

JOINT PUBLIC HEALTH PROTECTION PLAN 2019-20

1.0 EXECUTIVE SUMMARY

- 1.1 Purpose:** This report asks Members to endorse the Public Health Protection Plan which outlines our health protection priorities for the period 1st January 2019 to 31st December 2019. This is a statutory plan, required under the Public Health etc (Scotland) Act 2008, which has been developed in conjunction with Argyll and Bute Council, Highland Council and NHS Highland. It is also consistent with the Councils corporate priorities.
- 1.2** The Public Health etc (Scotland) Act 2008 outlines a range of statutory powers available for the purpose of health protection for use in a situation when action needs to be taken to protect public health, sometimes against the expressed wishes of an individual or organisation. Under the Act, health boards assume the lead role for health protection activities relating to people, and local authorities retain the lead role for premises and property.
- 1.3** The plan strengthens the partnership approach between the three agencies and ensures that appropriate “health protection arrangements” are in place between the Council’s environmental health service and the Consultant in Public Health Medicine, NHS Highland, This ensures that we are able to respond effectively to an outbreak or public health incident (e.g. E.coli 0157 outbreak; norovirus; blue-green algae, etc.), deliver our preventative work to protect public health and illness and meet the expectations of society.
- 1.4** Financial: The work will be undertaken principally by the Councils environmental health service with support from other areas of Regulatory Services. The plan has been developed having regard to our available resource and budget.
- 1.5 Recommendations**
Members are asked to:-
- (i) Endorse the Joint Public Health Protection Plan for 2019-20 (Appendix I), recognising the key role of local authorities and environmental health
 - (ii) Formally reaffirm the appointments of the Regulatory Services Manager, as the Council’s Designated Competent Person under the Public Health etc. (Scotland) Act 2008, and the appointments of Depute Designated Competent Persons as they relate to Argyll and Bute Council as detailed in section 5.2

- (iii) Agree that the Regulatory Services Manager signs the plan on behalf of the Council, and takes the necessary steps to deliver the plan including appointing appropriate competent authorised officers, and to update on progress in delivering the Joint Public Health Protection Plan.

JOINT PUBLIC HEALTH PROTECTION PLAN 2019-20

2.0 INTRODUCTION

- 2.1** Local authorities have a significant role to play in public health and health protection. The Public Health etc. (Scotland) Act 2008 place a requirement on NHS Boards to prepare, in conjunction with local authorities a Joint Public Health Protection Plan (hereafter referred to as JPHPP) every 2 years. The plan requires to be formally approved by each agency, and must outline the health protection priorities for the forthcoming period of the plan.
- 2.2** The Joint Public Health Protection Plan 2019-20 has been developed by the three agencies and having regard to the 2015-17 Plan, our achievements; and emerging national and local priorities. The key section which outlines the national and local priorities for action is in Table 1 on pages 9-12. The national priorities are common to all of NHS Scotland but some of the local issues highlighted are specific to our own area. Progress will be monitored by the respective partners and the plan will continue to be subject to annual review although the formal Act only requires a new plan to be produced every two years.

3.0 RECOMMENDATIONS

Members are asked to:-

- (i) Endorse the Joint Public Health Protection Plan for 2019-20 (Appendix I) recognising the key role of local authorities and environmental health
- (ii) Formally reaffirm the appointments of the Regulatory Services Manager, as the Council's Designated Competent Person under the Public Health etc. (Scotland) Act 2008, and the appointments of Depute Designated Competent Persons as they relate to Argyll and Bute Council as detailed in section 5.2
- (iii) Agree that the Regulatory Services Manager signs the plan on behalf of the Council, and takes the necessary steps to deliver the plan including appointing appropriate competent authorised officers, and to update on progress in delivering the Joint Public Health Protection Plan.

4.0 JOINT PUBLIC HEALTH PROTECTION PLAN 2019-20

- 4.1** There is an expectation by the public, that the NHS and Local Authorities undertake work which keeps people and communities safe, and have adequate arrangements in place to deal with any incidents of disease which pose a risk to public health. This Plan

details the extent of the health protection work which is being undertaken. It focuses our Health Protection activity and resources on key national and local priorities, provides a means to highlight our intentions and to report on our actions/progress.

Health Protection work largely goes unnoticed, other than during a major outbreak or incident where the investigation and control of disease is paramount. The day-to-day work is undertaken principally by Environmental Health in the Local Authorities and colleagues within the Health Protection team in NHS Highland. The Plan seeks to ensure that the standards defined by statute, or expected by society are met, namely that food is safe to eat from commercial premises, that water is safe to drink, that air is safe to breathe, that workplaces and other facilities/attractions (e.g. leisure facilities etc) are safe to use and that we have a good and healthy environment. An info gram on the impact of environmental health on public health is attached in Appendix II. This demonstrates pictorially the important role environmental health and local authorities play in securing, promoting and tacking public health.

4.2 The Joint Public Health Protection Plan 2019-20 has been developed in partnership at an officer level, and is currently going through the committee approval process at NHS Highland, and Highland Council. The recommendation is that the plan be endorsed.

4.3 The Plan, in Appendix I, targets resources at key national and local priorities and provides a number of key benefits:

- (i) It ensures that there are effective arrangements in place between Councils and the NHS to deal with any incidents of disease or which pose a risk to public health.
- (ii) This Plan details the details the extent of the health protection work which is being undertaken on a proactive and preventative basis
- (ii) It focusses our activity and resources on key national and local priorities, provides a means to highlight our intentions and to report on our actions/progress.
- (iii) It raises the profile of 'health protection' which largely goes unnoticed, other than during a major outbreak or incident where the investigation and control of disease is paramount. The day-to-day work is undertaken principally by environmental health, and seeks to ensure that the standards defined by statute, or expected by society are met.
- (v) It provides confidence to elected members, and others, that appropriate arrangements are in place to respond to any suspected or confirmed outbreak or public health incident.

4.4 Key priorities to highlight in the plan are:-

- (i) Continued delivery of core statutory duties and functions through the environmental health operational service plans, including the review of local air quality, public health related work including investigation of food poisoning and communicable disease.
- (ii) Continuing with the program of reviewing procedures, exercising plans and improving our level of preparedness to deal with any public health incident or outbreak
- (iii) Continuing to focus on delivering specific work which will contribute towards meeting the Scottish Governments national strategies including the public health reform, strategies for targeting E.coli O157/STEC, Lyme disease, tobacco and novel Vaping

- Products (NVP and e-cigarettes), and Private Water Supply Action Plan;
- (iv) Implementing the new requirements of new legislation relating to private water supplies, improving the quality and infrastructure of private water supplies through the improvement grant scheme and formal enforcement, radon, monitoring of local air quality, working with business to promote compliant businesses across a wide range of areas including food safety, health and safety and private rented accommodation, and the national inoculation programme.

5.0 COMPETENT PERSONS

- 5.1 In order to effect the powers accorded to the Public Health etc. (Scotland) Act 2008, Local Authorities and NHS Boards are required to designate an appropriate number of suitably qualified individuals as Competent Persons. The persons who may be designated, their qualifications, the training and other requirements are laid down in The Public Health etc. (Scotland) Act Designation of Competent Persons Regulations 2009 that support the Act. The Plan details the competent persons from each agency.
- 5.2 The existing arrangements in Argyll and Bute Council have been to appoint the Competent Public Health Person, Deputes, and thereafter appointment of officers by the Local Authority Competent Person. Accordingly, environmental health officers and other professional staff are authorised under the Act. This provides flexibility in authorising officers to meet specific circumstances, workload and demand, or new staff without having to amend the Plan or obtain Committee approval.

It is recommended that these arrangements continue and the following appointments are made:

Local Authority Designated Competent Person	Alan Morrison, Regulatory Services Manager
Depute Local Authority Designated Competent Person	Jo Rains, Environmental Health Manager (East)
Depute Local Authority Designated Competent Person	Iain MacKinnon, Environmental Health Manager (West)
Depute Local Authority Designated Competent Person	Jacqui Middleton, Environmental Health Officer

6.0 REVIEW OF JOINT PUBLIC HEALTH PROTECTION PLAN 2015-17

- 6.1 Work progressed well against the previous plan. Good progress was noted against all of the national and local priorities. Some particular completed areas of work to highlight include:
- Implementation of several new immunisation programmes
 - Work done to address the potential risks from pandemic influenza.
 - The three bodies have updated many joint plans including those to tackle norovirus infection, port health, and various enteric diseases. This has included updating

- information leaflets that are provided to the public.
- d) Joint training has taken place on the management of water incidents.
- e) Exercises were also undertaken which looked at the “Recovery” phase of major incidents including one based on a radionuclide releases from a nuclear site (HMND Faslane). Following the emergency phase of an incident the Councils have responsibility for coordinating the effective recovery phase to ensure the community returns to normal as quickly as possible
- f) Progressed the delivery of the national E.coli/VTEC Action Plan at a national and local level, with the National multiagency Group being chaired by the Councils Regulatory Services Manager.

6.2 We were unable to complete some of our intended priorities due to other unplanned work impacting on our resources, or pending the outcome of national decisions or reviews. These areas are detailed below and have been carried forward into the 2019-20 plan:

- g) Work on port health procedures which was delayed awaiting national guidance on implementation of the International Health Regulations;
- h) Plans to consider local arrangements for health protection following a national Public Health Stock take Review are only now progressing through the Public Health Reform Programme
- i) Plans to develop key performance indicators for the response and investigation of public health incidents were not taken forward due to competing priorities;
- j) We intend to build upon the initial work we undertook on promoting the risks from ticks and Lyme disease, given its increasing prevalence.

7.0 CONCLUSIONS

7.1 Local authorities have a significant role to play in public health and health protection, and it is not solely for NHS services. Much of the work of local authorities is preventative and reduces the burden at primary care level.

7.2 The Public Health Protection Plan for 2019-20 meets the Council’s statutory obligations under the Public Health (Scotland) Act 2008, and the Council’s Corporate priorities. As the Council’s Designated Competent Person, under the Act, the Council’s Regulatory Services Manager recommends to members to endorse the plan and in particular the appointments of the Designated Competent Person and the Depute Designated Competent Persons as they relate to Argyll and Bute Council.

8.0 IMPLICATIONS

- 8.1 Policy** Consistent with Council priorities – safe communities (CO11) sustainable environment (CO13), partnership working (CO8).
- 8.2 Financial** The plan will be delivered within our current service, although progress is dependent upon resource levels, other workload, and no reduction in resources
- 8.3 Legal** Meets the Council’s legal obligations under the Public Health (Scotland) Act 2008.
- 8.4 HR** None.

- 8.5 Equalities** There are no equality or sustainability issues associated with the plan.
- 8.6 Risk** The risks to the Council are:
- (i) Priority will be given to delivering this plan, and the risks will be actively managed.
 - (ii) Delivery of the plan is dependent on resources and will be impacted by staff absence, vacancies, new service demands, service cuts, or significant reactive work.
 - (iii) In the event of an outbreak of incident, resources will be redirected from routine operational work
- 8.7 Customer Service** No significant issues.

Executive Director Development and Infrastructure: Pippa Milne
Policy Lead: Councillor David Kinniburgh

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Appendix 1: Joint Health Protection Plan 2019-20

Appendix II: Infogram illustrating the role of environmental health in public health

Appendix I



NHS HIGHLAND AREA
JOINT HEALTH PROTECTION PLAN

January 2019 – December 2020

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Introduction

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan which provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area. Guidance on the content of joint health protection plans has been published by the Scottish Government.¹

This is the fourth Highland Joint Health Protection Plan, with the first plan being in 2010, and this plan covers the period 1st January 2019 to the 31st December 2020.

It is a public document and is available to members of the public on the NHS Highland website (www.nhshighland.co.uk) and on request. We hope that you will find this plan to be of interest, and of value, and that its production will contribute to protecting the health of the people who visit, work and live in the Highlands and Argyll & Bute.

Signed

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¹ www.scotland.gov.uk/Resource/Doc/924/0079967.doc

SECTION 1 – OVERVIEW

1. The Joint Health Protection Plan

- 1.1 This plan has been created following the requirements set out in the Public Health etc. (Scotland) Act 2008. NHS Highland, Argyll and Bute Council and Highland Council have prepared this plan in collaboration and consultation. This plan is herewith referred to as the Joint Health Protection Plan.
- 1.2 The plan relates to the period 1st January 2019 to the 31st December 2020.
- 1.3 The plan requires to be formally approved by the NHS Highland Board and the appropriate Committees of the local authorities.
- 1.4 The format of the plan meets the details of Annex D of the Scottish Government Guidance “Joint Health Protection Plans”.
- 1.5 The purposes of the plan are:-
 - i. To provide an overview of health protection priorities, provision and preparedness for NHS Highland, Highland Council and Argyll & Bute Council.
 - ii. To outline the joint arrangements which Argyll and Bute Council, Highland Council and NHS Highland, have in place for the protection of public health.
 - iii. To improve the level of “preparedness” to respond effectively to a health protection incident and emergency.
 - iv. To clarify the priorities for the period of the plan 2019 – 2020.
 - v. To identify and subsequently secure the resources which are required to meet the plan.
 - vi. To detail the liaison arrangements between NHS Highland, the two Local Authorities and other Agencies (e.g. Scottish Water, SEPA etc.).
 - vii. To develop “learning” across the agencies.
 - viii. To provide a mechanism for reviewing and recording outcomes and achievements.
- 1.6 The plan will be reviewed annually by the multi-agency Environmental Health Liaison Committee and any necessary changes made. However the plan will only be formally changed and updated in accordance with the legislation which requires this every 2 years.

2. Health Protection Planning

- 2.1 The prevention, investigation and control of communicable diseases and environmental hazards require specialist knowledge and skills. These include risk assessment, risk management and risk communication amongst others. These specialist skills and knowledge are applicable to a wide range of potential incidents or scenarios and are often facilitated by the existence of agreed plans and procedures for specific disease or situations. There are many such national and local plans.
- 2.2 Effective working arrangements are in place to support partnership working between NHS Highland and the environmental health services within Argyll and Bute Council and Highland Council. This is evidenced through the work undertaken to develop common plans to ensure a systematic and consistent approach to tackling common public health issues, learning from best practice in both local authority areas.
- 2.3 A list of the plans which are common to all three agencies are in [Appendix 1](#).

3. Risks and Challenges

- 3.1 The geographical profile of the area presents several challenges to effective and timely management of a health protection incident. This poses a significant risk to the delivery of the service. The area covered by the health board is vast; travelling arrangements must be factored into the planning of a response to an incident. This is especially the case for island communities where access is dependent on ferries. Many communities, within the NHS Highland area, are remote and can be isolated, particularly during periods of adverse weather. Maps of the areas are provided in [Appendix 2](#).
- 3.2 All three agencies are heavily dependent on effective telecommunications systems. Lack of mobile telephone network coverage is a common problem in remote areas and some island communities. The response to a public health incident would be compromised in the event of a significant failure of the telecommunications system.
- 3.3 Staff from all three agencies may be required to travel to the site of a public health incident. This may necessitate several hours of journey time, increased by the need for specific transport or adverse weather conditions. As such the duration of deployment is increased. It is accepted that any reduction in staffing for any of the agencies would impact even further on capacity to respond appropriately and timeously to health protection incidents.
- 3.4 Collection and analysis of samples forms a key step in the management of a disease outbreak. The specimens are delivered to the regional or national laboratories by road. There may be a longer turnaround time from submitting the sample to receiving a result depending on the analysis required. In some more urgent circumstances couriers and specialist transport should be used in order to reduce sample transit time.
- 3.5 NHS Highland collates the surveillance data and information relating to disease outbreaks and environmental incidents. Local Authorities have systems in place for the recording of investigative and monitoring work associated with health protection. These systems include in-house systems and also include the use of the national Food Surveillance System, supported by Health Protection Scotland. These systems may also utilise Geographical

Information Management Systems (GIS). HP Zone Scotland was introduced by all NHS Boards prior to the Commonwealth Games in 2014 and is now in daily use. This aims to provide a standardised Health Protection IT system for national surveillance and managing cases and incidents across the country.

- 3.6 All three organisations have local risk registers. These highlight specific high risk facilities, events or scenarios within each area and are also available through the Regional and Local Resilience Partnerships –West of Scotland Regional Resilience Partnership and the Highlands and Islands Local Resilience Partnership (HILRP) and North of Scotland RRP.

4. Capacity and Resilience

- 4.1 Capacity and resilience are ongoing challenges - , particularly in response to the current pressure on all services to reduce expenditure.
- 4.2 Human resource capacity of specialist health protection skills in NHH, Argyll and Bute Council and Highland Council is limited. [Appendix 3](#) lists designated competent persons in terms of the Act. NHH services are located in Inverness. The local authorities deliver their services from a number of geographical centres. This approach is an efficient use of limited human resources. However this also creates small teams where the absence of an individual staff member stretches the resources available to respond to an incident. The occurrence of two or more simultaneous incidents in different parts of the board area would present significant challenges.
- 4.3 As a consequence of small team size, individuals may be required to take on both strategic and operational roles during a large incident. Regular multi agency training exercises and debriefs give strategic leads flexibility in the roles taken during an outbreak.
- 4.4 Staff from the wider department of public health are utilised as required in a large incident and beyond that staff from other teams/departments in NHS Highland. Formal arrangements for mutual aid with other NHS Boards in the North of Scotland are in place and reviewed through the Resilience procedures. Informal arrangements for mutual aid exist within the local authorities and act to support the provision of the service in remote and isolated areas.

5. Supporting information

- 5.1 [Appendix 4](#) provides the following background information in support of the plan:
1. Health Protection definitions
 2. Overview of NHS Highland and its local authority partners
 3. Resources and operational arrangements for Health Protection
 4. Information and Communication Technology
 5. Emergency Planning and Business Continuity
 6. Inter-organisation collaboration
 7. Mutual Aid
 8. Out-of Hours arrangements
 9. Maintenance of competencies for Health Protection staff
 10. Public Feedback

SECTION 2 - HEALTH PROTECTION: NATIONAL AND LOCAL PRIORITIES

6. National Priorities

- 6.1 The Chief Medical Officer, Scottish Government and Health Protection Scotland have previously identified various national health protection priorities (see Table 1 below). NHS Highland commits to meeting these in the term of this plan.
- 6.2 Further national priorities may arise out of the Scottish Government's current Review of the public health function. Further work may be directed by the Health Protection Oversight Group (HPOG) and the Scottish Health Protection Network (SHPN).
- 6.3 Developing areas that will require further work in future years includes:
- improving health in early years especially through new and existing vaccination programmes;
 - ensuring the effective implementation of the next Sexual Health and Blood Borne Virus Framework; the Scottish TB Framework and the VTEC Action Plan;
 - enhancing the prevention and management of life threatening or lifelong conditions (as is already occurring with HPV vaccine for cervical cancer);
 - further implementing a coherent, measurable strategy to reduce the risks to health from environmental risk factors such as air pollution and radon;
 - improving food, water and environmental safety;
 - protecting vulnerable groups, especially older people in health and social care, against exposure to hazards and their adverse effects;
 - the impact of climate change e.g. the impact of drought and increased blue green algae blooms on local water supplies.

7. Local Priorities

- 7.1 Health Protection is a core part of the services delivered by NHS Highland, and Argyll & Bute Council and Highland Council, particularly through protective services remits (environmental health, trading standards and animal health and welfare). The plan recognises that work is undertaken on a daily basis relating to areas of responsibility and service delivery:
- Preventing the spread of communicable diseases in the community
 - Improving standards of food safety
 - Ensuring safe and potable drinking water supplies
 - Improving standards of workplace health and safety standards
 - Ensuring adequate plans are in place to respond to incidents and emergencies.
- 7.2 In addition, a number of local health protection priorities requiring joint action have been identified through a variety of mechanisms including regular review of surveillance data, and joint meetings.
- 7.3 The local priorities, which are detailed in Table 1 below, will be progressed through them being incorporated within the operational service plans of each Local Authority or NHS Highland, and where they are common, delivered through effective working and partnership between

the agencies.

Table 1. National and Local Priorities

Ref	Source	Outcome	Work plan	Agencies involved
1	National priority	Reduce Vaccine Preventable Diseases	1. Deliver the Vaccination Transformation Programme by implementing models of delivery that fit a rural area and ensure continued high levels of vaccine uptake in all childhood and adult programmes.	NHSH THC ABC
2	National priority	Addressing health inequalities	1. Utilise Private Landlord Registration scheme to assist with improving housing conditions in the private rented sector and reducing antisocial behaviour. 2. Continue working on strategies to improve Housing conditions including licensing of HMO's and Residential Mobile Home sites. 3. Review approaches to incivilities to identify good practice and specific projects to implement. Incivilities can include issues such as vandalism, graffiti, litter, dog-fouling and fly-tipping.	ABC THC
3	National priority	Minimise the risk to the public from E.coli (VTEC) infection	1. To implement the VTEC Action Plan for Scotland 2. Improve the safety of private water supplies and ensure that public health interventions are taken for any failing drinking water supply, whether public or private. 3. Promotion of safe practices and procedures where there is contact with livestock at animal parks and farms 4. Implement recommendations on the safe use of agricultural ground for recreational events.	THC ABC NHSH
4	National priority	Monitoring and Improving drinking water quality	1. Collaboration between all three agencies and Scottish Water in the monitoring and improvement of public and private water supplies 2. Work with DWQR to deliver the new legal requirements on Private Water Supplies	THC ABC NHSH
5	Local priority	Control Environmental exposures which have an	1. Tackle the effects of antisocial or excessive noise in the communities 2. Deliver on air quality standards within each local authority area.	ABC THC NHSH

		adverse impact on health	<p>3. Review approach to swimming pools and spas to ensure appropriate controls are in place regarding infection control</p> <p>4. Blue-green algae - Promotion of safe usage of recreational waters where there is a risk of BGA and responding to incidents</p> <p>5. Progress Contaminated Land strategies</p> <p>6. Monitoring of bathing water quality (designated beaches/lochs) with SEPA.</p> <p>7. Apply the regulations for legionella safety in public buildings</p> <p>8. Monitor the levels of lead in drinking water in public building especially schools and in relevant private establishments such as nurseries.</p>	
6	Local priority	Resilience to respond to a Pandemic Flu outbreak through effective multi-agency response	1. Review business continuity plans and Pandemic Flu Plans	THC ABC NHSH
7	Local priority	Effective sea and airport health plans to provide adequate disease control measures	<p>1. Review existing sea and airport health plans across Argyll and Bute Council and Highland Council to include arrangements for any imported disease e.g. MERS, Ebola.</p> <p>2. Hold a desktop exercise to test these plans.</p> <p>3. Review the current situation concerning Port Health and identify whether Argyll and Bute should become a designated Port Health Authority.</p>	THC ABC NHSH
8	Local priority	Enhance recovery planning for a major incident	<p>1. Review and further develop the generic Recovery Plan outlining multi-agency responses.</p> <p>2. Exercise recovery plan e.g. for major flood.</p> <p>3. Contribute to Regional Resilience Partnerships.</p> <p>4. Continue implementation of Care for People guidance</p>	THC ABC NHSH
9	Local priority	Effective and proportionate arrangements in place to protect public health	<p>1. Revise joint health protection policies and procedures between all three parties.</p> <p>2. Review existing arrangements/plans as a routine part of each incident that occurs.</p> <p>3. Undertake specific exercises for the purposes of training and evaluation of contingency plans relating to water and wastewater incidents; recovery phase following a</p>	THC ABC NHSH

			<p>radionuclide incident.</p> <p>4. Consider key performance standards for the response, investigation and actions for public health incidents</p> <p>5. Joint training in managing incidents/outbreaks and chairing these meetings such as STAC.</p> <p>6. To investigate and take appropriate action in response to service requests which have the potential to impact adversely on the environment or to public health.</p> <p>7. Joint protocol to be devised to deal with vulnerable persons with mental illness who are hoarders or whose lifestyle behaviour affects others</p>	
10	Local priority	Minimise the risk to the public from Lyme Disease	<p>1. Assist with on-going research and reviews.</p> <p>2. Continue to raise public awareness.</p> <p>3. Review and develop websites/links to provide suitable information</p>	THC ABC NHSH
11	Local priority	Reducing the impact of tobacco, alcohol and other harmful substances on public health	<p>1. Continued regulation of the smoking ban in enclosed and public places</p> <p>2. Continued work with licensed trade in respect of responsible drinking and minimum pricing</p> <p>3. Continue regulatory work on Age - related sales activity of cigarettes and other products</p> <p>4. Promotional campaign targeted at reducing the under-age sale of tobacco to children and young adults.</p> <p>5. Joint working with the police relating to the sale of Novel Psychoactive Substances (NPS) - ("Legal Highs")</p> <p>6. Continue to review and consider possible health issues related to e-cigarettes.</p>	ABC THC NHSH
12	Local priority	Strong and Safe Communities	<p>1. To investigate and implement effective controls to minimise the spread of suspected and confirmed cases of communicable and notifiable diseases in the community</p> <p>2. The protection of the vulnerable in communities from the impact of cold calling and rogue traders</p>	ABC THC
14	Local priority	Radon protection	<p>1. Ensure that the public in radon affected areas are provided with adequate information relating to the risks of radon and the mitigation measures which can be taken to reduce the risk.</p> <p>2. Raising awareness of radon monitoring</p>	ABC THC NHSH

			responsibilities to employers and landlords. 3. Produce a Radon Strategy for ABC to include council owned property and rented property	
15	Local priority	Education and advice programme	<ol style="list-style-type: none"> 1. Raising awareness of the Outdoor Code and communicable disease and controls through improved public information. 2. Development and review of existing information leaflets and improvements to website 3. Where possible, consider and co-ordinate seasonal promotions e.g. summer - ticks, barbecue's 4. Increase awareness of health protection issues with local businesses through use of alternative enforcement plans 	THC ABC NHS
16	Local priority	Preventing and minimising the spread of infection	<ol style="list-style-type: none"> 1. Investigation of suspected and confirmed cases of communicable disease and implementation of appropriate controls to prevent further spread 2. Monitoring trends by enhanced surveillance and reporting 3. Implement the national microbiology strategy locally and ensure appropriate access to testing in the public analyst labs 4. Ensure public health actions are taken to minimise risks from zoonotic infections reported by SVS. 	THC ABC NHS
17	Local priority	Food safety priorities	<ol style="list-style-type: none"> 1. To undertake the statutory duties of the food authority in protecting food safety in the food industry, and deliver the Councils Food Safety Law Enforcement Work plan 2. Work with other agencies to reduce impact of illegal shellfish harvesting and distribution. 	ABC THC
18	Local priority	Health and safety at work initiatives	<ol style="list-style-type: none"> 1. To complete the Councils Health and Safety at Work Law Enforcement Plan. 	ABC THC
19	Local Priority	Horizon Scanning and Emerging Infections	<ol style="list-style-type: none"> 1. Be aware of new and emerging infections and plan how to minimise their impact locally. E.g. MERS 	
19	Local priority	Minimise the adverse impact of climate change	<ol style="list-style-type: none"> 1. Work together to mitigate the effects of climate change. 	ABC THC NHS

Key

THC – The Highland Council

ABC – Argyll and Bute Council

NHSH – NHS Highland

SECTION 3 – REVIEW

8. Review of Joint Health Protection Plan 2015-17

8.1 In preparing the JHPP 2019-2020, we have considered the findings of the review of the JHPP 2015-17.

This review identified that:

- Good progress had been made in delivered the national and local priorities in the plan.
- The established working arrangements promoted through this plan, proved to be effective in responding to controlling communicable disease outbreaks and general incident management (e.g. blue-green algae, drinking water incidents)
- Areas which we did not achieve or complete have been taken forward into the 2019-20 JHPP.

9. Review of Health Protection Standard Operating Procedures, Protocols and Plans

9.1 NHS Highland and its two local authorities have numerous standard operating procedures and policies. These concern a variety of health protection issues including food safety.

9.2 Each policy held by NHS Highland has a scheduled date of review.

9.3 The Environmental Health Liaison Group provides an opportunity for members to highlight policies that may require revision in light of new evidence or legislation and to discuss issues of common interest.

APPENDIX 1 List of joint NHS/Council Plans

There are an increasing number of national plans for managing many health protection infectious diseases and environmental hazards.

Some key examples are:

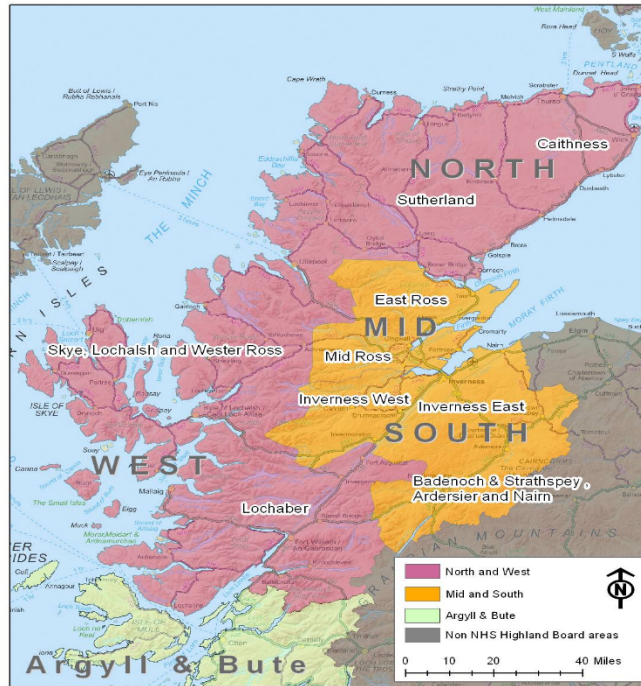
1. **Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led Incident Management Teams. Scottish Guidance No 12 (2017 edition)**
<https://www.hps.scot.nhs.uk/resourcedocument.aspx?id=6038>
2. **Scottish Government Exotic diseases of animals: Contingency framework plan**
<https://www.gov.scot/publications/scottish-governments-exotic-diseases-animals-contingency-framework-plan/>
3. **Scottish Waterborne Hazard Plan**
4. **Scottish Water Wastewater Pollution Incidents Plan**

In addition to national plans sometimes there is a requirement to have, or added value in having, a specific joint local plan. Some key examples are listed below:

	Title
1	Investigation of Enteric disease protocol
2	Protocol for failures following scheduled statutory sampling of Private Water Supplies
3	Lead in Water Supplies
4	Blue Green Algae in Inland and Inshore Waters: Assessment and Control of Risk. Action Plan
5	Protocol for the investigation and management of viral outbreaks in the Tourist and leisure Industry
6	Protocol for the investigation and Management of viral outbreaks in Care homes
7	Procedure for cases of illness in vessels arriving at ports/harbours in Highland & Argyle & Bute
8	Procedure for cases of illness in aircraft arriving at Inverness airport

Appendix 2

NHS Highland Area Map

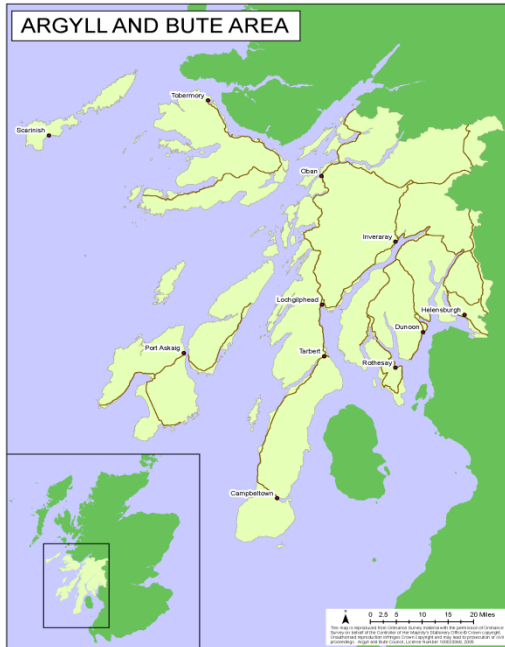


DRAFT
Highland Health and Social Care Partnership
Boundaries
Areas and Districts

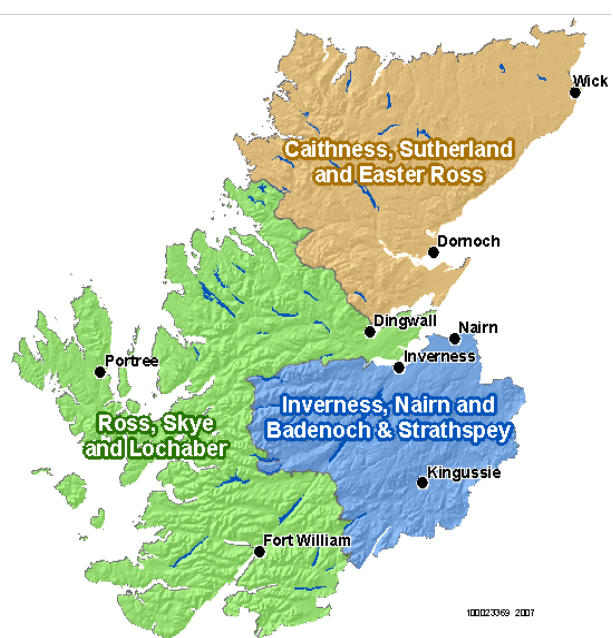
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100010825 2011.

NHS
Highland
Directorate of Public Health
Health Intelligence & Knowledge Team
Assynt House
Date: Dec 2011

Argyll and Bute Council Area Map



Highland Council Area Map



Appendix 3

Designated Competent Persons under the Public Health etc. (Scotland) Act 2008

NHS Highland

Dr Hugo Van Woerden
Dr Ken Oates
Dr Cameron Stark
Dr Rob Henderson
Dr Jenny Wares
Liz Smart
Lorraine McKee
Lynda Davidson

Highland Council EH

Alan Yates
Helen Gordon
Andy Hurst
Jane Cutting
Clifford Smith
Robin Fraser
Fiona Yates
Carol Rattenbury
Gregor MacCormick
Zoe Skinner
Patricia Sheldon
Karen Johnstone
Robert Murdoch
Stephen Cox
Coila Hunter
Sharon Stitt
Graeme Corner
John Murray

Argyll & Bute Council EH

Lead Local Authority competent person: Alan Morrison,
Depute Local Authority competent persons: Iain MacKinnon,
Depute Local Authority competent persons: Jo Rains
Depute Local Authority competent persons: Jacqueline Middleton

The Council policy is that professional staff are authorised by the Regulatory Services Manager according to competency, and experience

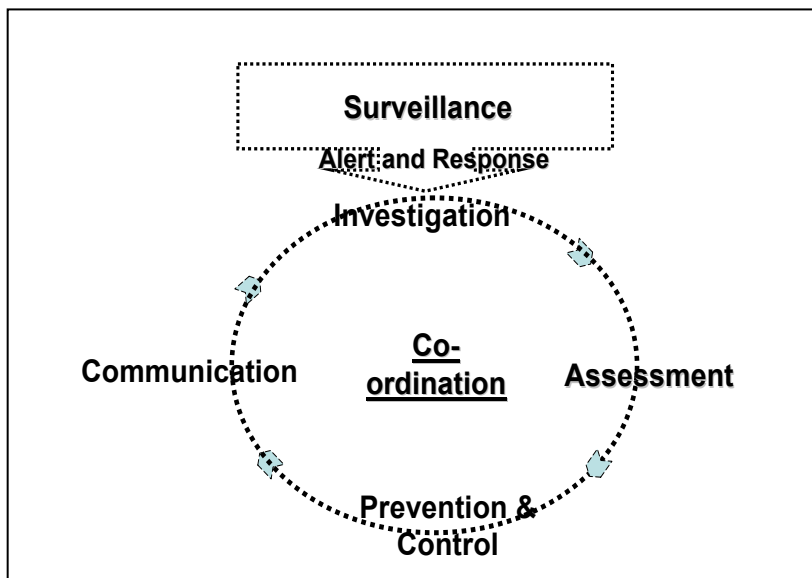
Appendix 4 Supporting information

1. Health Protection - Definitions

- 1.1 Health Protection** is the area of public health which seeks to protect the public from being exposed to hazards which damage their health and to limit any impact on health when such exposures cannot be avoided. The hazards are categorised as biological (e.g. bacteria, viruses), chemical and radiological.

Health Protection historically was known as Communicable Disease and Environmental Health (CD&EH). More recently Resilience and Emergency Planning, for Public Health Incidents is also an integral part of Health Protection services in NHS Highland.

Health Protection services carry out a range of functions as indicated in the figure below.



- 1.2 Environmental Health** is the branch of Public Health that is concerned with all aspects of the natural and built environment that may affect human health. This remit is delivered within local authorities.

The Environmental Health Service has a lead role in Health Protection through its regulatory core functions of Food Safety, Health and Safety at Work, Communicable Disease control, Public and Private Water Supplies, Monitoring bathing water quality, Contaminated Land, Air Quality, Noise control, Nuisance abatement, Smoking Enforcement, and prevention and control of Zoonotic diseases.

- 1.3 The Trading Standards** Service performs the Council's Consumer protection function, which includes tobacco controls; product and consumer safety; licensing of persons,

explosive and petroleum; feeding stuffs and fertilisers; age related sales and weights and measures.

2. Overview of NHS Highland and its Local Authority partners

NHS Highland’s territorial area is shared between two local authorities, Highland Council and Argyll and Bute Council. The resident population is estimated to be 321,990. The population is ageing, this profile is increased by the large number of young people leaving to continue education or seek employment in other urban settlements. Immigration, from outside of and within the European Union has increased in recent years.

The territorial area covers 32,566 km², which represents approximately 41% of the Scottish land surface. It extends across the most northerly and westerly fringes of the Scottish mainland and includes 29 inhabited islands. A large proportion of the population lives in remote rural towns and settlements.

Transport infrastructure across much of the Highlands and Argyll and Bute consists of single road or rail networks. Island communities are reliant on ferries with few inter island connections.

Due to the geographical profile of the region, a higher than average proportion of people have a private water supply.

A large number of tourists visit the area throughout the year pursuing a variety of activities. This influx, particularly to remote and rural areas increases demands on both health and local authority services. In order to facilitate trade and tourism, the area contains several air and sea ports providing local and international connections.

3. Resources and Operational Arrangements for Health Protection

The human resources available for delivering health protection services are outlined in the table below.

3.1 NHS Highland – Health Protection Team

Job Title	Role and Responsibility	WTE
Director of Public Health	Strategic and Operational Lead for Public Health activities in NHS Highland.	1
Consultant(s) in Public Health Medicine (Health Protection)	Provide leadership and strategic oversight for health protection development and implementation in NHS Highland. To co-ordinate the provision of an effective service for the control of communicable disease, and environmental health hazards 24/7.	1.4

Health Protection Nurse Specialist	Coordinate, lead and deliver activities surrounding the prevention, investigation and control of communicable disease and immunisation programmes.	2
TB Liaison Nurse	Co-ordinate the contact tracing for TB cases/contacts	0.4
Public Health Surveillance Officer	Responsible for disease surveillance records and reports.	0.2
Emergency Planning Officer	Ensuring NHS Highland is prepared for a major incident.	1
Administration	Provision of administrative support.	1.4

3.2 Argyll and Bute Council

Job Title	Role and Responsibility	WTE
Regulatory Services Manager	Strategic and operational management of environmental health, animal health and trading standards, including debt counselling within the Council. Delivery of effective health protection interventions. Lead and support the development of staff. Effective management of resources. Council's Head of Food Safety.	1
Environmental Health Managers	Management and delivery of the environmental health service within a geographical area of Argyll and Bute – east and west regions	2
Environmental Health Officer (Food Control and Service Support)	Provide specialist food safety advice and expertise within Argyll and Bute Council. Provides specific advice and supports the development of protocols, service plans and ensure that they are in line with current legislation. The inspection of high risk and EC approved food premises.	1
Environmental Health Officer Health and Safety and Service Support)	Provide specialist health and safety advice and expertise within Argyll and Bute Council. Provides specific advice and supports the development of protocols, service plans and ensure that they are in line with current legislation.	1
Environmental Health Officers	Full range of environmental health duties including public health, food safety, environmental protection and health and safety.	9.8
Environmental Protection Officer	Carrying out the Council's statutory duty to identify contaminated land and local air quality. To deal with historic contamination under the planning process and by programmed inspection; to carry out risk assessments in accordance with legislation, statutory	1

	guidance and the Council's published Strategy.	
Regulatory Services Officers	To undertake a specific range of environmental health duties principally in food safety.	3.6
Technical Assistants/Sampling Officers	To support the environmental health service and undertake environmental sampling and monitoring programmes.	5.2
Senior Animal Health and Welfare	To supervise the delivery of animal health and welfare service. To undertake programmed visits relating to animal health and welfare and primary food production. Investigate all cases of notifiable animal disease including zoonotic diseases.	1
Animal Health and Welfare	To undertake programmed visits relating to animal health, welfare and primary food production. Investigate all cases of notifiable animal disease including zoonotic diseases	1
Civil Contingencies Manager	Ensuring Argyll & Bute Council is prepared for a major incident.	1
Civil Contingencies Officer	Ensuring Argyll & Bute Council is prepared for a major incident.	1
Trading Standards Manager	Manage, co-ordinate, lead and support activities surrounding Trading Standards. Develop protocols, service plans in line with current legislation.	1
Trading Standards Officers and Regulatory Services Officers	Carry out Trading Standards interventions in accordance with current plans, protocols and legislation	6

3.3 Highland Council

Job Title	Role and Responsibility	WTE
Environmental Health Manager	Strategic and Operational Lead for Environmental Health and Public Health activities in Highland Council.	1
Senior EHOs	Operational Lead in respective areas for Environmental Health and Public Health activities.	5
Environmental Health Officers	Carry out Environmental Health and Public Health interventions and inspections in accordance with current plans, protocols and legislation.	16.3
Environmental Health Technical Officers	To undertake a specific range of environmental health duties principally in food safety and Health & Safety.	6.2
Environmental Health Technical Officers – sampling	To support the environmental health service and undertake environmental sampling and monitoring programmes.	5.1

Scientific Officer (Contaminated Land)	Carrying out the Council's statutory duty to identify contaminated land.	1.91
Information Technician (Contaminated Land)	Maintenance of the Council's contaminated land information records.	1
Animal Health & Welfare Officer	Carry out Council's statutory duty in relation to Animal Health and Welfare.	2
Emergency Planning and Business Continuity officers	Strategic and Operational Lead for Emergency Planning and Business Continuity	2
Administration	Provision of administrative support.	
Trading Standards Manager	Strategic and Operational Lead for Trading Standards.	1
Trading Standards Team Leader	Coordinate, lead and support activities surrounding Trading Standards.	1
Trading Standards Officers & Assistant Trading Standards Officers	Carry out Trading Standards interventions in accordance with current plans, protocols and legislation.	12

3.4 Laboratory Services

Arrangements to access laboratory facilities vary across the two local authorities. Argyll and Bute services tend to be provided by laboratories located in Glasgow for logistical and practical convenience. Further details on laboratory services are detailed below.

Sample type	Argyll and Bute Council	Highland Council	NHS Highland
Public Analyst services including food examination	Glasgow Scientific Services	Edinburgh Scientific Services	n/a
Environmental monitoring including drinking water analysis	Glasgow Scientific Services	Scottish Water, Inverness	n/a
Faeces and blood samples etc.	Royal Alexandra Hospital Paisley	Raigmore Hospital, Inverness	Raigmore Hospital, Inverness and various Glasgow
	Inverclyde Royal		

Sample type	Argyll and Bute Council	Highland Council	NHS Highland
			hospitals
			National reference laboratories
Shellfish Biotxin analysis	Weymouth	Weymouth	n/a
Chemical and Biological Toxins e.g. anthrax			Porton Down

4. **Information, Communication Technology**

- Video conferencing and tele-conferencing are widely used for communication across the health board and within the local authorities.
- The majority of incidents are remotely managed due to the geographical constraints of the area. Reliable network coverage is essential to remote management.
- NHSH is responsible for disease surveillance. Since mid-2014 information collected is entered onto HP Zone. Routinely collected surveillance data and reports are fed back to the local authority. Databases can be adapted to suit the needs of individual outbreaks. The limitation on this service is the few individuals available who can create or manipulate databases as information requirements change. This limitation could delay the collection and dissemination of essential data during a large outbreak.
- Adequate arrangements are in place for the reporting and recording of work electronically within local authorities. However, these systems, with the exception of the Food Surveillance system, are not compatible with the NHS systems or between local authorities.

5. **Emergency Planning and Service Continuity**

The NHS Highland Emergency Planning & Business Continuity Group (EPBCG) convenes as a strategic forum to shape and inform the emergency planning and business continuity agenda. The Group meets on a quarterly basis and the work programme consists of reviewing and updating all Major Incident Plans and Business Continuity Plans for operational units, overseeing a programme of training and exercising, and ensuring arrangements are in place to warn and inform the public.

The Group links with the work carried out by the Emergency Planning Groups located within each of the operational Units, ensuring a co-ordinated and integrated response to any emergency or crisis that might arise.

Following the formation of Police Scotland, national arrangements for resilience changed significantly. Highland Council and NHS Highland are members of the North Regional Resilience Partnership. Argyll & Bute Council and NHS Highland are members of the West Regional Resilience Partnership. In addition there is the Highland & Islands Local Resilience Partnership and various locality groups as well.

6. Inter-organisational collaboration

- Feedback on disease surveillance collected as part of routine and statutory monitoring is given from NHSH to both Highland Council and Argyll and Bute Council quarterly.
- The Environmental Health Liaison Group which meets twice per year provides an opportunity to evaluate the management of significant incidents. Lessons learnt can be shared and disseminated within each partner agency.

Meeting / Group	Membership	Frequency
Environmental Health Liaison Group	NHSH, ABC, HC, Scottish Water, SEPA, Animal Health, SRUC, FSA, HPS	6 monthly
Scottish Water Liaison Group	Scottish Water, NHSH ABC, HC, DWQR	6 monthly

- Following a significant incident, debriefing is organised routinely for the involved agencies. This provides an opportunity for those involved operationally and strategically to evaluate the management of the incident and provides a forum for critical reflection. A final incident report should be produced within 6 weeks of the debrief.

The 3 agencies are fully committed to the principles of co-operation for planning and preparing for emergencies. Much of this work is carried out under the auspices of the Regional and Local Resilience Partnerships. NHS Highland has appropriate representation at strategic and tactical levels ensuring the obligations as a Category 1 responder under the Civil Contingencies Act are met. This work has led to the creation of a number of multi-agency contingency plans, many of them site specific, detailing NHS Highland's role during the response and recovery phases of an incident or emergency.

7. Mutual Aid

Due to the vast geography of NHS Highland, it has been necessary to develop arrangements with NHS Greater Glasgow and Clyde in relation to the initial response to major incidents

occurring within Argyll and Bute. In particular, there are specific arrangements written into the HM Naval Base, Clyde, Off Site Contingency Plan, which is designed to cover radiation emergencies at HM Naval Base, Clyde and the Faslane, Coulpport and Lochgoil berths. While NHS Highland retains overall responsibility for the NHS response, they would be assisted, particularly in the initial stages, by personnel from NHS Greater Glasgow and Clyde, with staff from both boards being deployed to manage the incident from the Clyde Off-Site Centre. Additionally, depending on the extent and volume of casualties, designated receiving hospitals would be nominated within NHS Greater Glasgow and Clyde for the reception of casualties.

Across the North of Scotland Public Health Network all participating public health departments have signed a mutual aid agreement which states that each Board will assist any of the others which has pressures it cannot meet on its own. For example, in a large outbreak or incident.

There is also an informal mutual local authority support arrangement in place with neighbouring authorities.

8. Out-of-hours arrangements

NHS Highland

A senior member of public health staff is available 24 hours a day 7 days a week. Outside of office hours, this service is provided by health board competent persons which comprise medical and non-medical public health consultants, health protection nurses, public health specialists, as well as training grade public health doctors. The service can be accessed through the Raigmore hospital switchboard on 01463 704000. Raigmore laboratory provides a microbiology service out of hours. Urgent sample requests can be performed for some diseases following discussion with the on call microbiology team. National Reference laboratories will also perform analysis of urgent specimens following discussion of their appropriateness.

Highland Council

No on-call service is provided by the Council, however there are out-of-hours arrangements in place to access the service in case of emergency. This can be accessed through the following number: 01349 886690. Arrangements are in place to access public analyst or other appropriate laboratory services out with normal hours.

Argyll and Bute Council

No on-call service is provided by the Council, however there are out-of-hours arrangements in place to access the service in case of emergency. This can be done through the Regulatory Services Manager or the Civil Contingencies Manager (Telephone 01436 658988). Similar arrangements are in place to access laboratory services outwith normal hours.

9. Maintenance of Competencies for Health Protection Staff

NHS Highland

NHS Highland staff undergo an annual appraisal to ensure that their knowledge and skills remain up to date. The health protection team run regular update sessions for their more generic on call colleagues. Staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development (CPD) activities. Nursing staff meet the requirements of the Knowledge and Skills Framework.

Highland Council

Highland Council has a corporate performance and development review process. Actions and competencies are identified periodically and objectives set for CPD. Details of this are held centrally on a register which managers review at regular intervals and as part of the employee appraisal process. The individual learning needs of each member of staff can be identified and targeted through this mechanism.

Argyll and Bute Council

Argyll and Bute Council has a corporate performance and development review process with its entire staff. Appraisals are carried out on an annual basis. Details of this are held centrally on a register which managers review at regular intervals and as part of the employee appraisal process. The individual learning needs of each member of staff can be identified and targeted through this mechanism. Within Regulatory Services, professional and technical officers are required to meet the continued development requirements in the Royal Environmental Health Institute of Scotland's CPD scheme.

10. Public Feedback

NHS Highland

Information is provided to the public through the use of local media and the NHS Highland website along with targeted written information where required. NHS Highland Health Protection Team does not have any formal processes for obtaining feedback from the public.

Argyll and Bute Council

Customer and business surveys are regularly undertaken as part of the customer engagement strategy. Whilst not specific to health protection, these surveys provide useful information about the service provided and are used to inform improvements and developments. Recent surveys have indicated that on average 94% of customers are satisfied with the service provided to them.

Highland Council

Information is provided to the public through the use of local media and the Highland Council website along with written information where required. Business surveys are regularly undertaken.

Appendix 1: Infogram illustrating the role of environmental health in public health

