

Joint Health Protection Plan 2024 – 2026

NHS Grampian – Aberdeen City Council – Aberdeenshire Council – Moray Council

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Public health is the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society

– D Acheson, 1988¹

[**Health protection** is] ... the protection of individuals, groups and populations through expert advice and effective collaboration to identify, prevent and mitigate the impacts of infectious disease, and environmental, chemical and radiological threats

– Ghebrehewet, Stewart & Rufus, 2016, p.3²

| | |
|-------------------------------------|---|
| Purpose of plan: | To provide an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness. |
| Geographical extent of plan: | Territorial NHS Board area. |
| Statutory responsibility: | Territorial NHS Board, in consultation with relevant local authorities. |
| Period to be covered: | 2 years, in advance, but authors' discretion to review on more frequent basis, if desired. |
| Author: | Director of Public Health, in collaboration with, and co-signed by, relevant local authority Chief Officer(s) of Environmental Health (or equivalent). |
| Governance arrangements: | To be formally submitted to the NHS Board and relevant local authority committee for sign-off, via clinical governance/risk management committees. |
| Status: | Public document. Statutory duty placed on NHS Board to publish plans and any variations to plans. The plans should be available to the public on the NHS Board website and also on request. Plans and variations must be subject to consultation with relevant local authorities. |

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¹ Committee of Inquiry into the Future Development of the Public Health Function (1988) HMSO: London

² Ghebrehewet S, Stewart AG & Rufus I (2016) What is health protection? In Ghebrehewet S, Stewart AG, Baxter D et al (Eds) Health Protection: Principles and Practice Oxford University Press: Oxford pp.3-8

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1. Introduction

NHS Grampian is required to create and publish a statutory Joint Health Protection Plan (JHPP) every two years in consultation with coterminous local authorities. The Public Health (Scotland) Act defines the protection of public health as involving the prevention, control, and response to: infectious diseases; contamination involving biological, chemical or radioactive substances; and “other such hazards” which constitute a danger to human health.³

2. Health protection challenges

Recommendations from the Grampian health protection needs assessment finalised in January 2024 are reflected in the JHPP 2024/26.⁴ These are presented below in relation to both the Chief Medical Officer and the Director of Public Health’s identified challenges to population health.^{5,6}

2.1 The climate emergency

(a) The climate emergency poses a threat to population health. The threat requires a multilevel, multiagency response.⁷ In 2021 the Lancet published a commentary which stated, “the science is unequivocal; a global increase of 1.5°C above the pre-industrial average and the continued loss of biodiversity risk catastrophic harm to health that will be impossible to reverse”.⁸

In 2023, the intergovernmental panel on climate change (IPCC) published its AR6 Synthesis Report,⁹ which stated that “in the near term, global warming is more likely than not to reach 1.5°C even under the very low GHG emission scenario... and likely or very likely to exceed 1.5°C under higher emissions scenarios”.¹⁰

Climate change is expected to produce a range of hazards for human health. The IPCC reports that “in the near term, every region in the world is projected to face further increases in climate hazards... [including] an increase in heat-related human mortality and morbidity..., food-borne, water-borne, and vector-borne diseases..., and mental health challenges..., flooding in coastal and other low-lying cities and regions, biodiversity loss in land, freshwater and ocean ecosystems..., and a decrease in food production in some regions”.¹¹

Scotland should expect greater extremes of heat in summer and cold in winter, more frequent extreme weather events, increased heavy rainfall, flooding and

³ <https://www.legislation.gov.uk/asp/2008/5/contents>

⁴ *Population Health Protection Needs Assessment* Grampian Joint Health Protection Coordination Group: 04 January 2024

⁵ <https://www.gov.scot/publications/realistic-medicine-doing-right-thing-cmo-annual-report-2022-2023/>

⁶ <https://www.nhsgrampian.org/your-health/director-of-public-health-annual-report/>

⁷ <https://publichealthscotland.scot/publications/working-together-to-build-climate-resilient-healthy-and-equitable-places-a-briefing-for-local-government-and-partners/>

⁸ [https://doi.org/10.1016/S0140-6736\(21\)01915-2](https://doi.org/10.1016/S0140-6736(21)01915-2)

⁹ <https://www.ipcc.ch/report/ar6/syr/>

¹⁰ https://www.ipcc.ch/report/ar6/syr/downloads/report/IPCC_AR6_SYR_LongerReport.pdf (page 56)

¹¹ https://report.ipcc.ch/ar6syr/pdf/IPCC_AR6_SYR_SPM.pdf (page 15)

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drought. This will impact upon food security and water infrastructure.¹² Modelling suggests the north-east of Scotland will experience the largest increase in water shortages whilst the west of Scotland is likely to experience greater rainfall. This may particularly affect private water supplies, which are often poorly maintained by domestic owners.

A warmer climate in Scotland may see the spread of parasitic diseases¹³ and vectors for disease, such as ticks and mosquitos. Rare tick-borne diseases such as babesiosis and encephalitis are already being seen in England.¹⁴ In Europe, climate change is already associated with the spread and establishment of West Nile virus into new regions.¹⁵ Storms, flooding, drought or heatwaves pose a hazard to human health. Preparedness for such events is an important matter for multiagency resilience partnerships and their member organisations.

Climate change will have unequal impacts. Globally and nationally, the most vulnerable populations experience the greatest impact of climate change whilst having been less likely to have contributed to it. Individuals living in more deprived areas are more likely to be exposed to climate hazards, are more vulnerable to the effects of climate hazards and have less resources to recover from damage caused by climate hazards.¹⁶ Work is currently underway to update the Scottish National Adaptation Plan (SNAP) in response to the IPCC risk assessment and that of the UK Climate Change Committee's Scotland report from November 2023.¹⁷ This will drive a need to update agency and organisational mitigation and adaptation plans when published.

Actions:

- Support the updating of mitigation and adaptation plans from all agencies and organisation in response to the third SNAP, coordinated by the North East Population Health Alliance
- Extreme weather preparedness plans, including preparedness for storms, flooding, extreme heat, drought, coordinated by the Grampian Local Resilience Partnership
- Ongoing development and refinement of an NHS Grampian surveillance system to detect and track changes in infectious diseases epidemiology

2.2 Widening health inequalities/ higher cost of living

(a) Grampian's economy, particular in Aberdeen City and surroundings, is heavily influenced by the fortunes of the oil and gas industry. During the "boom times" the overall wealth of the city was high, but this led to stark inequalities due to high costs of living. The "downturn" has led to rising inequality, for example in use of food banks. These uncertainties and swinging fortunes can work to have greater

¹² https://www.crew.ac.uk/sites/www.crew.ac.uk/files/publication/CRW2018_05_report_FINAL.pdf

¹³ <https://doi.org/10.1177/1178633617732296>

¹⁴ <https://www.gov.uk/government/news/rare-tick-borne-infections-diagnosed-in-england>

¹⁵ <https://doi.org/10.1136/bmj.m3081>

¹⁶ <https://www.un.org/en/desa/climate-change-and-social-inequality>

¹⁷ <https://www.theccc.org.uk/publication/adapting-to-climate-change-progress-in-scotland/>

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negative impact on people's health and wellbeing. NHS workforce recruitment and retention can be affected by a reluctance to work in the North-East due to higher housing costs and other costs of living. A rise in the cost of living, including significant rises in the cost of fuel and energy, places an increasing number of households under extreme financial strain. This will include NHS Grampian staff. The population may become increasingly vulnerable to the effects of health protection hazards.

Efforts to improve factors such as housing quality, avoidance of overcrowding, air quality, nutrition, physical fitness, and avoidance of tobacco smoke, can variously influence susceptibility, transmission and severity of infectious diseases. Efforts to increase health literacy, awareness of hazards, and access to information and advice can influence knowledge and understanding from an early age, which in turn can influence risk perception and behaviour. Variation in the social patterning of such factors produces variation in incidence and outcome.

Actions:

- Plans to prevent or mitigate health inequalities, and the individual, social and economic determinants of health inequalities, coordinated by the North East Population Health Alliance

2.3 Sustainability of health and social care services

(a) Projections continue to show a rising need for healthcare and social care into the future. The detection, treatment and secondary prevention of communicable and infectious diseases requires the provision of a comprehensive healthcare system (including medical microbiology laboratories and primary and secondary healthcare), and robust notification systems between healthcare and public health. These systems are already under strain due to backlogs and pressures across an exhausted healthcare system, hence the importance of strategic planning to ensure their sustainability.

Actions:

- Plans to ensure the sustainability of health and social care services, led by NHS Grampian and Integration Joint Boards and partners
- Collaborative needs assessment to understand the health requirements of those coming to live in Grampian as asylum seekers and refugees, led by Public Health in collaboration with Local Authorities and Health and Social Care Partnerships
- Ongoing development and refinement of an NHS Grampian surveillance system to allow for advance warning for the healthcare and social care system of developing infectious disease threats in both community and hospital settings
- Wide engagement across healthcare, social care and non-healthcare settings as part of the renewal of the NHS Grampian public health incident plan, to bolster awareness of the agencies tasked with protecting the health of the population, and to strengthen notification arrangements across the north east.

2.4 Infectious diseases including antimicrobial resistance and future pandemics

(a) Antimicrobial resistance poses a significant threat to human health. The introduction of antimicrobials have revolutionised modern healthcare and remain a mainstay in the management of infection. The ability of bacteria (and to a lesser extent fungi and viruses) to acquire resistance to drugs used to treat them has long been understood against a lack of development of new antimicrobial drugs. Of particular concern is the projected rise in multi-drug resistant organisms (MDROs) including carbapenemase producing organisms (CPOs). Carbapenems are beta-lactam antibacterials reserved as last-line agents. MDROs are isolated from people in both hospital and community settings.

Actions:

- Promotion of infection prevention and control throughout the population in all settings
- Implementation of the national Infection Prevention Workforce Strategic Plan 2022 – 2024 to include consideration of IPC provision for primary and community health and social care settings
- Preventing the transmission of MDROs through NHS Grampian policies to identify those at risk, prompt identification and management
- Judicial use of antimicrobials (antimicrobial stewardship) following local guidelines by the NHS Grampian Antimicrobial Management Team
- Ongoing development and refinement of an NHS Grampian surveillance system to detect and track clusters of selected alert organisms (including MDROs) as per the National Infection Prevention & Control Manual

(b) Infectious organisms with pandemic potential are characterised by ease of transmission, lack of human immunity, and high case morbidity and mortality. Such organisms might arise due to the evolution of known organisms (such as avian influenza subtypes) or due to the emergence of new organisms from environmental or zoonotic reservoirs. Over two thirds of human infectious diseases are zoonotic. Global deforestation, agricultural development and urbanisation increasingly bring human and animal, vectors and infectious agents, into closer contact. International travel and migration increase the risk of emergent infectious diseases in one part of the world quickly spreading across the globe. Pandemic preparedness involves three key elements: public health arrangements; health and social care arrangements; wider 'resilience' arrangements. Each of these require local plans that incorporate and reflect national planning assumptions and resources.

Public health arrangements include plans for public and professional communications, enacting transmission controls (case notification, contact tracing, quarantine / isolation, outbreak management, vaccination), undertaking surveillance and providing intelligence to inform wider system decisions and actions. Health and social care arrangements include NHS and Integration Joint

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Board (JB) plans for hospital care for the sick, alongside prioritised maintenance of ongoing primary, community and secondary health and social care services. Wider resilience arrangements include multi-agency plans for the maintenance of societal functions and public order.

During the covid-19 pandemic a range of interventions were either mandated or advised. Scientific rationales circulated alongside misinformation and conspiracy theories.¹⁸ This has been described as an ‘infodemic’, and is anticipated to now be a feature of all major epidemics and pandemics.¹⁹ People’s willingness to trust in scientists affected their willingness to adopt preventive and protective interventions.²⁰ Commentators have recommended increasing public participation to increase public trust.^{21,22} This is consistent with wider calls to increase public participation in public sector organisations and services.²³

Actions:

- Renewed Major Infectious Diseases Plans, one for NHS Grampian setting out the arrangements for pandemic preparedness across the healthcare and social care system, and one for the Grampian Local Resilience Partnership for pandemic preparedness from a multiagency perspective.

(c) Vaccination remains one of the most important ways to protect people from infectious diseases. Variance in uptake of vaccination remains a concern as it leaves some localities in Grampian at greater susceptibility to infectious diseases. Efforts to understand and remedy variance in uptake remains of vital importance.

Actions:

- Delivery of the national Vaccine Transformation Programme
- Ongoing development and refinement of an NHS Grampian surveillance system to monitor vaccine uptake, and allow for targeted work to understand and remedy low uptake in identified localities

¹⁸ <https://doi.org/10.1007/s43576-021-00042-x>

¹⁹ <https://www.who.int/news/item/25-10-2023-new-infodemic-management-tools-to-support-pandemic-planning-and-preparedness-for-pandemic-influenza-and-respiratory-pathogen-disease-events>

²⁰ <https://doi.org/10.1073/pnas.2108576118>

²¹ <https://doi.org/10.1080/03080188.2022.2152243>

²² <https://www.weforum.org/agenda/2021/11/heres-how-to-repair-the-damage-covid-19-has-done-to-science/>

²³ <https://www.coproductionscotland.org.uk/>

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3. Summary of actions

| CLIMATE EMERGENCY | |
|--|--|
| ACTION | LEAD |
| Support the updating of mitigation and adaptation plans from all agencies and organisation in response to the third SNAP | Coordinated by the North East Population Health Alliance |
| Extreme weather preparedness plans | Grampian Local Resilience Partnership |
| Surveillance system to detect and track changes in infectious diseases epidemiology | NHS Grampian Public Health |

| WIDENING HEALTH INEQUALITIES/ HIGHER COST OF LIVING | |
|---|--|
| ACTION | LEAD |
| Plans to prevent or mitigate health inequalities, and the individual, social and economic determinants of health inequalities | Coordinated by the North East Population Health Alliance |

| SUSTAINABILITY OF HEALTH AND SOCIAL CARE SERVICES | |
|---|---|
| ACTION | LEAD |
| Plans to ensure the sustainability of health and social care services | NHS Grampian, Integration Joint Boards and partners |
| Collaborative needs assessment to understand the health requirements of those coming to live in Grampian as asylum seekers and refugees | NHS Grampian Public Health |
| Ongoing development and refinement of an NHS Grampian surveillance system to allow for advance warning for the healthcare and social care system of developing infectious disease threats in both community and hospital settings | NHS Grampian Public Health |
| Wide engagement across healthcare, social care and non-healthcare settings as part of the renewal of the NHS Grampian public health incident plan, to bolster awareness and strengthen notification arrangements across the north east. | NHS Grampian Public Health |

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| INFECTIOUS DISEASES INCLUDING ANTIMICROBIAL RESISTANCE AND FUTURE PANDEMICS | |
|---|--|
| ACTIONS | LEAD |
| Promotion of infection prevention and control throughout the population in all settings | NHS Grampian |
| Implementation of the national Infection Prevention Workforce Strategic Plan 2022 – 2024 to include consideration of IPC provision for primary and community health and social care settings | NHS Grampian |
| Preventing the spread of multidrug-resistant organisms through NHS Grampian policies to guide antibiotic prescribing and robust hospital infection prevention and control | NHS Grampian Anti-Microbial Team Meeting |
| Ongoing development and refinement of an NHS Grampian surveillance system to detect and track multidrug-resistant infections | NHS Grampian Public Health |
| Renewed Major Infectious Diseases Plans, one for NHS Grampian setting out the arrangements for pandemic preparedness across the healthcare and social care system, and one for the Grampian Local Resilience Partnership for pandemic preparedness from a multiagency perspective | NHS Grampian Civil Contingencies Unit Grampian Local Resilience Partnership |
| Delivery of the national Vaccination Transformation Programme (VTP) | NHS Grampian VTP Board |
| Ongoing development and refinement of an NHS Grampian surveillance system to monitor vaccine uptake, and allow for targeted work to understand and remedy low uptake in identified localities | NHS Grampian Public Health |

4. Governance arrangements for the Joint Health Protection Plan

Grampian Joint Health Protection Coordinating Group oversee the drafting of the Joint Health Protection Plan, comprising representatives from NHS Grampian (Health Protection Team, Infection Prevention and Control Team, Medical Microbiology), Aberdeen City Council (Protective Services), Aberdeenshire Council (Protective Services), Moray Council (Environmental Health and Trading Standards), and Animal and Plant Health Agency. NHS Grampian Head of Protecting Health is the lead author of the draft Joint Health Protection Plan.

North East Leaders Group for Public Protection provide multiagency oversight of the Joint Health Protection Plan. NHS Grampian Population Health Committee scrutinise and approve the Joint Health Protection Plan. NHS Grampian Health Board publish the Joint Health Protection Plan into the public domain.

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APPENDIX ONE

Grampian population

NHS Grampian Health Board is the administrative body for health services in the north east of Scotland, serving a population of over half a million people residing in three coterminous local authority areas (table 1). Nearly half the population (45%) live in Aberdeenshire (circa 263,000), over a third (39%) live in Aberdeen City (circa 227,000), and one-sixth (16%) live in Moray (circa 96,000).



The population of Grampian has increased by 3% over the past decade. Population projections for the next twenty years suggest significant demographic changes to come, specifically a significant reduction in the number of children and a significant increase in the number of adults of pensionable age. These emergent trends can already be seen in annual population estimates from the past decade.

Overall, Scotland's population is ageing, with the population projected to decrease after 2028 due to deaths outweighing any births, with insufficient inward migration to mitigate this. Although there are not up to date population projections at a small area level, older estimates show that the population within NHS Grampian is projected to age, with decreases in the proportions of 0 to 15 year olds, and rises the proportions of individuals aged 75 and older. This data suggest that these patterns will be more pronounced in Aberdeenshire and Moray than in Aberdeen City.

Table 1: Mid-year population estimates for NHS Grampian and coterminous local authorities (Source: NRS population estimates)

| | 2011 | 2013 | 2015 | 2017 | 2019 | 2021 |
|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Aberdeen City | 222,460 | 227,070 | 230,350 | 228,800 | 228,670 | 227,430 |
| Aberdeenshire | 253,650 | 257,770 | 261,960 | 261,800 | 261,210 | 262,690 |
| Moray | 93,470 | 94,360 | 95,510 | 95,780 | 95,820 | 96,410 |
| GRAMPIAN | 569,580 | 579,200 | 587,820 | 586,380 | 585,700 | 586,530 |

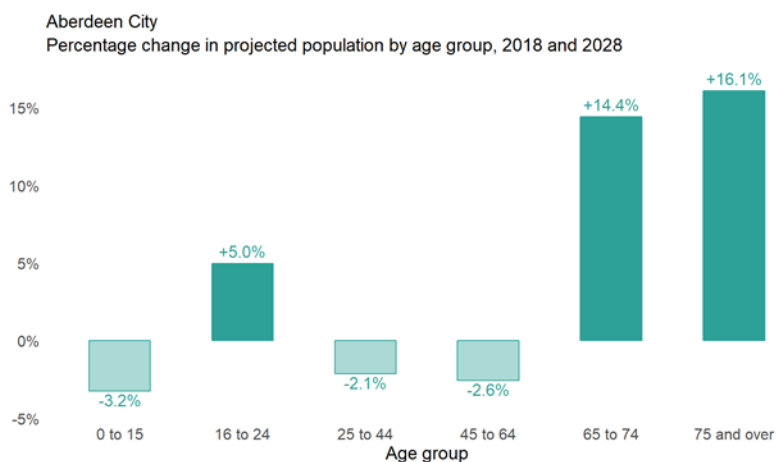
Using the most recent analysis (which is 2020 based) there is a 0.3% projected increase for the Scottish population by 2028. Migration is projected to be the only source of population gain. The population of Scotland is projected to decrease after 2028 due to more deaths than births outweighing any additional population from migration.²⁴ Council and Health Board level population projections are not being produced for 2020 data. Using the projections available from 2018 data, will overestimate likely population increases however, these are shown here to illustrate how the age profile may change in areas.

In Aberdeen City, between 2018 and 2028, the 0 to 15 age group is projected to see the largest decrease (-3%) and the 75 and over age group is projected to see the largest increase (+16%). The 25 to 44 age group is projected to remain the largest.

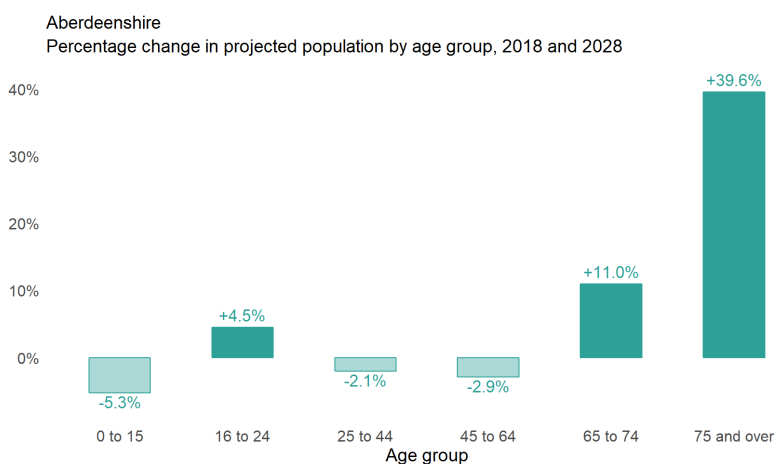
²⁴ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/2020-based>

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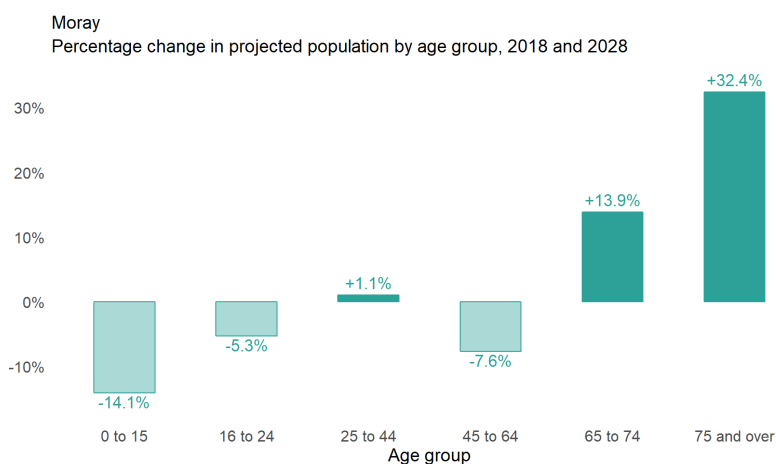
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In Aberdeenshire, between 2018 and 2028, the 0 to 15 age group is projected to see an even larger percentage decrease (-5%) than in Aberdeen City and the 75 and over age group is projected to see an even larger percentage increase compared to Aberdeen City (+39%). The 45 to 64 age group is projected to remain the largest.



In Moray, between 2018 and 2028, the 0 to 15 age group is projected to see an even greater percentage decrease than in Aberdeen City and Aberdeenshire (-14%) and the 75 and over age group is projected to see a large percentage increase (+32%). The 45 to 64 age group is projected to remain the largest age group.



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APPENDIX TWO

Grampian operational plans by agency

| Grampian HPT Plans | |
|----------------------------------|--|
| Infectious Disease Incident Plan | To be combined into a combined “Public Health Incident Plan” |
| Environmental Incident Plan | |

| Joint Grampian HPT / Aberdeen City Council Plans |
|---|
| Procedure for management of infectious illness on aircraft arriving at Aberdeen |
| Procedure for cases of illness in vessels arriving at Aberdeen |

| NHS Grampian Plans |
|--|
| Major Infectious Diseases Plan |
| High Consequence Infectious Disease Protocol |

| Joint Grampian HPT / Aberdeenshire Council Plans |
|--|
| Aberdeenshire seaport plan |

| Aberdeen City Council Plans |
|--|
| Air Quality Action Plan |
| Air Quality Progress Report Assessment |
| Contaminated Land Strategy |
| Food Regulatory Service Plan |
| Health and Safety Intervention Plan |

| Aberdeenshire Council Plans |
|---|
| Air Quality Updating and Screening Assessment |
| Animal Health and Welfare Service Plan |
| Contaminated Land Strategy |
| Food and Feed Law Enforcement Service Plan |
| Food Law Intervention Policy and Procedure |
| Health and Safety Enforcement Policy |
| Health and Safety Service Plan |

| Moray Council Plans |
|---|
| Air Quality Updating and Screening Assessment |
| Animal Health and Welfare Service Plan |
| Contaminated Land Strategy |
| Environmental Health Enforcement Policy |
| Food Enforcement Service Delivery Plan |
| Food Safety Incident Procedure |
| Food Related Infectious Disease Procedure |
| Food Law Intervention Procedures |
| Food Sampling Policy |
| Health & Safety Enforcement Policy |

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Grampian Local Resilience Partnership Plans

| |
|--|
| Aberdeen Harbour Plan |
| Animal Diseases Plan |
| Emergency alert Plan for Potential Huntly Flooding |
| Scientific & Technical Advice Cell (STAC) Activation and Management Plan |
| Grampian Fuel Plan |
| His Majesty's Prison & Young Offenders Institution Grampian |
| Major Infections Disease Incident Response Framework |
| Moray Distilleries & Maturation Warehouses |
| P&J LIVE - The Event Complex Aberdeen (TECA) |
| Pittodrie Stadium Incident Response Guidance |
| Protocol for Managing Additional Deaths Arising from Extensive Emergencies |
| St Fergus Gas Terminal Plan |
| Union Square Area Plan |

North of Scotland Regional Resilience Partnership Plans

| |
|--|
| Exotic Notifiable Animal Diseases Contingency Plans |
| Grampian Local Resilience Partnership Response and Recovery Arrangements |
| Grampian Local Resilience Partnership Care for People Plan |
| Major Incident with Mass Casualties Plan- National Plan |
| National emergency Plan for Fuel |
| North of Scotland Regional Resilience Partnership Coastal Pollution Arrangements |
| North of Scotland Regional Resilience Partnership Fuel Framework |
| North of Scotland Regional Resilience Partnership Chemical Biological Radiological and Nuclear (CBRN) Plan |
| Pandemic Flu Communications Guidance |
| Power Resilience Framework |
| Resilient Telecoms Plan for Scotland Master |
| Scottish Regional Resilience Partnership Framework |
| Scottish Water Emergency Plans |
| Windblow Contingency Plan |

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APPENDIX THREE

Grampian resources and operational arrangements

| NHS Grampian HPT | |
|--|----------------|
| Consultants in Public Health / Medicine | 2 |
| Nurse Consultant in Health Protection | 1.0 (intended) |
| Health Protection Nurse Specialists | 2.6 |
| Advanced Health Protection Nurses | 1.6 |
| Health Protection Nurses | 1.0 (intended) |
| Lead TB Nurse Specialist | 1.0 |
| TB Nurses | 1.8 |
| Health Care Support Worker | 0.8 |
| Health Protection Officers | 2.0 |
| Health Protection Manager | 0.8 |
| Health Protection Administrators | 2.0 |
| Health Board Competent Persons | 12 |
| Aberdeen City Council | |
| Protective Services Manager | 1 |
| Environmental Health Manager | 1 |
| Principal Environmental Health Officer | 4 |
| Environmental Health Officer | 5.6 |
| Senior Authorised Officer | 1 |
| Authorised Officer | 3 |
| Compliance Officer | 1 |
| Licensing Standards Officer | 2 |
| Scientific Officer | 0.8 |
| Senior Pest Control Officer | 1 |
| Pest Control Officer | 2 |
| Dog Warden | 2 |
| Local Authority Competent Persons | 12 |
| Aberdeenshire Council | |
| Protective Services Manager | 1 |
| Environmental Health Officers | 19 |
| Authorised Officers | 12 |
| Technical Officers | 8 |
| Civic Licensing Scotland Officers | 4 |
| Trading Standards Officers | 7 |
| Enforcement Officers | 7 |
| Animal and Health Welfare Officers | 7 |
| Local Authority Competent Persons | 20 |

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| Moray Council | |
|--|-----|
| Environmental Health and Trading Standards Manager | 1 |
| Principle Environmental Health Officers | 2 |
| Senior Environmental Health Officer | 1 |
| Lead Public Health Officer | 1 |
| Environmental Health Officers | 5 |
| Technical Officers | 14* |
| Trainee Environmental Health Officer | 1 |
| Principle Trading Standards Officer | 1 |
| Trading Standards Officers | 1 |
| Fair Trade Officers | 1.5 |
| Trainee Trading Standards Officer | 1 |
| *As of 13 March 2024 the establishment for technical officers will be reduced by a to-be-agreed amount | |

| | |
|--|-----------|
| Local Authority Competent Persons | 30 |
|--|-----------|

| National health protection groups and meetings | |
|---|--|
| Name | Chair |
| Weekly National Health Protection | Public Health Scotland |
| Situations of Note | Public Health Scotland |
| Scottish Health Protection Network | Oversight, coordination, subgroup chairs |

| Grampian health protection (associated) groups and meetings | |
|--|----------------------------|
| Name | Chair |
| Joint Health Protection Coordinating Group | NHS Grampian Public Health |
| Health Protection Situational Awareness Group | NHS Grampian Public Health |
| Local Resilience Partnership arrangements | Subgroup chairs |
| High Consequence Infectious Disease Group | NHS Grampian Public Health |
| Sexual Health and BBV MCN | NHS Grampian Public Health |
| Vaccination Transformation Programme Board | NHS Grampian DPH |
| Alcohol & Drug Partnership groups | Subgroup chairs |

| Healthcare associated infection (HAI) and antibiotic resistance groups and meetings | |
|--|-----------------------------|
| Name | Chair |
| HAI Executive Committee | NHS Grampian Nurse Director |
| HAI Work Programme Delivery Group | NHS Grampian IPCT |
| HAI Education Group | NHS Grampian IPCT |
| IPC Strategic Committee | NHS Grampian IPCM |
| Anti-Microbial Team (AMT) Meeting | NHS Grampian AMT Lead |
| HAI Subgroups | NHS Grampian Subgroup Chair |

| Mutual aid arrangements | |
|--------------------------------|--|
| NHS HPT mutual aid MOU 2023 | North of Scotland Public Health Network (Grampian, Highland, Orkney, Shetland, Tayside, and Western Isles) |

Joint Health Protection Plan 2024 – 2026

NHS Grampian – Aberdeen City Council – Aberdeenshire Council – Moray Council

| APPENDIX FOUR: GRAMPIAN ‘HAZARDS BASED APPROACH’ MATRIX | | | | | |
|--|--------------------|--|---|---------------------------------------|--|
| Biological hazards | | | | | |
| Hazards | Pathways | Surveillance | Prevention | Preparedness | Response |
| Communicable infections Environmental infections Zoonotic infections | Airborne / droplet | Animal health notifications | <ul style="list-style-type: none"> • Animal control regulations • Food hygiene regulations • Healthcare services • Licensing (e.g. tattoo) • Public health management • Public hygiene • Vaccination • Swimming pool regulations • Water system regulations • Water treatment works | Surveillance and notification systems | HPT IPCT EHO / HSE APHA [GLRP] |
| | Bloodborne | Clinical notifications (unusual disease, unusual prevalence) | | Evidence-based guidance | |
| | Direct contact | Environmental notifications | | Exercises | [GLRP] |
| | Foodborne | | | Inspection schedules | |
| | Waterborne | Notifiable diseases and organisms | | Joint planning | |
| DELIBERATE RELEASE Biological weapons | | | <ul style="list-style-type: none"> • UK Security Agencies | Standard operating procedures | UK-led response |
| KEY: APHA (Animal and Plant Health Agency); EHO (Environmental Health Officers); GLRP (Grampian Local Resilience Partnership); HSE (Health and Safety Executive); HPT (Health Protection Team); NRRP (North Regional Resilience Partnership); SEPA (Scottish Environmental Protection Agency); SGoRR(Scottish Government Resilience Room) | | | | | |

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| APPENDIX FOUR: GRAMPIAN ‘HAZARDS BASED APPROACH’ MATRIX | | | | | |
|--|---------------------------------------|---|---|--|---|
| Chemical hazards | | | | | |
| Hazards | Pathways | Surveillance | Prevention | Preparedness | Response |
| Built environment Heavy metals Industrial environment Petrochemicals Waste processing | Inhalation Absorption Ingestion | COSHH notifications RIDDOR notifications | Regulatory inspections Consumer safety regulations Food safety regulations Land use regulations Planning regulations Water system regulations | Surveillance and notification systems Continuous Professional Development Evidence-based guidance Exercises Inspection schedules | EHO HSE [HPT] [IPCT] SEPA [GLRP] |
| DELIBERATE RELEASE Chemical weapons | | | UK Security Agencies | Joint planning Standard operating procedures | UK-led response |
| KEY: APHA (Animal and Plant Health Agency); EHO (Environmental Health Officers); GLRP (Grampian Local Resilience Partnership); HSE (Health and Safety Executive); HPT (Health Protection Team); NRRP (North Regional Resilience Partnership); SEPA (Scottish Environmental Protection Agency); SGoRR(Scottish Government Resilience Room) | | | | | |

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| APPENDIX FOUR: GRAMPIAN ‘HAZARDS BASED APPROACH’ MATRIX | | | | | |
|--|--------------------------------------|--------------------------|---|---|--|
| Physical hazards | | | | | |
| Hazards | Pathways | Surveillance | Prevention | Preparedness | Response |
| Cold Fire Flooding Heat Noise Particulates Radon | Air Sound Temperature Water | Environmental monitoring | Fire prevention programmes Flood prevention programmes Low emission zones Planning regulations | Emergency planning Exercises Meteorological warning systems | EHO / HSE Emergency services NRRP / GLRP |
| DELIBERATE RELEASE | | | | | |
| Radioactive weapons | | | UK Security Agencies | | UK-led response |
| KEY: APHA (Animal and Plant Health Agency); EHO (Environmental Health Officers); GLRP (Grampian Local Resilience Partnership); HSE (Health and Safety Executive); HPT (Health Protection Team); NRRP (North Regional Resilience Partnership); SEPA (Scottish Environmental Protection Agency); SGoRR(Scottish Government Resilience Room) | | | | | |