB Migrant working group – (Asylum seekers and refugees)
- Environmental health meetings
- UKHSA TB Meetings, Cohort review, SE TB board, Southampton TB Commissioning meetings.

Attending these forums helps to ensure that:

- We **retain** and continue to **develop relationships** with key partners.
- Share and keep abreast of good practice
- Have oversight of developing issues and intelligence.
- Work collaboratively towards shared goals.



<https://www.hants.gov.uk/community/localresilienceforum>

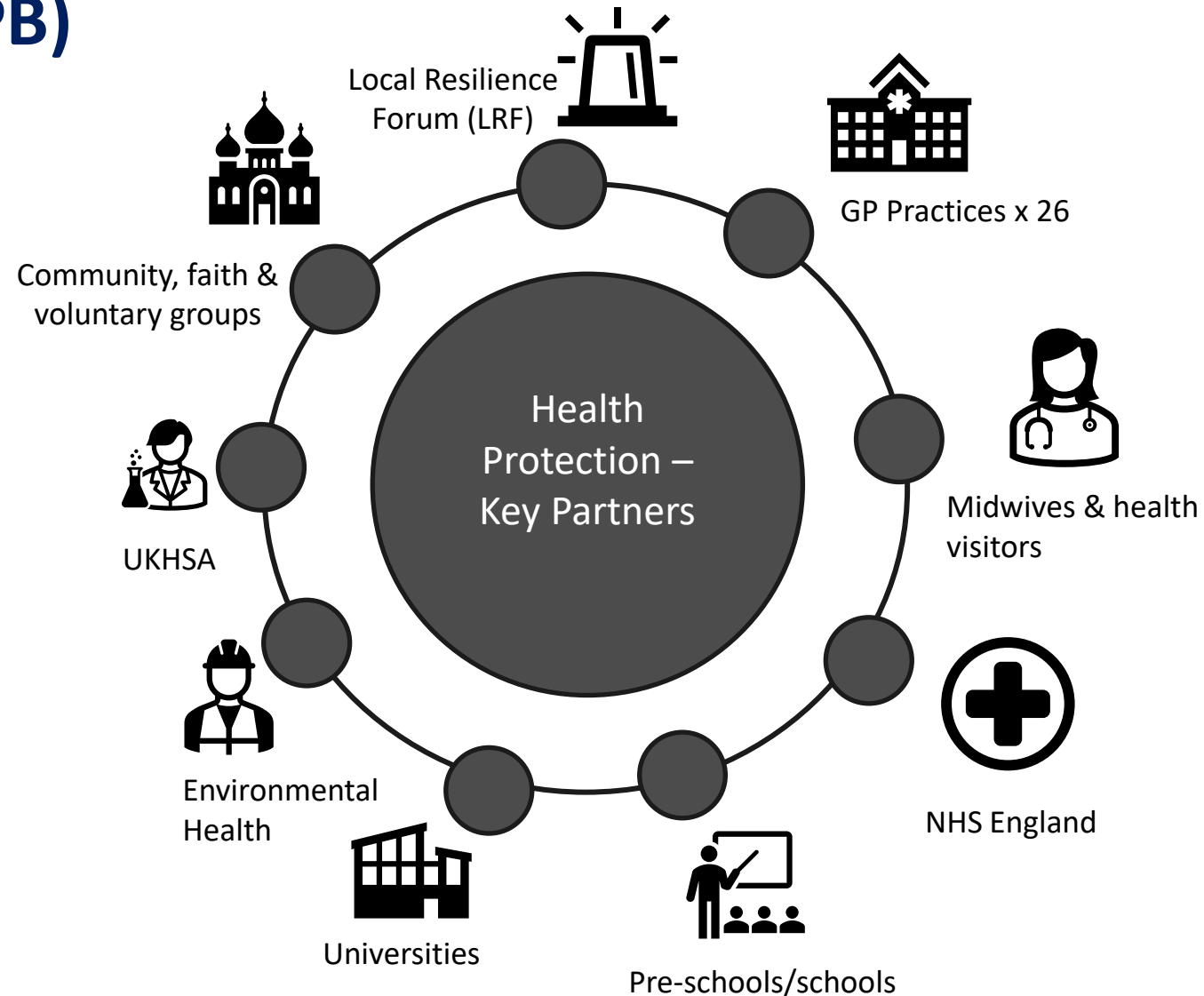
The Health Protection Board (HPB)

The **Southampton Health Protection Board (HPB)** is a collaborative forum that brings together key partners from across the city. It retains **oversight of health protection related indicators, reviews specific issues** of concern related to health protection for local people with a view to **investigate or escalate as required**.

Southampton City Council (SCC) and the Director of Public Health (DPH) have a critical role in protecting the health of its population. To carry out this role the DPH works in partnership with key system partners via the Health Protection Board (HPB). **The HPB is chaired by the Public Health Consultant lead for health protection on behalf of the DPH.** The **HPB is accountable on matters of Health Protection** to the Southampton City Council Health and Well Being Board (HWBB). Where appropriate (where matters involve wider partners), the Forum will liaise closely with the Local Health Resilience Partnership (LHRP).

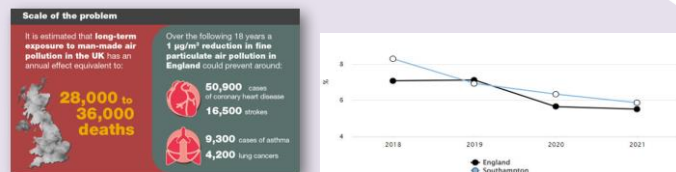
During the COVID-19 pandemic the Health Protection Board (HPB) met frequently, sometimes once a week, and the focus was very much on responding to the pandemic. The forum provided a vehicle for operationalising our plans locally and achieving a joined-up approach across the city. It also provided a forum to update on rapidly changing national guidance, share local intelligence and maintain oversight of key risks.

Since January 2023, the Health Protection Board has moved to **quarterly meetings**. It is **attended by a core group of members from UKHSA, SCC, the two Southampton universities, Southampton Voluntary Services (SVS), Emergency Planning, and University Hospital Southampton**. Other 'wider members' are invited to attend as required. The format of the meeting follows a standard agenda with a focus item each quarter.



Highlights/Focus Items

Air quality



In the UK, air pollution is the largest environmental risk to public health. The fraction of mortality attributable to **particulate air pollution in Southampton** was estimated to be **5.9% compared to 5.4% in South East England** and **5.3% in England**. The burden of particulate air pollution in the UK was estimated to be **equivalent to 30,000 deaths per year**, and an associated loss of population life of 340,000 life years lost. The fraction of mortality attributable to particulate air pollution is one of the Public Health Outcomes framework indicators.

In March, the SCC air quality lead presented the SCC Air Quality Action Plan (AQAP) at the HPB, to raise awareness of the issues surrounding air quality in relation to public health, as well as **consider opportunities for partners to support delivery of the plan**. Reducing exposure is important to consider alongside reduction in emissions. Alongside this, health professionals and local government have an important role to play in communicating risks to the public to help them make the healthiest choices. The public health team will also work closely with the lead air quality officers in the council to support delivery of an **air quality healthcare engagement project**. SCC health protection team have, and will continue to help, develop and share communication materials **promoting active travel, and link health, air quality and climate change benefits**. Further work is planned to **actively highlight the risks of indoor air pollution including solid and other fuel burning**, particularly given the ongoing pressures of increasing fuel poverty.

Childhood immunisations



Vaccines are identified as a key strategic priority for UKHSA. UKHSA lead on vaccine policy and supply and NHSE commission the delivery of the vaccination programme. According to the World Health Organisation (WHO), **around 4-5 million deaths are prevented globally each year through immunisation programmes** making it one of the most **straightforward, successful** and **cost-effective** public health interventions. Globally the childhood vaccination programme has been a huge success.

However, high immunisation uptake is required to protect as many of the eligible population at possible. **Uptake in childhood immunisations in Southampton and England has been steadily decreasing and getting worse for some time**. This decline started prior to the COVID-19 pandemic. To address this, Southampton Health Protection Team have been working in collaboration with colleagues from the NHS to undertake an extensive routine **childhood immunisations strengths and needs assessment (CHISANA)**. The findings and recommendations from this review are being finalised and will be shared with the HWBB in March 2024.

Adverse Weather and Health Plan (AWHP)



Protecting health from threats in the environment covers a wide range of activity from environmental, chemical, radiological and nuclear incidents. Many of these are rare but maintaining readiness to respond is important. Some are becoming more common such as **threats from extreme weather**. UKHSA have recently published [the Adverse Weather and Health Plan \(AWHP\)](#) which brings together the Heatwave Plan and the Cold Weather Plan for England into a single plan, improving current guidance on weather and health. A new [heat health alert system](#) has also been developed. **Public Health and Emergency Planning briefed the HPB members at the July HPB meeting** to raise awareness of, and request support, cascading these changes via their own networks and forums.

Communication Campaigns

Communications, engagement and promotion is a key aspect of Health Protection. This involves a combination of both council-led campaigns, where we produce organic content and artwork to reflect the identity and need of the local population, and national-led campaigns, where we publicise campaigns produced by The Department of Health and Social Care (DHSC), UKHSA and the NHS, cascading to key partners.

Communications colleagues work with Public Health, the Data Team and partner agencies across the city to ensure **campaign materials are tailored to the areas of need, ensuring that where possible, materials are accessible** and made **available in multiple languages**.

Crisis communications is also an important element of health protection communications. This requires a council-wide approach to developing key messages, drafting media statements and issuing press releases in response to a health protection risk, outbreak or emergency alert.

Multi-agency working plays a key part in health protection campaigns and our communication colleagues work closely with counterparts in NHS trusts, hospitals, Primary Care Networks (PCNs), neighbouring local authorities and third sector community organisations to help share important health messages across Hampshire and the Isle of Wight.

Over the last year we have supported and delivered a number of health protection campaigns including:

- Winter wellness – including winter vaccination programme (flu & covid), staying warm and Group A Strep
- Summer safety – including hot weather and heat wave alerts, sun safety, tick safety and travel vaccinations
- Measles, Mumps and Rubella (MMR) vaccinations – encouraging vaccination uptake
- Tuberculosis (TB) – raising awareness of the signs and symptoms of TB and importance of TB testing
- Norovirus – raising the alert of a norovirus outbreak and the signs, symptoms and treatment of norovirus
- Bedbugs – supported the development of a bedbug campaign with environmental health to raise awareness of the signs, symptoms and treatment of bedbugs following a period of increased bedbug outbreaks.



Respond

Situations and Incidents

An element of health protection involves **responding to situations and incidents** when they happen. Whilst **UKHSA regional Health Protection Teams (HPTs) lead on the response** to outbreaks, **SCC Health Protection team provide additional support** including local intelligence and insights. This might include:

- **Retaining oversight** of situation reports and surveillance and attending briefings to ensure intelligence is cascaded to key partners across the city.
- Providing a **rapid response** to incidents.
- **Cascading information** and guidance to key stakeholders.
- **Supporting communications** and engagement.
- **Briefing** and Senior Officers and Cllrs as required.
- Providing **Public Health advice** to colleagues and residents.
- Providing UKHSA with **local intelligence** and Insights to support and shape communications and response plans.
- **Responding to queries** from residents, colleagues and councillors.

SCC Health Protection team activity

- In the 12 months up to this report, the team have **responded to queries** and **provided advice** to a number of infectious diseases or concerns from the public.
- Examples include: **Covid-19, Scabies, MRSA, Scarlet Fever, Lyme Disease, and water quality.**

Specialist IPC advice

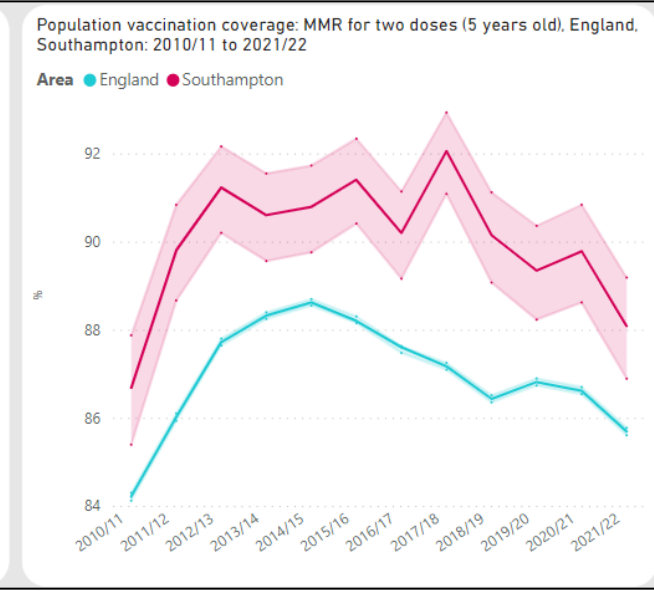
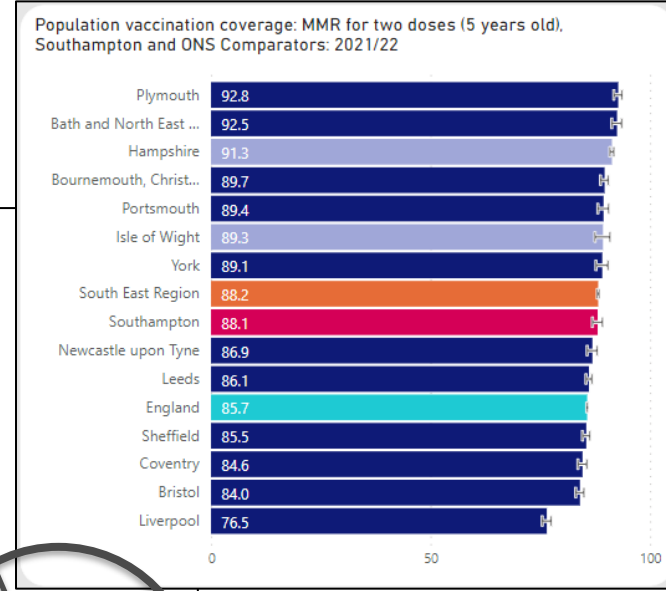
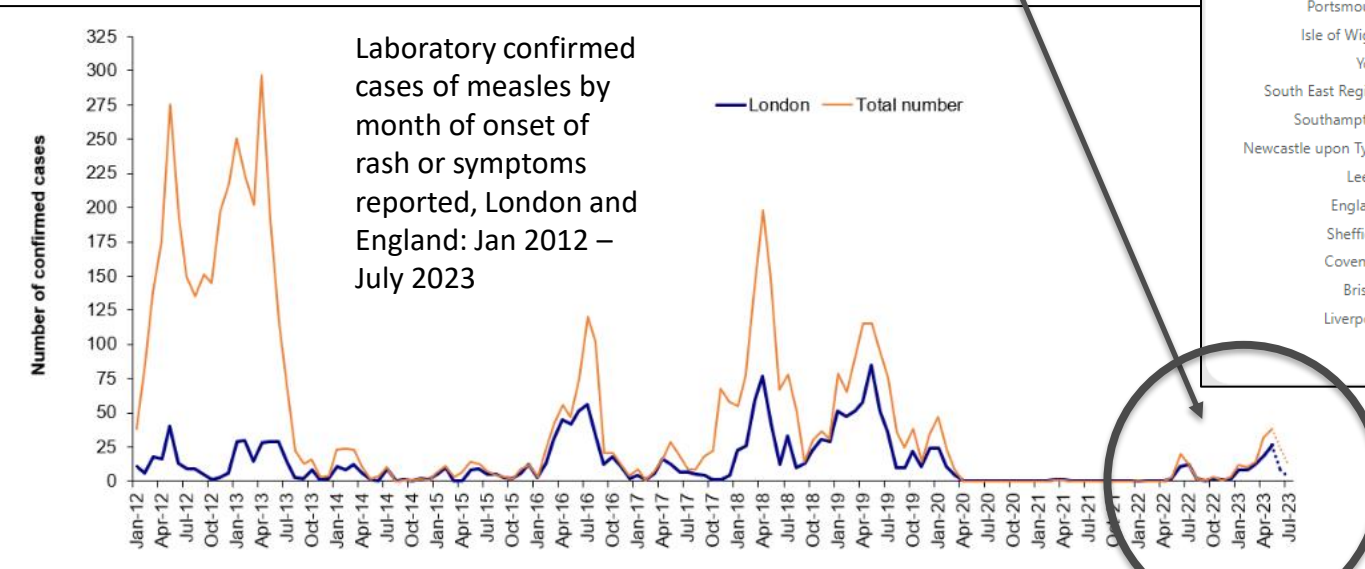
- IPC advice has also been provided, to many external agencies by our **Senior Health Protection and Infection Prevention and Control Nurse Specialist**, including educational settings, businesses, Port Health, hotels and care homes
- The team have also **cascaded UKHSA** and **NHS England national guidance on IPC** and many Infectious diseases especially to the Adult Social Care sector and other appropriate settings.
- **IPC Advice and support** is also given on a day-to-day basis in response to many queries and concerns.



Measles – vaccine preventable

- Measles is a **highly infectious acute viral illness**. It is a **notifiable disease** and **vaccine-preventable**.
- Global cases of measles are high due to poor vaccination coverage made worse by the Covid-19 pandemic. **Imported cases are therefore likely**.
- Vaccine has been available in the UK since 1968 but low coverage of population until MMR vaccine in 1988 and due to subsequent lower transmission, **unvaccinated children remain highly susceptible to measles infection**, and this continues to the present day
- **From 1 January to 31 July 2023 there were 141 laboratory confirmed measles cases in England (60% in London, 58% in children under 10, 23% in teenagers and young people aged 15-34)**

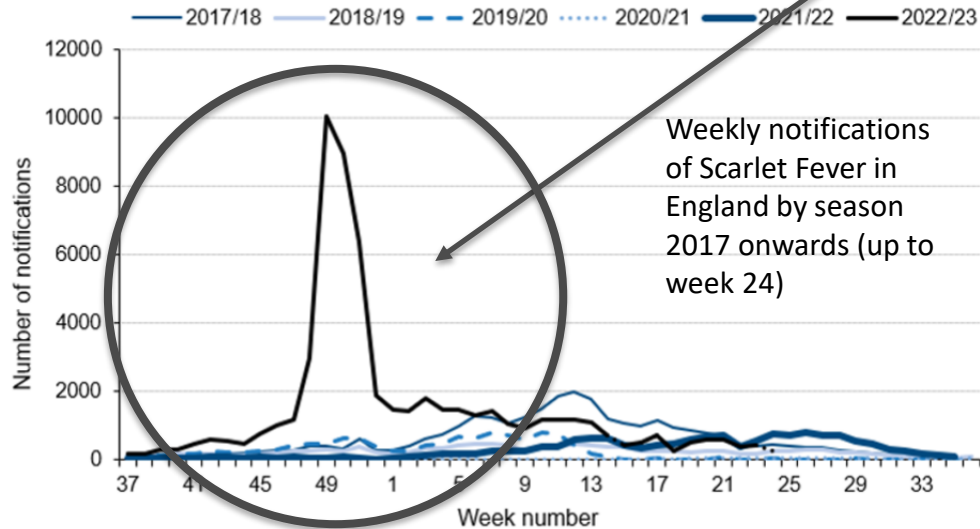
Vaccination with the MMR is key to **keeping the Southampton population safe**. MMR is part of the routine childhood immunisation schedule. Two doses are given – 1st at 12 months and 2nd at 3 years & 4 months of age. MMR can be given at any age to those who have missed it – **a catch up campaign continues**. The target for uptake is 95% of the population to protect everyone. In 2021/22 in Southampton in 92% of children had their 1st MMR by age 2 years but this drops to 88% of children having their second dose by 5 years. Both are higher than the England average.



We have conducted a **Childhood Immunisation Strengths and Needs Assessment** to understand factors that could help increase uptake of childhood including MMR

Scarlet Fever

- **Scarlet Fever** is a **highly infectious** acute **bacterial illness** caused by the bacterium Group A Streptococcus. It is a **notifiable disease** and is not currently vaccine preventable.
- Scarlet Fever is usually a mild illness but can lead to serious complications including a **risk of invasive disease called invasive Group A Streptococcus (iGAS)**; risk increases if chickenpox is co-circulating.
- Scarlet Fever is usually a clinical diagnosis and easily treated with first line antibiotics reducing risk of transmission to others after 24 hours of treatment. Prompt treatment of Scarlet Fever also reduces risk of complications.
- Cases of Scarlet Fever usually peak in the spring. **In 2022 an out of season significant exceedance occurred in December leading to UKHSA advising GPs to have a lower threshold for prescribing antibiotics and parents to seek medical advice if their children had a high temperature**



General practices in Southampton worked extremely hard amidst other winter pressures to assess children with high temperatures and prescribing appropriate antibiotics when Scarlet Fever was thought to be the presenting illness; **the scale of demand for antibiotics created logistical pressures with pharmacies running out of commonly prescribed antibiotics or paediatric formulation.** GPs often had to rewrite prescriptions for available items and parents were challenged with finding pharmacies that had the antibiotics they needed.

The Health Protection team within SCC Public Health supported the Scarlet Fever situation by liaising closely with UKHSA, updating Southampton GPs with the national, regional and local situation, highlighting key guidance for sectors, answered specific queries, and supporting communication with schools including sharing UKHSA guidance and guidance changes. **We also shared key advice through our SCC communications channels with Southampton residents to help them recognise Scarlet Fever, when to seek help (safety netting using nationally agreed thresholds), and how to reduce risk of transmission.**

UK Health Security Agency

#GroupAStrep

Swipe for more ▶

Group A Strep (GAS)

GAS is a common bacteria which causes a range of infections including scarlet fever. These infections are usually mild.

Invasive Group A Strep (iGAS)

It can also cause a rare, more serious infection called Invasive Group A Strep (iGAS). This occurs when GAS bacteria gets into parts of the body where it causes serious disease, like the lungs or bloodstream.

Covid-19

- During the last 12 months national **surveillance for Covid-19 has been scaled back** with the end of symptom and symptom-free (asymptomatic) testing across most sectors, including health and social care*, and the end of the ONS infection survey.
- This marked a move towards **learning to live safely with Covid-19** and guidance was published in April 2022 for [people with symptoms of a respiratory infection including Covid-19](#) and [living safely with respiratory infections, including Covid-19](#)
- Surveillance (testing) continues within acute hospital settings, and for people at higher risk of severe infection who may be eligible for anti-viral treatment.
- Genomic sequencing of hospitalised positive cases continues to help insight into emerging variants.
- **On the 18th August 2023, a new variant BA.2.86 was identified in several countries with evidence of established international and domestic transmission**
- **BA.2.86 has a high number of mutations that could be suggestive of significant antigenic change, and it is currently been designated by UKHSA as a variant for the purposes of tracking and assessment (V-23AUG-01)**
- **Vaccination** continues to be offered to those at most risk of severe infection as part of Autumn and Spring campaigns. **The Autumn 2023 campaign is currently underway and has been expedited due to BA.2.86 variant.**
- The continued threat from variants of Covid-19 are helpful reminders of the importance of aligning to our SCC living with Covid strategic objectives of retaining our agility and capability to respond within the SCC health protection, emergency planning, and wider council teams.

*In care homes LFD testing is still used to test the first five symptomatic residents in suspected outbreaks; testing is still used in symptomatic healthcare professionals caring for patients with severely weakened immune systems

The Southampton SCC Health Protection team have seen a marked reduction in the number of Covid-19 related incidents and enquiries in the last 12 months fitting with the reduction in testing provision across the community. Care homes continue to be a sector that experience cases and outbreaks and are supported by our local Infection Prevention and Control specialist nursing team in the city.

There have been several waves of infection leading to hospital admissions and deaths in England in the last 12 months. Waves of Southampton hospitalised admissions with Covid-19 largely mirrors the pattern seen nationally

Healthcare in University Hospital Southampton NHS Foundation Trust

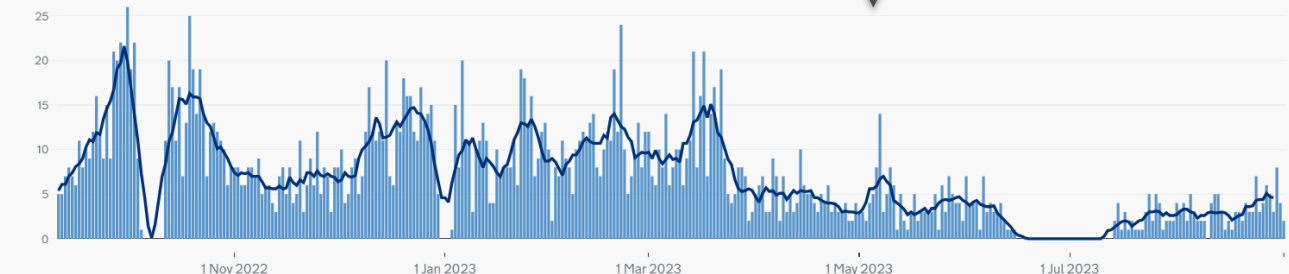
Healthcare data are available for nations, NHS regions and NHS trusts.

Patients admitted to hospital

Patients admitted to hospital. Daily and total numbers of COVID-19 patients admitted to hospital. Figures are not comparable as Wales includes suspected COVID-19 patients while the other nations include only confirmed cases.

[Daily](#) [Total](#) [Data table](#) [About](#)

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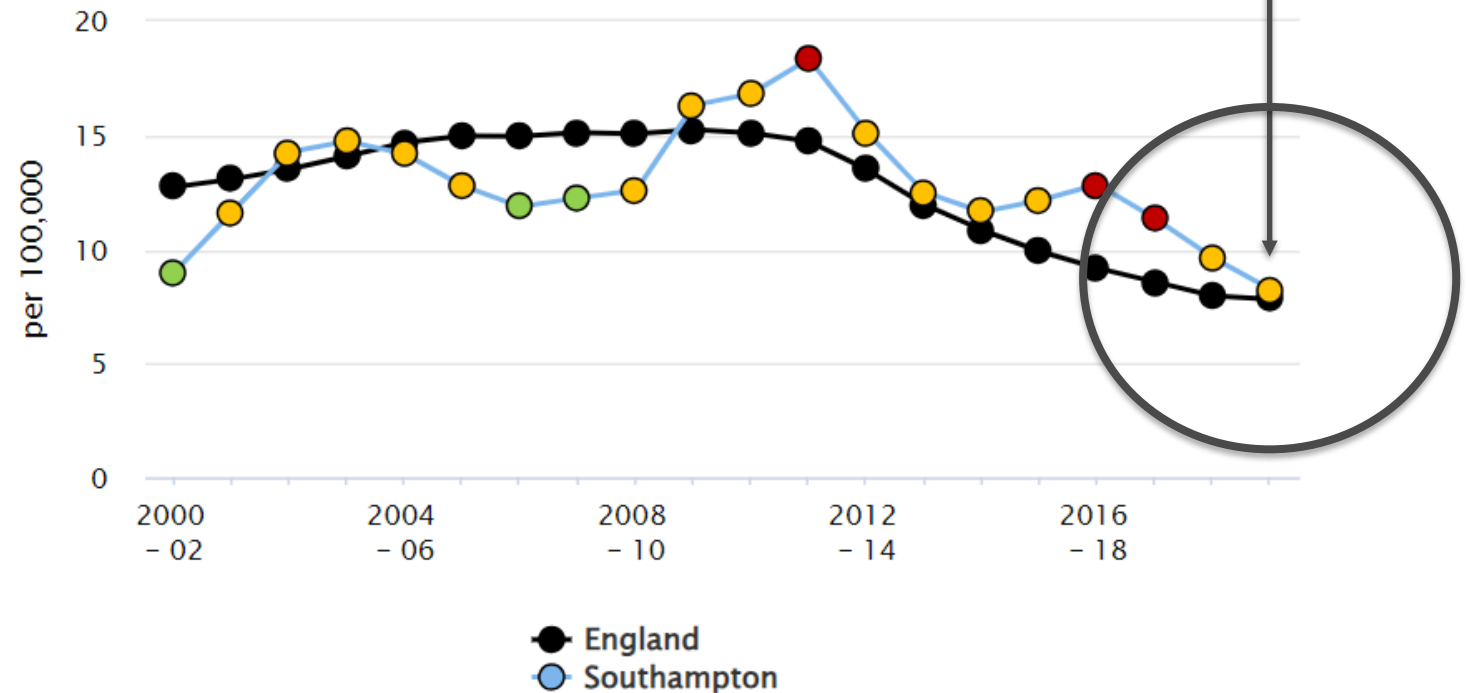


In the last 12 months Covid-19 related mortality has been much lower than earlier in the pandemic largely due to vaccine-acquired immunity and natural infection

Tuberculosis

- **Tuberculosis or TB** is an uncommon bacterial infection caused by the bacterium called Mycobacterium tuberculosis. It usually causes infection in the lungs but can affect any part of the body including the spine and brain.
- TB infection is rare in the UK compared to many countries of the world
- **Not everyone infected with TB bacteria** become sick resulting in two TB-related conditions – Latent TB infection (LTBI) where the bacteria lie dormant and active TB infection
- **TB can be treated with antibiotics** but can be serious if untreated. Unlike most infections, antibiotic treatment is needed for at least six months
- **There is a vaccine for TB that is offered to one month old infants born to parents or grandparents from countries with high prevalence of infection (>40 cases per 100,000 population)**
- During 2020, major impacts on healthcare, migration, and social interactions due to the ongoing coronavirus (COVID-19) pandemic are likely to have affected TB notifications in complex ways.

Southampton has a higher three-year average TB incidence rate compared to England, the Southeast Region and many of our other local and statistical comparators. In 2019-21, the three-year average incidence rate was 8.2 cases per 100,000 population. Since 2011, there has been an overall downward trend in TB incidence for Southampton and England. Rates of TB continue to be highest in people born outside of the UK, those with social risk factors, and people living in deprived communities.



The SCC Health Protection Team will be supporting a **review of TB service specification** by the HIOW Integrated Care Board (ICB). The team also attend HIOW cohort review meetings and network meetings.

Build

Building capability for the future

Health Protection Dashboard

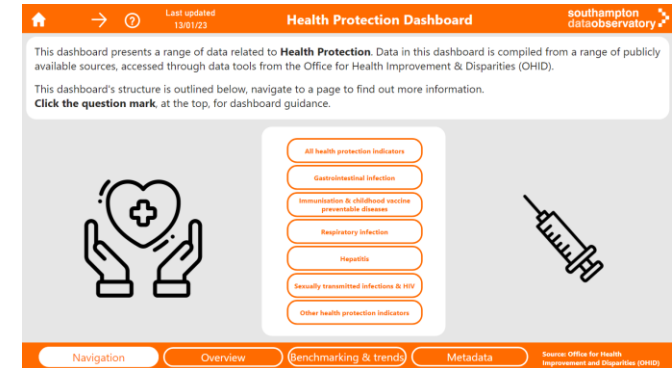
- SCC data and intelligence team have developed a [Health Protection Dashboard](#) which compiles a range of publicly available health protection data into an easy to navigate platform accessible to professionals, businesses, the voluntary sector, citizens and communities.

Developing our health protection workforce

- To ensure that staff feel supported to deliver high-quality health protection services, **bespoke EPRR training** is being developed. This is a joint initiative with Emergency Planning and will aim to address recommendations, and capture learning, from the response to the COVID-19 pandemic. It will ensure that all members of the public health team have a grounding in the principles of EPRR and are better prepared to support any future response.
- Funding has been secured to enable members of the health protection team to attend the **UKHSA Conference in November 2023**. This will be an opportunity to hear from a range of health security experts on a variety of topics relating to latest advancements, strategies and innovations in health security and health protection, as well as participate in workshops and network with colleagues.
- **A health protection competencies and skills audit** is also being undertaken and a training plan under development to help align individuals to develop and maintain key competencies. Staff will be supported to take up training opportunities via the Local Resilience Forum (LRF).

Strengthening relationships

- **Strengthening relationships** with Port Health, Environmental Health and Emergency Planning colleagues will also remain a priority to ensure a coordinated response to health protection issues across the city.



Next Steps

Opportunities and next steps (September 2023/24)

Pandemic Flu/outbreak response plans

The health protection team will work with emergency planning colleagues to undertake a review of, and update, existing pandemic flu and outbreak response plans to ensure that arrangements are streamlined and align with national and regional arrangements.

The Reactor Emergency Plan (REPPIR)

The Reactor Emergency Plan (REPPIR) is also due to be updated in 2023. Updated public information for the detailed emergency planning zone (DEPZ) for residents and businesses which will be reissued in Summer 2024 as per the three-year cycle. The outline planning zone (OPZ) public information is due to be reissued in October 2023.

Air quality

The health protection team will be working with lead SCC air quality officers in supporting an air quality healthcare professional engagement project.

Horizon scanning

A climate change health impact assessment will be scoped out to bring focus to the significant health threats presented by climate change and consider what this means for Southampton. The team will also be undertaking a rapid literature review into open water swimming and infectious disease risks.

Childhood Immunisations Strengths and Needs Assessment (CHISANA)

Findings and recommendations from the CHISANA will be shared with the health and wellbeing board (HWB) in March 2024.

Reactive capacity

Continuing to react to and provide additional capacity to health protection situations and incidents will remain a priority, including working with agencies to share latest information and good practice.

End