

JOINT HEALTH PROTECTION PLAN 2012 - 2014

1. PURPOSE

- 1.1** The Public Health, etc (Scotland) Act 2008 requires each NHS Health Board to prepare a Joint Health Protection Plan (JHPP) every 2 years in consultation with their Local Authorities within their area. The Plan requires to be approved by each Local Authority and the NHS Board. The inaugural Plan was developed for 2010 - 2012, and approved by Members at the PPSL Committee on 21st April 2010.
- 1.2** The 2012 – 2014 Plan outlines national and local priorities and the health protection arrangements between NHS Highland, Argyll and Bute Council and Highland Council. This principally involves Environmental Health departments and the Consultant in Public Health Medicine working in partnership and with other agencies, including other internal Council services.
- 1.3** The JHPP has strengthened working arrangements between the three agencies in respect of health protection, and is consistent with wider Government health and wellbeing agendas, and corporate outcomes of CO8 (engagement with Partners), CO9 (impact of alcohol and drugs), CO11 (safe communities) and CO13 (sustainable environment).

2. RECOMMENDATIONS

- 2.1** That Members note the work being undertaken across the health protection agenda which goes largely unrecognised until there is a significant incident where the measures come to the fore; and approve the Joint Health Protection Plan 2012 – 2014.
- 2.2** Place a requirement on the Regulatory Services Manager, as the Councils Designated Competent Person under the Act, to sign the plan on behalf of the Council and to implement the necessary measures to meet this plan; and provide an interim progress report for the April 2013 Committee.

3. JOINT HEALTH PROTECTION PLAN

- 3.1** The health protection activities within the Council and the joint working arrangements with NHS Highland, other Local Authorities and agencies (Scottish Environment Agency, Scottish Water, Health Protection Scotland, etc) are integral to the delivery of core environmental health but largely go unnoticed unless there is a significant incident.
- 3.2** The Joint Health Protection Plan provided a formal means by which to agree priorities, formalise existing arrangements and to highlight the important work that is being undertaken to protect public health nationally, across NHS Highland, and locally within Argyll and Bute. Of significance are :-
- (i) The implementation of the smoking ban has been very successful in Argyll and Bute, and in Scotland generally, with national statistics identifying clear improvements to the health
 - (ii) The increasing occurrence of *Norovirus* in the tourism industry (hotels, etc) and the hospital environment has been mitigated by the implementation of *Norovirus* Guidance across those sectors and management systems within businesses, supported by Environmental Health staff.
 - (iii) We responded effectively to an outbreak of *E.coli* in a private water supply in Argyll and Bute which affected 14 people and is believed to be the largest confirmed outbreak of *E.coli* 0157 in the holiday accommodation sector in Scotland. Through the work of Environmental Health staff, working with NHS Highland and the businesses, the impact of this outbreak on the general public was mitigated.
- 3.3** The Joint Health Protection Plan 2012 – 2014 builds on the successes and experiences of the 2010 – 2012 Plan, focusing on national and local priorities. These are details in 10 to 15 of the JHPP which is Appendix I of this report. Of significance is the commitment to develop and implement an *E.coli* 0157 Strategy within NHS Highland area, designed to minimise the risks of the public being adversely affected by *E.coli* 0157. This is a pathogen which has a high rate of infection in Scotland and can have significant health implications, particularly to the young and elderly.

4. CONCLUSIONS

- 4.1** The Joint Health Protection Plan 2012 – 2014 has been formally

approved by Highland Council and is awaiting approval by NHS Highland Board.

- 4.2** It provides an excellent opportunity to bring together local and national priorities across a wide range of activities; raise the profile of health protection work; and builds upon the partnership arrangements between Argyll and Bute Council, Highland Council and NHS Highland.

5. IMPLICATIONS

Policy :	None. Consistent with Corporate Priorities and National Health Agenda
Finance :	None
Resources :	This work will be undertaken within current resources. However, there is a requirement to ensure that we maintain suitably competent staff within Regulatory Services at current service levels, together with the provision of training and professional development.
Legal :	None
Equal Opportunity :	None

**ALAN MORRISON
REGULATORY SERVICES MANAGER**

AM/KT/ 7081 Mar 2012

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NHS HIGHLAND AREA
JOINT HEALTH PROTECTION PLAN

APRIL 2012 – MARCH 2014

SGÌRE NHS GÀIDHEALTACHD
CO-PHLANA DÌON SLÀINTE

GIBLEAN 2012 – MÀRT 2014

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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 second Highland Joint Health Protection Plan and covers the period from 1 April 2012 to 31 March 2014.

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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SECTION 1 – OVERVIEW

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

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 has prepared this plan in collaboration and consultation with its two local authorities; Argyll and Bute Council and Highland Council. This plan is herewith referred to as the Joint Health Protection Plan.
- 1.2 The plan relates to the period 1st April 2012 to the 31st March 2014.
- 1.3 The plan requires to be formally approved by the NHS Highland Board and the Executive Councils 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 2012 – 2014.
 - 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 2 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 3 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 networks 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 either agency would impact even further on capacity to respond appropriately and timeously to health protection incidents.
- 3.4 Collection and analysis of samples forms the first step in the management of a disease outbreak. The specimens are delivered to the regional laboratories by road. There may be a longer turnaround time from submitting the sample to receiving a result depending on the analysis required. A recommendation from

reviews of several previous outbreaks is that 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). Argyll and Bute Council found GIS technology useful at the Radionuclide exercises associated with HMNB Faslane. However, there is still no recognised and widely used national outbreak management system.
- 3.6 Both Highland Council and Argyll and Bute Council have published local risk registers. These highlight specific high risk facilities, events or scenarios within each area and are available through the regional Strategic Coordinating Groups – Strathclyde Emergency Coordinating Group and Highlands and Islands Strategic Coordinating Group.:

4. Capacity and Resilience

- 4.1 Review of capacity and resilience is on-going, particularly in response to the current pressure on all services to reduce expenditure.
- 4.2 Human resource capacity of specialist health protection skills in NHS, Argyll and Bute Council and Highland Council is limited. [Appendix 3](#) lists designated competent persons in terms of the Act. NHS 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. Capacity has been stretched further for the past 3-4 years as NHS Highland public health staff have provided cover for NHS Western Isles through a very long period of sick leave absence and job vacancies.
- 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 will be utilised as required on a large incident and beyond that staff from other teams/departments in NHS Highland. Formal arrangements for mutual aid with other NHS Boards are

recorded and reviewed through the emergency planning 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 and the Scottish Health Protection Advisory Group have previously identified various national 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 work of the Scottish Government Health Protection Stocktake Group whose final report is due to be published around Easter 2012..
- 6.3 Developing areas that will require further work in future years includes:
- improving health in early years (especially in reducing respiratory infections);
 - ensuring the effective implementation of the Sexual Health and Blood Borne Virus Framework; and the Scottish TB Action Plan;
 - enhancing the prevention and management of life threatening or life long conditions (as is already occurring with HPV (vaccine for cervical cancer) and the Hepatitis C Action Plan);
 - further developing a coherent, measurable strategy to reduce the risks to health from environmental risk factors;
 - improving food and environmental safety;
 - protecting vulnerable groups, especially older people in health and social care, against exposure to hazards and their adverse effects.

7. Local Priorities

- 7.1 Health Protection is core to 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 Highland Council and NHS Highland are entering a new period of joint working through the integration of social services. This has an impact on arrangements for

the welfare of the public during or after a major incident such as flooding or fire and how national guidance such as “Care for People” is implemented. Existing plans are being reviewed and future arrangements have been outlined in the partnership agreement agreed for specific types of response such as establishing emergency centres or rest centres and these will be further clarified and exercised in the near future.

7.4 These local priorities which each Local Authority and the NHS is seeking to deliver either using their own resources or through joint working in accordance with this plan are detailed in table 2 below:

TABLE 1 - NATIONAL PRIORITIES

National priorities	How they are being addressed		Agencies involved	Intended Actions 2012-2014
	Current Arrangements	Examples of Joint Working		
A potential pandemic of influenza	The NHTSH pandemic influenza plan informed the management of the H1N1 epidemic.	Joint working with Argyll and Bute Council and Highland Council in the control of the pandemic	ABC/ HC/ NHTSH	Audit and evaluation to identify further opportunities to improve preparedness and learn lessons for other health protection issues
	Resources have been developed and systems evolved as a result of the experience of the H1N1 swine flu situation and the subsequent vaccination campaign	Joint working with Argyll and Bute Council and Highland Council implementing the vaccination campaign		Revise pandemic flu plans for future emergent strains.
Healthcare associated infections and antimicrobial resistance	Guidance for the management of viral outbreaks in care homes. For more detail on the HAI agenda see workplan of NHTSH Infection Control Committee		ABC/ HC/ NHTSH	Promoting effective infection control practices in care homes
Vaccine Preventable Diseases and the impact of them on current and planned immunisation programs	Continuation of routine vaccination programs (Childhood, seasonal influenza)	Collaboration with both local authorities to ensure effective delivery of the HPV vaccine in schools, in addition to provision of dT/IPV and measles boosters	ABC/ HC/ NHTSH	Embedding annual HPV vaccination of S2 pupils in routine service. Introduce measles vaccination into school leaving booster programme
	Continuation of HPV vaccination program			

TABLE 1 – NATIONAL PRIORITIES continued

National priorities	How they are being addressed		Agencies involved	Intended Actions 2012-2014
	Current Arrangements	Examples of Joint Working		
Environmental exposures which have an adverse impact on health		NHSH is working with both ABC and HC in relation to contaminated land strategies	ABC/ HC/ NHSH	To consider and prevent specific environmental exposures associated with public and private water supplies, contaminated land, air quality and radioactive materials.
		The local air quality reports for each area and general work relating to radon.		
	Major incident planning, training and exercising for the nuclear establishments at Dounreay and Faslane			
	Collaboration between all 3 agencies and Scottish Water in the monitoring and improvement of public and private water supplies			
		Tackling the effects of antisocial or excessive noise in the communities	ABC/HC	The investigation and resolution of noise related complaints Ensuring that noise attenuation measures are integrated into new developments Increase awareness in the community and promotion of a good neighbourhood noise guide

National priorities	How they are being addressed		Agencies involved	Intended Actions 2012-2014
	Current Arrangements	Examples of Joint Working		
Gastrointestinal and Zoonotic Infections	Joint protocols are available for the management of specified infections	Joint working to ensure the control of instances of infection through proactive risk management and the investigation of suspected or confirmed infections	ABC/ HC/ NHSH	Review of relevant joint plans and procedures
Scottish Hepatitis C and HIV Action Plans and Sexual Health and BBV Framework		More of an NHS issue. Local authorities represented on BBV Steering Group.	NHSH	Implementation of the plans and HIS Standards
Improving communications with the public on risks to health	Information leaflets available for all major infectious diseases and on website.	Common leaflets have been developed	ABC/ HC/ NHSH	Joint training in managing incidents/outbreaks and chairing these meetings

TABLE 2 - LOCAL PRIORITIES

Outcome	Proposed actions	Agencies involved	Timescale to be achieved by
Resilience to response to a Pandemic Flu outbreak through effective multi-agency response	<ol style="list-style-type: none"> 1. Review pandemic flu plans 2. Liaison to ensure effective multi-agency response 	ABC/ HC/ NHS	<ol style="list-style-type: none"> 1. 31 October 2012. 2. Ongoing throughout 2012-2014
Effective sea and airport health plans to provide adequate disease control measures	<ol style="list-style-type: none"> 1. Review existing sea and airport health plans across Argyll and Bute Council and Highland Council 2. Develop a generic approach to sea and airport plans to ensure compliance with International Health Regulations 	ABC/ HC/ NHS	<ol style="list-style-type: none"> 1. 31 October 2012. 2. 31 March 2014
Enhance recovery planning for a major incident	<ol style="list-style-type: none"> 1. Further develop a generic Recovery Plan outlining multi-agency responses 2. Review and update specific incident plans relating to the recovery of an incident 3. Review and update procedures on rest/reception centres 4. Review and update procedures for radiation monitoring units 	ABC/ HC/ NHS	<ol style="list-style-type: none"> 1. 31 March 2013 2. 31 March 2014 3. 31 March 2013 4. 31 March 2013
To minimise the risk to the public from <i>E.coli</i> contamination and protect public health	<ol style="list-style-type: none"> 1. Further develop a local <i>E.coli</i> O157 strategy and action plan based on the national VTEC action plan to provide a holistic approach for reducing the risks of <i>E.coli</i> O157 cases in the community 2. Implement the action plan across food safety, environmental health, public health and through enhanced public and professional education 	ABC/ HC/ NHS	<ol style="list-style-type: none"> 1. 30 September 2012 2. 31 March 2014
Minimise impact of Radon on affected areas	<ol style="list-style-type: none"> 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 	HC/ NHS	<ol style="list-style-type: none"> 1. Ongoing throughout 2012-2014

TABLE 2 - LOCAL PRIORITIES continued

Outcome	Details	Agencies involved	Timescale to be achieved by
Control of Norovirus and biotoxins in the shellfish industry	<ol style="list-style-type: none">1. Through food safety enforcement and regulation, ensure that adequate steps are taken to minimise risks from norovirus2. Working with the FSAS and the industry to develop standards and controls to minimise norovirus risks3. Investigate suspected or confirmed cases, taking appropriate controls4. Liaison with Scottish Water regarding wastewater treatment processes and their investment programme for public sewer systems adjacent to shellfish harvesting sites and SEPA for private sewage schemes	ABC/ HC	1-4. Ongoing throughout 2012-2014
Effective and proportionate arrangements in place to protect public health	<ol style="list-style-type: none">1. Review and update joint local plans and procedures2. Exercise emergency incident plans in accordance with programme3. Joint training exercise on foodborne outbreak4. Review service arrangements following publication of the Health Protection Stocktake Report from the Scottish Government5. Develop key performance standards for the response, investigation and actions for public health incidents	ABC/ HC/ NHSH	<ol style="list-style-type: none">1. Ongoing as per review dates2. One per year3. 31 March 20134. 31 March 20135. Ongoing throughout 2012-2014

TABLE 2 - LOCAL PRIORITIES continued

Outcome	Details	Agencies involved	Timescale to be achieved by
To minimise the risk to the public from Lyme Disease	<ol style="list-style-type: none"> 1. To assist with on-going research and reviews 2. To consider joint work to minimise risks 	ABC/ HC/ NHSH	<ol style="list-style-type: none"> 1. 31 March 2014 2. 31 March 2014
Protecting the vulnerable in our community	<ol style="list-style-type: none"> 1. Under-age sales regulation relating to alcohol, tobacco, sunbeds and regulation of tattooing/skin piercing 	ABC/ HC	1. Ongoing throughout 2012-2014
Protecting the vulnerable in our community	<ol style="list-style-type: none"> 1. Implement Care for People – welfare and guidance including recovery planning for major incidents 2. Facilitate good infection prevention practice in the community and care homes and work to prevent and manage C. Difficile infection 	ABC/ HC/ NHSH	1 and 2. Ongoing throughout 2012-2014
Education and advice programme	<ol style="list-style-type: none"> 1. Reducing teenage pregnancy and improving standards of sexual health 2. Raising awareness of communicable disease and controls through improved public information 3. Extend use of Food Hygiene Information System and EatSafe awards in the food sector 	<p>NHSH</p> <p>ABC/ HC/ NHSH</p> <p>ABC/ HC</p>	1, 2 and 3 . Ongoing throughout 2012 - 2014
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 2. Implement the Scottish Public Health Information Management System when it becomes available 3. Monitoring trends by surveillance and reporting 4. Delivering vaccination programmes 	<p>ABC/ HC/ NHSH</p> <p>NHSH</p> <p>NHSH</p> <p>NHSH</p>	<ol style="list-style-type: none"> 1. Ongoing throughout 2012-2014 2. Within 3 months of it becoming available 3. Ongoing 4. Ongoing

SECTION 3 – REVIEW

8. Review of Joint Health Protection Plan 2010-2012

- 8.1 A review document of the 2010-2012 plan will be produced later in 2012. The review will cover:
- Progress against national and local priorities
 - Significant Incidents that occurred in 2010-12 and any identified learning outcomes.

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

- 9.1 NHS Highland and its two local authorities have a number of 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.
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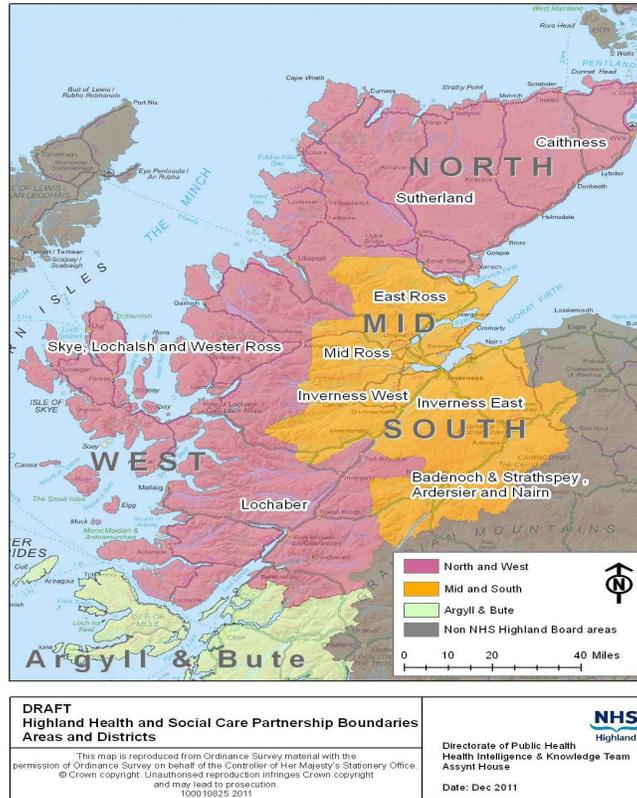
APPENDIX 1

List of joint NHS/Council Plans

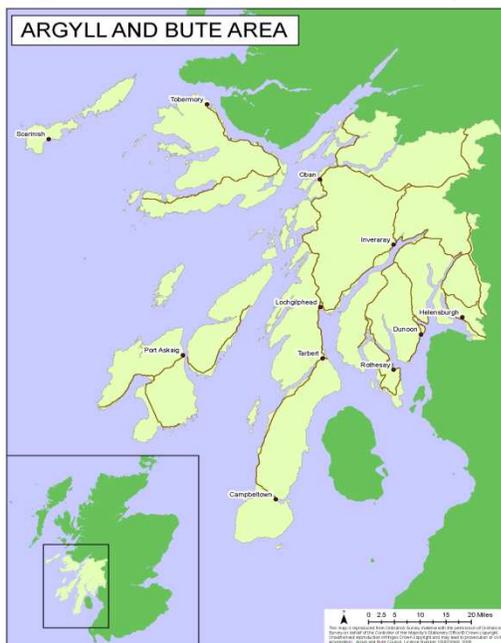
	Title	Protocol / Procedures / Plans
1	Investigation of enteric disease	Local
2	Investigation of foodborne and waterborne diseases	Local
3	Protocol for failures of prescribed concentrations and serious or gross contamination of Private Water Supplies	Local
4	Lead in Water Supplies	Local
5	Blue Green Algae in Inland and Inshore Waters: Assessment and Control of Risk	Local
6	Care Homes (Outbreaks of Illness)	Local
7	Protocol for the investigation and management of viral outbreaks in the Tourist and leisure Industry	Local
8	Pre-School – Infection Control	National
9	Procedure for cases of illness arriving at a port / airport	Local
10	Legionella	National
11	VTEC (inc E coli O157)	Local
12	Highlands & Western Isles Notifiable (Animal) Disease Plan	Regional
13	Argyll & Bute Council Generic Animal Disease Plan	Local
14	Protocol for notifications of Psittacosis	Local
15	Pandemic Influenza	Local
16	Rabies Contingency Plan	National Guidance and Local procedures
17	Smallpox	National
18	Scottish Waterborne Hazard Plan	National
19	Scottish Water Wastewater Pollution Incidents Plan	National

Appendix 2

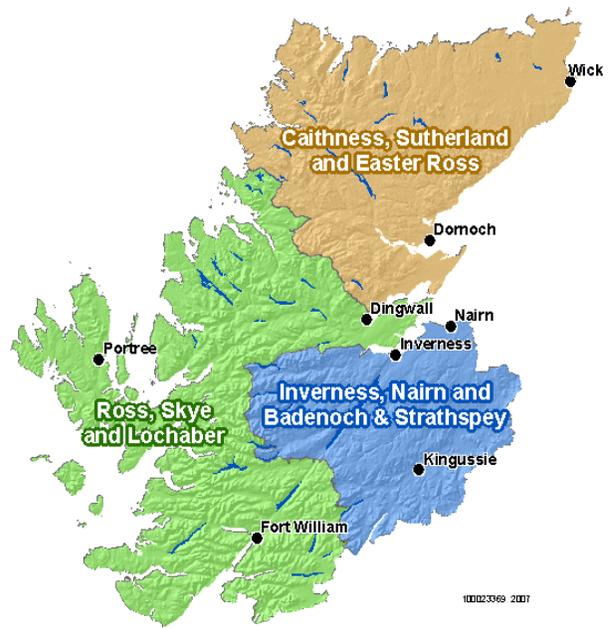
NHS Highland Area Map



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 Margaret Somerville
Dr Ken Oates
Dr Cameron Stark
Dr Rob Henderson
Abhayadevi Tissington
Lorraine McKee

Highland Council EH

Archie Lang
John Lee
Chris Ratter
Alan Yates
Angus Hogg
Helen Gordon
Andy Hurst
Clifford Smith
Robin Fraser
Fiona Yates
Carol Rattenbury
Gregor MacCormick
Zoe Skinner
Patricia Sheldon
Karen Johnstone
Robert Murdoch
David Proudfoot
Stephen Cox
Mark Phillips
Sharon Mitchell
Coila Hunter
Graeme Corner

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

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

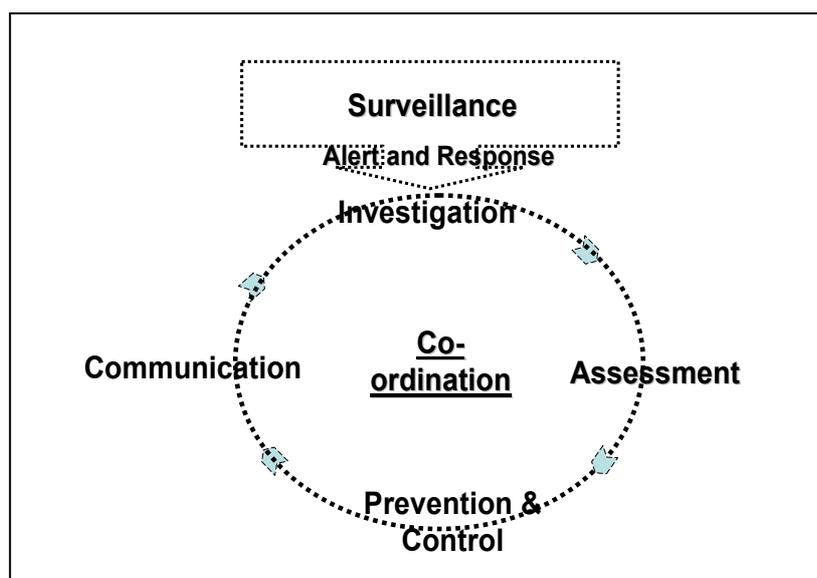
Appendix 4 Supporting information

1. Health Protection - Definitions

- 1.1 **Health Protection** is the branch 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 (bacteria, viruses), chemical and radiological.

Health Protection historically was known as Communicable Disease and Environmental Health (CD&EH)

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 304,000. 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, but remains lower than other parts of Scotland.

The territorial area covers 32,518 km² (12,507 square miles), 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 in Public Health Medicine	Provide leadership 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
Health Protection Nurse Specialist	Coordinate, lead and support 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	0.2
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.	1

	The inspection of high risk and EC approved food premises.	
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.	10
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 guidance and the Council's published Strategy.	1
Regulatory Services Officers	To undertake a specific range of environmental health duties principally in food safety.	4.6
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	7.6

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
Area Environmental Health Managers	Operational Lead in respective areas for Environmental Health and Public Health activities.	3
Principal Environmental Health Officer (Food)	Coordinate, lead and support activities surrounding Environmental Health and Public Health.	1
Principal Environmental Health Officer	Coordinate, lead and support activities surrounding Environmental Health and Public Health.	1
Environmental Health Officers	Carry out Environmental Health and Public Health interventions and inspections in accordance with current plans, protocols and legislation.	17.6
Environmental Health Technical Officers	To undertake a specific range of environmental health duties principally in food safety and Health & Safety.	7.6
Environmental Health Technical	To support the environmental health service and undertake environmental sampling and monitoring	7.7

Officers – sampling programmes.		
Principal Officer (Contaminated Land)	Management of the Council’s statutory duty to identify contaminated land.	1
Scientific Officer (Contaminated Land)	Carrying out the Council’s statutory duty to identify contaminated land.	4.6
Information Technician (Contaminated Land)	Maintenance of the Council’s contaminated land information records. .	1
Senior Animal Health & Welfare Officer	Management of Council’s statutory duties in relation to Animal Health & Welfare including management of Animal Health & Welfare Officers.	1
Animal Health & Welfare Officer	Carry out Council’s statutory duty in relation to Animal Health and Welfare.	3
Emergency Planning and Business Continuity Manager	Strategic and Operational Lead for Emergency Planning and Business Continuity	1
Emergency Planning Officer	Ensuring Highland Council is prepared for a major incident.	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.	2
Trading Standards Officers & Assistant Trading Standards Officers	Carry out Trading Standards interventions in accordance with current plans, protocols and legislation.	16

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 Central Scotland 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
	Inverclyde Royal		National reference laboratories
Shellfish Biotoxin analysis	Weymouth	Weymouth	n/a
Chemical and Biological Toxins e.g. anthrax			Porton Down

4. Information, Communication Technology

- NHS Highland and its local authority partners have access to a wide range of ICT hardware. In the event of an emergency, the agencies have demonstrated the capacity to source extra equipment.
- Interagency collaboration encourages pooling of some ICT resources and tasks in order to achieve a 'best fit' solution.
- The majority of incidents are remotely managed due to the geographical constraints of the area. Reliable network coverage is essential to remote management.
- Video conferencing and tele-conferencing is widely used for communication across the health board and within the local authorities. A number of VC points exist that can bridge into the NHS Highland system.
- NHSH is responsible for disease surveillance. Information collected is entered into a database to allow for further analysis of trends. Routinely collected data and reports are fed back to the local authority. Databases can be adapted to suit the needs of individual outbreaks. The software required is widely available and there are a number of staff across the agencies with data entry skills. The limitation on this service is the few individuals available who can create or manipulate databases as information requirements change. This limitation could significantly 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 Community Health Partnerships and Raigmore Hospital, ensuring a co-ordinated and integrated response to any emergency or crisis that might arise.

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.
- 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, SAC, FSA, HPS	6 monthly
Scottish Water Liaison Group	Scottish Water, NHSH ABC, HC	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.

NHS Highland is 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 Highlands & Islands Strategic Co-ordinating Group, and the Strathclyde Emergencies Co-ordinating Group in respect of Argyll & Bute CHP. NHS Highland has appropriate representation at strategic and tactical levels within both Co-ordinating Groups, 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, Coulport 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 5 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 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 limited bacteriology service out of hours; virology and parasitology services are significantly restricted. Urgent sample requests can be performed following discussion with the on call microbiology team. National Reference laboratories will 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 laboratory services outwith 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 no 01389 753667 or 01436 676018). 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. 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. The internal procedures for continuous professional development require further development in order to comply with recommendations made in the Framework for Workforce Education Development for Health Protection in Scotland.

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 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.
