

<b>DECISION-MAKER:</b>	Health and Wellbeing Board
<b>SUBJECT:</b>	Health Protection Annual Report 2024
<b>DATE OF DECISION:</b>	11 December 2024
<b>REPORT OF:</b>	COUNCILLOR MARIE FINN CABINET MEMBER FOR ADULTS & HEALTH

<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>
N/a

<b>BRIEF SUMMARY</b>
This paper summarises the Health Protection (HP) Annual Report (see Appendix 1) which provides assurance on the behalf of the Director of Public Health and Health and Wellbeing Board in respect of delivery of the local health protection function in Southampton.

<b>RECOMMENDATIONS:</b>
(i) To note the contents of this paper and the Health Protection Annual Report (Appendix 1).

<b>REASONS FOR REPORT RECOMMENDATIONS</b>
1. The HP report is a formal record of: <ul style="list-style-type: none"> <li>• Activity and developments nationally and locally relating to health protection</li> <li>• Health Protection Board (HPB) activity</li> <li>• Situations and issues relating to health protection over the last year</li> <li>• Work to develop and maintain preparedness, and capacity to respond to future incidents</li> <li>• Priorities for the next year</li> <li>• Highlights of key issues and risks</li> </ul>

<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>
N/a

<b>DETAIL (Including consultation carried out)</b>
<b>Background</b>

1. The Director of Public Health has a responsibility under the National Health Service 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.
2. 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. Under the Civil Contingencies Act (2004) Southampton City Council (SCC) is a Category One responder which places a legal duty on the organisation to respond to major incidents and emergencies.
3. Directors of Public Health have a wider health protection role in supporting the UK Health Security Agency (UKHSA), which is the lead agency responsible for delivery of the specialist health protection function, with the management of incidents and outbreaks within their local authority area. This requires close collaboration and communication both regarding emerging health protection issues and in response to any individual situation.
4. The Health Protection Function is delivered by a range of organisations in Southampton. Local authorities (LAs) and Directors of Public Health (DsPH) have a statutory role to maintain an oversight function, ensuring plans are in place to mitigate health protection risks for their population, and to support the health protection response work of the UK Health Security Agency (UKHSA) as the lead agency actively planning for and leading the local response to health protection incidents and emergencies.
5. Category one responders are also responsible for warning and informing and advising the public. The Emergency Preparedness Resilience and Response (EPRR) team lead on emergency planning and business continuity both internally and externally and coordinate multi-agency planning and response via the Local Resilience Forum (LRF). EPRR hold multiple plans and link with the Local Health Resilience Partnership (LHRP) as well as colleagues in Port Health and Environmental Health. The Integrated Commissioning Board (ICB) also has responsibility for elements of health, and as a Category 1 responder, work closely with relevant partners to exercise and prepare for infections, environmental, radiological and chemical emergencies. The ICB also employs an Infection Prevention and Control Team (IPC) with capacity in Southampton part-funded by the public health grant. NHS England is responsible for commissioning and quality assuring population screening and immunisation programmes. SCC public health also work closely with NHS colleagues, educational providers and the voluntary sector.
6. 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 in response to the pandemic. Since then, national Covid-19 funding for Local authorities has come to an end. The council health protection

team has reduced in size and shifted their focus from reactive response to broader health protection issues. Alongside this the team has sought to embed learning from the pandemic and vital health protection, infection prevention and control (IPC) and emergency planning capacity and skills across the team to maintain resilience and ensure readiness for any future pandemic response. They continue to contribute to the ongoing national covid inquiry and draw on and fresh insights, and this year SCC internal audit will focus on corporate resilience.

### **The Health Protection Annual Report**

7. The Health Protection Annual Report aims to concisely draw together work undertaken by the public health - health protection team. It has been structured around the three priority areas 'Prepare, Response, Build', which are set out in the UKHSA three-year Strategic plan, published August 2023.
8. **Prepare:** Preparedness involves ensuring that we, as an organisation, and our partners are prepared for future health threats that we might face, such as emerging infectious disease, or increasing threats from climate change and extreme weather. As well as attending multi-agency scenario-based exercises, including a Hampshire County Council lead measles exercise, several emergency plans have been updated and developed in partnership with colleagues in Emergency Planning. This includes an in-depth review (ongoing) of the organisations pandemic flu plan to replace it with a pandemic framework in order to capture learning from the COVID response. The adverse weather plan has also been updated and the Public Health Team have developed an internal Incident Response Plan (IRP) to support them with any significant future response.

**Partnership Working:** A key mechanism for facilitating partnership working in the Health Protection Board (HPB). This multi-agency forum meets quarterly to consider local health protection issues. The HPB is chaired and facilitated by the SCC Public Health Consultant lead for Health Protection. Meetings follow a standard agenda with a focused item each time. In the last year these have included: Bed bug awareness (not usually considered a health protection issue, findings from the Childhood Immunisations Strengths and Needs Assessment (CHISANA), Sexually Transmitted Infections (STI's) and a literature review of Recreational Water-related infectious disease.

**Communications Campaigns:** The HP team together with communications colleagues also support and input to comms campaigns, to get public health messages out to residents and raise awareness of specific issue. These have included; winter wellness, summer safety and supporting the National catch up campaign for Measles Mumps and Rubella (MMR) and launch of the new Respiratory Syncytial Vaccination (RSV) vaccination programme.

**Education and early years webinars:** Southampton City Council hosted a series of Education Settings Winter Illness webinars for Educational Leads and Early Years providers. These were focused on gastrointestinal outbreaks, scarlet fever, and respiratory illnesses. The

aim of the webinars was to provide educational settings with guidance and support in relation to managing outbreaks of infectious disease to minimise any potential impacts and disruption.

9. **Respond:** A significant 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 HPT provide additional support including local intelligence and insights. Over the last 12 months we have supported numerous incidents, situations and enquiries.
10. **Build:** improving routine childhood immunisation uptake in Southampton has been, and continues to be, a significant focus for the team over the last 12-18 months. An in-depth Childhood Immunisation Strengths And Needs Assessment (CHISANA) identified a series of recommendations to improve uptake and initiatives have been undertaken as a result of this including commissioning wider workforce training and developing a language free film resource which normalises childhood immunisation as 'one more way to keep them safe' alongside other everyday things such as using stairgates, car seats and handwashing.
11. **Links with the Southampton Health and Wellbeing Strategy.** Objectives relevant to health protection within the current Health and Wellbeing Strategy include the promotion of immunisation, focus on clean air, and through reducing avoidable deaths linked to fuel poverty (excess winter deaths). These outcomes can be measured through population vaccination coverage (such as MMR at one and five years), fraction of mortality attributable to particulate air pollution, and excess winter deaths index.
12. Priority areas in 2024/25 as agreed by the Health Protection Board are:

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| 1. | <b>Assurance of specialist areas: continue to monitor the performance of specialist areas (see assurance measures on slides 6 and 7), identify risks, ensure mitigation is in place and escalate, as necessary.</b>  |
| 2. | <b>Communicable disease control: actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards.</b>  |
| 3. | <b>Warn and inform: Continue to ensure that the public and partner organisations are informed about emerging threats to health.</b>  |
| 4. | <b>Immunisation uptake: help improve immunisation uptake and reduce inequalities in uptake through the following: inputting to the HIOW MMR Oversight Group and Screening and Immunisation Oversight Group (SIOG), contributing to the development of local vaccination delivery plans, implementing the findings and recommendations from CHISANA, joint working with commissioners, providers, and communities to take collaborative action to expedite improvements and amplify local communications.</b> |

	5.	<b>TB Pathways: improve pathways and governance for tuberculosis cases, particularly for residents with no recourse to public funds.</b>
	6.	<b>Pandemic readiness: retain capacity to respond to threat of a future pandemic by finalising a local pandemic framework and undertaking a pandemic Exercise.</b>
	7.	<b>Collaborative working: maintain collaborative system working with key partners across the system.</b>
	8.	<b>Antimicrobial resistance (AMR): contribute and support ongoing system wide efforts to counter the growing threat of AMR.</b>
	9.	<b>Climate change: undertake a Climate Change health Impact Assessment (<i>Scoping in autumn 2024 and planned to commence spring 2025</i>).</b>

### **RESOURCE IMPLICATIONS**

#### **Capital/Revenue**

	There are no financial implications for Southampton City Council in relation to maintenance of this function over and above the Public Health Grant funded officer costs.
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#### **Property/Other**

	N/a
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### **LEGAL IMPLICATIONS**

#### **Statutory power to undertake proposals in the report:**

	National Health Service Act 2006
	Health and Social Care Act 2012

#### **Other Legal Implications:**

	N/a
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### **RISK MANAGEMENT IMPLICATIONS**

	N/a
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### **POLICY FRAMEWORK IMPLICATIONS**

	N/a
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<b>KEY DECISION?</b>	No
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<b>WARDS/COMMUNITIES AFFECTED:</b>	All
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#### **SUPPORTING DOCUMENTATION**

#### **Appendices**

1.	Health Protection Annual Report 2024
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**Documents In Members' Rooms**

1.	
2.	
<b>Equality Impact Assessment</b>	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	<b>No</b>
<b>Data Protection Impact Assessment</b>	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	<b>No</b>
<b>Other Background Documents</b>	
<b>Other Background documents available for inspection at:</b>	
<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>
1.	
2.	