

# Joint Health Protection Plan 2010-2012



## Foreword

This Joint Health Protection Plan (JHPP) provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for NHS Grampian, Aberdeen City, Aberdeenshire and The Moray Councils as required by the Public Health etc (Scotland) Act 2008. [www.opsi.gov.uk/legislation/scotland/acts2008/pdf/asp\\_20080005\\_en.pdf](http://www.opsi.gov.uk/legislation/scotland/acts2008/pdf/asp_20080005_en.pdf)

This is the first Grampian Joint Health Protection Plan and covers the period from 1 April 2010 to 31 March 2012 and has been prepared by NHS Grampian in collaboration with Aberdeen City, Aberdeenshire and The Moray Councils. This plan supports the delivery of the Grampian Health Plan 2010-2013 and the Aberdeen City, Aberdeenshire and the Moray Community Plans.

The main section of the plan describes the national and local priorities for health protection and what actions we plan to take over the next two years. The appendices provide all the supporting information.

We hope that you will find this plan to be of interest and that the actions described will contribute to protecting the health of the people who live and work in Aberdeen City, Aberdeenshire and Moray.

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This JHPP will go to the following committees for approval

- NHS Grampian Strategic Management Team
- Aberdeen City Council Housing and Environment Committee
- Aberdeenshire Council Infrastructure Service Committee
- The Moray Council Planning & Regulatory Services Committee

The JHPP will go to the following committees for information

- Aberdeen City Community Health Partnership
- Aberdeenshire Community Health Partnership
- Moray Community Health and Social Care Partnership

The plan is a public document and will be available to members of the public on the NHS Grampian website at [www.nhsgrampian.org](http://www.nhsgrampian.org) and on request from

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## **Health protection: national and local priorities and local actions**

NHS Grampian works closely with our partners in the three Local Authorities and other agencies to deliver services to protect the health of the Grampian population. Health protection is now the accepted term to describe the work that encompasses the surveillance, investigation, control and prevention of communicable disease and environmental hazards to human health.

This plan outlines what actions have been taken and what actions are planned to address the priorities for Health Protection in Scotland as outlined by the Chief Medical Officer ([www.sehd.scot.nhs.uk/cmo/CMO\(2008\)00a.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2008)00a.pdf)) plus our local priorities, local risks and challenges and lessons identified from managing recent outbreaks and incidents.

### **1. Managing threats to the public's health**

Our overriding priority is to provide a response to incidents that may present actual or potential threats to the public's health. This includes responding to both communicable disease and environmental incidents. This response must be available 24 hours a day.

### **2. Pandemic influenza**

The Grampian Pandemic Influenza Plan was activated in April 2009. The strategic, tactical and operational groups met regularly to complete the planning and to oversee the response. Debriefs were undertaken and lessons identified and these will be used to revise the plan in 2010.

#### **Action**

- NHS Grampian will revise the Pandemic Influenza Plan with our partners from the Strategic Co-ordinating Group.

### **3. Immunisation and Vaccine preventable diseases**

#### **Action**

- NHS Grampian will continue to implement and support the established routine vaccination programmes including childhood, HPV and seasonal influenza.

- NHS Grampian will continue to promote and support the training of healthcare providers involved in the delivery of these immunisation programmes.
- NHS Grampian will continue to review and update our existing policies for vaccine preventable diseases in light of new and emerging evidence.

#### 4. Tuberculosis

The Scottish TB Action Plan will be published later this year and the recommendations will inform future action locally.

##### Action

- NHS Grampian will continue to lead on the management of TB cases, contact tracing and screening of contacts.
- New entrant screening will become more targeted and include pregnant women and those working in care settings across Grampian.

#### 5. Gastrointestinal illness

The incidence of some gastrointestinal infections e.g. *E coli* O157 infection, are higher in Grampian than the Scottish average. This may be attributed to the increased exposure to animal faeces that may occur in a rural location combined with a large number of households on private water supplies, especially in Aberdeenshire.

The NHS Grampian Health Protection Team has robust systems in place to undertake the ongoing surveillance of gastrointestinal infections. The team works closely with Environmental Health colleagues to investigate cases and/or outbreaks of gastrointestinal infections.

We have implemented the Health Protection Network Guidance for the public health management of infection with verotoxigenic *Escherichia coli* (VTEC) locally. All cases of *E coli* O157 infections are actively investigated and followed up, families supported and public health advice provided.

An outbreak of *E coli* O157 infection at Auchincleach in Aberdeenshire highlighted the risks associated with untreated private water supplies. As a result all planning applications in Aberdeenshire which propose a private water supply for drinking

purposes have a condition attached to any approvals requiring the water to be treated to prevent bacteriological contamination.

The Moray Council has adopted the multiple barrier principle as described in The Private Water Supplies Technical Manual in order to minimise the risk of infection from private water supplies. In all planning applications for new houses served by a private water supply The Moray Council requests confirmation from the applicant/agent that ultra violet treatment will be fitted in each house.

**Action**

- NHS Grampian, in collaboration with Local Authority colleagues, will review the advice available to public and healthcare professionals about the risks of gastrointestinal infections illness throughout the year.

**6. Bloodborne Viruses**

**Actions**

- NHS Grampian will continue to implement the Hepatitis C action plan

**7. Promotion of sexual health and prevention of sexual ill health**

NHS Grampian will continue to work with partners to implement “[Respect and Responsibility: A Strategy and Action Plan for Improving Sexual Health](#)”, launched January 2005 by the Scottish Government, which seeks to improve access to sexual health information and services whilst enabling flexibility for local services to respond to local needs.

**Action**

- NHS Grampian will continue to improve the quality, range and consistency, accessibility and cohesion of sexual health services.

- NHS Grampian, in collaboration with partners, will continue to support the population, regardless of faith, ethnicity, gender, age or disability, to acquire and maintain the knowledge, skills and values necessary for good sexual wellbeing and thus avoid sexually transmitted infections and unintended pregnancy.
- NHS Grampian, in collaboration with partners, will continue to positively influence cultural and social factors that impact on sexual health.

## **8. Healthcare Associated Infection and antimicrobial resistance**

NHS Grampian continues to implement the HAI Action plan, the HAI Standards and the lessons learnt from outbreaks and the findings from the NHS Quality Improvement Scotland and the Healthcare Environment Inspectorate visits.

*Clostridium difficile* and *Staphylococcus aureus* surveillance is carried out in all health care facilities in NHS Grampian. Surveillance information can be accessed from the Health Protection Scotland web site <http://www.hps.scot.nhs.uk/haic/sshaip/index.aspx>.

### **Action**

NHS Grampian is committed to:

- Reducing Healthcare Associated Infections and has developed systems for surveillance, and multi-disciplinary collaboration and communication
- Ensuring compliance with antibiotic and other infection prevention and control policies, protocols and guidelines
- Education and Training in Infection Prevention and Control for staff - including those in the community
- Learning from Infection Incidents and ensuring that lessons learnt are disseminated throughout the organisation



## 9. Environmental Hazards

Local health protection priorities carried out by Environmental Health professionals within local authorities are outlined below. Many are requirements of statute, in order to protect the health and safety of individuals living and working in our communities.

	<b>Aberdeen City</b>	<b>Aberdeen shire</b>	<b>Moray</b>	<b>Notes</b>
Monitoring and Improving air quality	✓	✓	✓	
Controlling environmental noise/ antisocial behaviour noise	✓	✓	✓	Within Moray anti social behaviour noise is mainly dealt with by the Community Wardens working under the Anti Social Behaviour Team
Investigating and remediation of contaminated land	✓	✓	✓	
Investigation and abatement of statutory nuisance	✓	✓	✓	
Identify and address sub-standard housing	✓	✓	✓	
Provide a means, by way of advice, enforcement or grants, to enable housing conditions to be improved.	✓	✓	✓	Within Moray allocation of grants is carried out by the Housing Service
Seek to improve the management and condition of private rented houses through the Landlord Registration Scheme.	✓	✓	✓	Within Moray Landlord Registration is carried out by the Housing Service.

Seek to ensure houses in multiple occupation are safe and healthy to live in through licensing of properties and close liaison with Grampian Fire & Rescue Service	✓	✓		
Monitor unauthorised encampments set up by Gypsy/Travellers. The Local Authorities will work together to identify possible transit sites	✓	✓	✓	Within Moray this is carried out by the Housing Service.
Pest control	✓	✓	✓	
Promote responsible dog ownership and deal with stray dogs.	✓	✓	✓	
Minimising the risk of exposure to environmental inevitabilities such as dog fouling, illegal dumping and graffiti.	✓	✓	✓	These issues in Moray are shared by Environmental Health, Environmental Protection and the Anti Social Behaviour Team.  City -Growing body of evidence that links stress to aspects of mental health and wellbeing, but also to physical disease - psychosocial dimension.
Home safety	✓		-	

Protecting health and consumer interests in relation to food by working with the FSA, local business and other partners to achieve nationally set targets and minimising the risk of food poisoning incidents/ outbreaks through inspection, training and initiatives	✓	✓	✓	Implementation of an intervention strategy; resources targeted at high risk businesses (City)
Protecting public health by the inspection of imported foods of animal and non-animal origin at Peterhead's Border Inspection Post and the inspection of fish landed at Peterhead and Fraserburgh.	N/A	✓	N/A	
Minimising the risk of ill health caused by occupational health exposures (including stress) and workplace safety, through inspection, awareness raising, training etc	✓	✓	✓	
Framework in place to licence all skin piercers and/or tattooists to ensure they comply with statutory provisions in particular those relating to the cause and spread of infection	✓	✓	✓	
Arrangements in place to inspect and regulate sunbed premises in line with the provisions of the Public Health etc (Scotland) Act 2008	✓	✓	✓	
Protecting consumers' health in relation to water supplies through monitoring, promotion of the private water supplies grant scheme, provision of advice and enforcement activities.	✓	✓	✓	

Minimising the risk of environmental tobacco smoke/ secondary exposure through inspection, enforcement, awareness raising of smoking in public places legislation	✓	✓	✓	
Activities concerning alcohol consumption regulation through new licensing standards legislation – including enforcement, education and awareness raising work	✓	✓	✓	In Moray this function is carried out by the Licensing Standards Officer who is based in the Trading Standards Section
Protecting the health, welfare and safety of the public and animals through raising standards of premises licensed for these purposes and carrying out farm inspections.	✓	✓	✓	
Promoting community health and well-being by protecting public health through educational and advisory services	✓		-	
Pandemic flu preparedness	✓	✓	✓	

### **Health Protection Risks unique to Grampian**

- Aberdeenshire – more than 8000 private water supplies supplying 12.9% of the population
- Moray - 734 private water supplies serving approximately 1800 properties and 4% of the population
- Aberdeenshire is a radon affected area
- International airport and seaport
- Heliports – high volume of air traffic
- Airports at RAF Lossiemouth and RAF Kinloss
- St Fergus and the adjoining pipeline

### **Recent Significant Public Health Incidents with lessons learnt**

#### **Outbreak of *E coli* O157 infection**

Fifteen of a total of 30 inhabitants of a group of 8 houses at Auchincleach, near Westhill were infected with *E coli* O157 from a shared untreated private water supply. See section 5 above.

#### **Lessons Learnt**

All planning applications which propose a private water supply for drinking purposes have a condition attached to any approvals requiring the water to be treated to prevent bacteriological contamination.

#### **Contaminated Land**

Site inspection in Aberdeenshire is focussed on former gasworks and landfill sites which number in excess of three hundred. These sites have been prioritised and those few which pose a significant risk to human health or the wider environment are being remediated either by the private sector or through public funding.

#### **Public Water Supply**

When the Drinking Water Quality Regulator (DWQR) classifies a water event as an incident Scottish Water are requested to provide an Incident Report with lessons identified and planned actions to prevent recurrence. Recent incidents include:

- Lumsden WTW – Disinfection failure February 2008
- Mannofield WTW – Manganese and iron failures February 2008

- Blairnamarrow WTW – Cryptosporidium July 2009
- Blairnamarrow WTW – pH failure October 2009
- Invercarnie WTW – Coagulation failure December 2009

#### **Action**

- Aberdeen City Council will continue to implement the health protection priorities above
- Aberdeenshire Council will continue to implement the health protection priorities above with fresh emphasis on the food hygiene information scheme and the radon action plan.
- The Moray Council will continue to implement the health protection priorities above

#### **10. Civil Contingencies**

NHS Grampian and all three Local Authorities are Category 1 responders under the terms of the Civil Contingencies Act 2004. To fulfil our requirements under the Act, NHS Grampian and each Local Authority has plans and systems in place to respond to emergencies which threaten the health, safety and welfare of the population of Grampian. A number of recent events have tested these plans i.e. flooding, pandemic influenza, and severe weather.

In situations where there are wider consequences of an incident which the lead responding agency cannot suitably manage or support, NHS Grampian and local authorities come together with the other Category 1 responders to form the Strategic Co-ordinating Group (SCG) which is comprised of Executive Officers. The SCG Support Group, which includes NHS Grampian and Local Authority Civil Contingencies and Emergency Planning leads, works in partnership to develop plans based on risks identified in the community risk register and processes to support these plans.

The community risk register is available at:

[http://www.grampian.police.uk/Pdf/Publications/Other%20publications/Community\\_Risk\\_Register.pdf](http://www.grampian.police.uk/Pdf/Publications/Other%20publications/Community_Risk_Register.pdf)

NHS Grampian and the Local Authorities are currently working together to support the progression of the SCG partnership undertaking work within four main work streams which include: - Risk Assessment; Plans; Business Continuity and Training and Exercising. Each work stream has a business plan with an accompanying implementation plan which contains the detail.

### **Actions**

- Review and revise the NHS Grampian Major Incident Plan
- Review and revise the NHS Grampian guidance for the establishment and administration of the Scientific and Technical Advice Cell (STAC)
- Develop the SCG Care of people work stream (commissioned by plans work stream)
- Develop the SCG and NHS Grampian CBRN/Hazmat plans
- Review and revise Pandemic Influenza Plan (as aforementioned)
- Exercise SCG Generic and Public Communications Cell

## **11. Implementation of the Public Health etc (Scotland) Act 2008**

We have been working to ensure the appropriate and timely implementation of the various parts of this legislation and actions have included

- Review of mortuary facilities and arrangements
- Development of a Joint Health Protection Plan
- Appointment of Health Board and Local Authority Competent Persons supported by local training
- Review and revision of systems to support new duties regarding the notification and reporting of infectious diseases.

### **Actions**

- NHS Grampian will plan a workshop with partners to support the implementation of the Public Health etc (Scotland) Act 2008

## **Service improvement**

The Chief Medical Officer also highlighted how health protection services could be improved by the NHS and Local Authorities.

## **12. Effective information systems for managing outbreaks and incidents**

Work is ongoing at national level regarding a Scottish Health Protection Information Management System (SHPIIMS) and we continue to contribute to the development of this system.

**13. Capacity and resilience**

The capacity and resilience of health protection services have been regularly reviewed over the last year as a result of the need to respond to the influenza pandemic and maintain essential services. All agencies have reviewed their business continuity plans. Please see Appendix 4 for more details.

**14. Quality assurance, continuing professional development evidence based practice**

We continually strive to improve the services we deliver

- NHS Grampian meets with Local Authority colleagues on a monthly basis to review recent incidents.
- Lessons are identified during outbreaks and incidents and action plans are developed to implement any appropriate changes to practice
- Training is provided on a wide range of topics e.g. infection control, immunisation (single and multi-agency)

**Action**

- NHS Grampian will lead an assessment of the multi-agency health protection training needs with colleagues from the Local Authorities, supported by NHS Education Scotland.
- NHS Grampian, in collaboration with Local Authority colleagues, will review and develop our audit programme.
- NHS Grampian will continue to contribute to the review and development of national guidance through the Health Protection Network
- NHS Grampian will implement new guidance following an assessment of the benefits and the resource implications.



## Appendix 1. Overview of NHS Board and Local Authorities

The area covered by NHS Grampian extends to approximately 3,500 square miles of North East Scotland. NHS Grampian is one of 14 territorial Health Boards in Scotland; with a population of 539,630 (2008) about 10% of the population in Scotland.

Grampian has 3 Community Health Partnerships (CHPs); Aberdeen City CHP, Aberdeenshire CHP and Moray Community Health and Social Care Partnership. The 3 CHPs cover the same area as the 3 local Authorities – Aberdeen City, Aberdeenshire and The Moray Councils.

In the future it is predicted that our population will be different from what it is today. For example it is predicted that the number of:

- Births will reduce by 19% (1,190) by 2024 and by 23% by 2029
- Children aged 0-15 years will reduce by 7% (6,645) by 2024 and by 11% by 2029
- People of working age (16-65 years) will reduce by 7% by 2024 and 10% by 2029
- People aged 66 years and over will increase by 36% by 2024 and by 43% by 2029 *(data from General Register Office for Scotland)*

**Aberdeen City Council** is a mainly urban port authority with a population of approximately 210,400. The City is the main port for the oil industry within Europe and retains a significant, if diminishing, fishing industry.

A relatively large fish processing business sector exists within the authority served by a fish auction market. There is also a major manufacturing dairy and meat products factory within the city. Additionally, the city has a diverse catering sector producing a wide range of traditional and ethnic meals, the majority of which are contained within the city centre area. The city has a thriving air and seaport.

The main water source in Aberdeen City is the public water supply, currently 106 properties within Aberdeen City are served by private water supplies

**Aberdeenshire** is a predominantly rural area with a landscape which varies from the mountainous Cairngorms through rich agricultural lowlands to a rugged coastline.

Traditionally it has been economically dependant upon the primary sector (agriculture, fishing and forestry) and related processing industries. Peterhead and Fraserburgh continue to have a strong fish and fish processing industry as is the meat sector in and around Inverurie. Within the last 35 years the emergence of the oil and gas industry and the development of the service sector have led to rapid population growth equating to a 50% rise since 1971.

Aberdeenshire's population stands at 241,460 (2008) with major towns of Peterhead (17,561), Fraserburgh (12,451), Inverurie (11,062), Stonehaven (10,614), Westhill (10,392) and Ellon (9,712). The population currently has a relatively high proportion of under 20s and fewer over 65s compared with the Scottish average, reflecting employment driven in-migration in recent decades.

Aberdeenshire is predicted to have an increasing number of households in future years and has a distinctly ageing population - a predicted rise of 234% over next 25yrs in those over 75 yrs. Further detail is included within the area profile of the 2009/2010 Single Outcome Agreement on the Community Planning Partnership website [www.ouraberdeenshire.org.uk](http://www.ouraberdeenshire.org.uk)

Total employment in Aberdeenshire is estimated at just under 80,000 with a significant proportion of working residents commuting to Aberdeen City, varying from 11.5% in Fraserburgh to 65% in Westhill.

There are in excess of 8000 private water supplies in Aberdeenshire supplying 12.9% of the population.

**The Moray Council** area is the 8<sup>th</sup> largest Council Area in Scotland covering an area of 2238 square kilometres from the Cairngorm Mountains in the south to the coast of the Moray Firth in the north. The area is mostly rural comprising 70% open countryside and a further 25% woodland.

The population of Moray is approximately 87,770 and 56% of the population live in the 5 main towns of Elgin, Forres, Buckie, Lossiemouth and Keith.

Moray supports a number of well established global businesses including Walkers Shortbread, Baxters, Johnstons textiles and many malt whisky brands are produced from distilleries on Speyside. A significant percentage of the Moray economy is reliant on the RAF bases at Lossiemouth and Kinloss.

Although categorised as one of the least deprived local authority areas in Scotland the median gross weekly wage in Moray is the lowest in Scotland. Almost 75% of employee jobs are in the service industries, 15% in manufacturing and 7% in construction.

There are 734 private water supplies in Moray serving approximately 1800 properties and 4% of the population.

## Appendix 2 Health protection: planning infrastructure

Joint NHS and Local Authority plans					
Plan	Last review	Next review	Last test	Planned test	Notes and areas for development
Outbreak Plan	August 2008	August 2010	Regularly tested in outbreaks	In regular use	Review incidents/outbreaks in hospital settings with new Infection Prevention and Control Doctor. Update reporting arrangements for hospital outbreaks and include the revised Watt Matrix now known as the Hospital Infection Incident Assessment Tool.
Blue Green Algae plan	June 2008	June 2013	Used November 2009	None planned	
Scottish Waterborne Hazard Plan	May 2009	National	Used regularly Exercised February 2008		National plan, implemented locally.
Procedure for cases of illness in aircraft at Aberdeen	March 2007	Late 2010			Awaiting the new Ships and Aircraft Regulation to be made under Part 7 of the Public Health etc (Scotland) Act 2008.  Good working relationship between NHS Grampian and Aberdeen City Council for dealing with port health issues at Aberdeen Airport and harbour. Established infection control procedures at Aberdeen Airport and Harbour.

Procedure for cases of illness in vessels arriving at Aberdeen	July 2004	Late 2010			As above
Aberdeenshire Seaport plan	N/A	2010	N/A		As a small number of cruise ships now dock in Peterhead Harbour a seaport plan will be developed by Aberdeenshire Council and NHS Grampian in 2010.

<b>Multi- agency plans under the aegis of the Strategic Co-ordinating Group</b>					
<b>Plan</b>	<b>Last review</b>	<b>Next review</b>	<b>Last test</b>	<b>Planned test</b>	<b>Notes and areas for development</b>
SCG Generic Response Plan	2009	2010	N/A	Oct 2010	An exercise is planned for October 2010 which will activate SCG Generic Response Plan
SCG Media and Public communication plan	2010	2010	N/A	Oct 2010	This plan will be tested as part of the above exercise
SCG Mass Fatalities	N/A	ongoing	N/A	Date to be agreed	Plan currently being developed
SCG Flooding Response plan	Nov 2008 (issued)	2010	Activated in 2009	Oct 2010	An exercise is planned for October 2010 which will activate SCG Generic Response Plan Moray council – operational Response to Flooding

SCG Pandemic Influenza Plan	2008	2010	Activated in April 2009	In use	Revise strategic, tactical and operational response arrangements. Include summary of 2009 operational plans
NHS Grampian Major Incident plan	2006	2010 - underway	N/A	2010/2011	Plan to be updated to reflect Preparing Scotland and Grampian SCG developments.
CBRN/HAZMAT including decontamination	N/A	2010	N/A	2010/2011	NHS Grampian is developing its CBRN/HAZMAT response plan which includes hospital based decontamination and care of casualties. The combined multi-agency response for Grampian is contained in the SCG plan which will be finalised later this year.
Scientific and Technical Advice cell (STAC)	N/A	2010	N/A	2010	Draft guidance for the activation of a STAC was developed in 2006. This need to be revised to reflect developments within Preparing Scotland and the Grampian SCG as appropriate
Care of People	N/A	2010 - underway	N/A	Date yet to be agreed	Care of people is a work stream co-ordinated by Grampian SCG, led by Local Authority. A care of people plan will be developed for each LA area as well as there being a Grampian SCG Plan. Care of people runs through several plans including flood response.
Animal Diseases	2009	2011		2010	Animal Health Lead National exercise planned

## Single Outcome Agreement

The Single Outcome Agreement (SOA) Framework underpins funding provided to local government and sets out a national performance framework based around the five strategic objectives of the Scottish Government (wealthier and fairer; smarter; healthier; greener; safer and stronger), which are underpinned by national outcomes, national performance indicators and local performance indicators. The SOA demonstrates how each of the 32 Councils and their Community Planning Partners contribute to delivering the national outcomes, prioritised by the Scottish Government. Environmental Health must champion the role of the local authority in public health and specifically health protection within the SOA and Community Planning agenda.

<b>Local Authority plans</b>			
<b>Aberdeen City</b>			
<b>Plan</b>	<b>Last review</b>	<b>Next review</b>	<b>Notes</b>
Community Plan	2008	2011	
Single Outcome agreement 2008-2011	2008-2011	2011	
Interim Business Plan (formerly Corporate Plan) 2010-2013	2009	2013	
Food Safety Service Plan 2010-2013	2010	2011	Currently being drafted
Health and Safety Intervention Plan 2010-2011	2010	2011	Being finalised
Air Quality Action Plan		March 2010	
<b>Air Quality</b>	<b>Updating and Screening Assessment Report 2009</b>	<b>2010 Progress Report</b>	
Public Protection Service Plan 2009-2010	2009	2010	
<b>Aberdeenshire</b>			
Food Safety and Feedstuffs Law Enforcement Service Plan	2009	2010	Implement the food hygiene information scheme

Air Quality Updating and Screening Assessment	2009	2010	
Health and Safety Service Plan	2009	2010	
Service Plan/ Business Plan	2009	2010	
Radon Gas Action Plan	New	2010	Implement plan

<b>The Moray Council</b>			
Food Enforcement Service Delivery Plan	2009-2010	2010	
Food Safety Incident Procedure	Jan 06	2010	
Food Related Infectious Disease Procedure	Jan 06	2010	
Food Sampling Policy	Aug 09	2010	
Health and Safety Intervention Plan			To be developed in 2010
Air Quality	Updating and Screening Assessment Report 2009	2010 Progress Report	
Moray Councils approach to Contaminated Land	2007	2011	
Moray Community Planning Partnership	2009/2010		
Single Outcome Agreement	2009	2010	
Environmental Health Enforcement Policy	Aug 2008	2010	
Health & Safety Enforcement Policy	2003	2010	



### Appendix 3 Health protection: resources and operational arrangements

*Outline the resources (health board and local authority) available to provide health protection services (CD & EH) – staffing (expressed as whole time equivalents/full-time equivalents), job titles, roles and responsibilities (statutory and non-statutory), including management, technical and professional staff. Indicate the numbers of health board and local authority competent persons, as designated under the Public Health etc. (Scotland) Act 2008*

**NHS Grampian** - as at January 2010 and expressed as whole time equivalents

2.2 Consultants in Public Health Medicine (CPHM) 0.3 WTE currently unfilled

2.8 Health Protection Nurse Specialists (HPNS) and 1.5 TB Nurse Specialists

0.6 Immunisation project manager

11 staff are designated as Health Board competent persons\*

1.0 Hepatitis C MCN Manager, BBV/Hepatitis C project manager and 1.0 Hepatitis C Training officer

0.4 BBV public health nurse specialist

2.5 Administrative staff

This describes the staff normally available during the day but does not reflect the staff available in an emergency. The Public Health Business Continuity Plan prioritises the response to communicable disease and environmental hazards. In emergency situations an enhanced rota or shift system can be put in place short term to ensure resilience of response and allow for adequate rest periods drawing on staff in the Public Health Directorate and the wider NHS system if necessary. Mutual Aid agreements in place with the Northern Boards.

The Health Protection Team works with a wide range of agencies to protect the health of the population of Grampian including

- NHS, Local Authorities and Emergency Services
- Animal Health and the Scottish Agricultural College
- Health Protection Scotland and the Scottish Government Health Directorate
- Scottish Water, Food Standards Agency, SEPA and HSE.

We undertake the surveillance, investigation and management of control of communicable disease and non-infectious environmental hazards. We lead on the development and implementation of strategy, programmes and action plans for specified

areas e.g. Hepatitis C, Tuberculosis and Immunisation programmes. We provide public health advice to NHS colleagues, Local Authorities, other agencies, individuals and the public. We provide education and training to a wide range of students and professional groups in the NHS and other agencies. We contribute to health protection audit and research.

Not all NHS actions described in the JHPP are the responsibility of the Health Protection Team but are being taken forward by other parts of the NHS.

**Aberdeen City**

As at 1 January 2010

Aberdeen City has 9 competent persons\* and a further 74 FTE EHOs and professional/specialist/administrative staff who contribute to public health functions

Staff are split across two teams, Public Protection and Trading Standards and Commercial Premises, but work closely together

**Aberdeenshire**

Aberdeenshire has 24 competent persons\* and 33.5 FTE further technical persons who contribute to public health functions.

**The Moray Council**

Moray Council has 12 competent persons\* designated under the Public Health etc (Scotland) Act 2008 and a further 12 FTE staff who contribute to public health functions.

\* see below for definition of competent persons

## **Extract from The Public Health etc. (Scotland) Act Designation of Competent Persons Regulations 2009**

### **Criteria and Qualifications for Health Board Competent Persons**

For a person to be eligible for designation as a health board competent person, that person must–

- be employed by or have a contract for services with a health board in Scotland; and
- be a registered medical practitioner on the General Medical Council's Specialist Register in the speciality of public health medicine with a minimum of 6 months' work experience in health protection; or
- be a registered medical practitioner who has held a substantive consultant post in the UK NHS in public health medicine prior to 1st January 2008 with a minimum of 6 months' work experience in health protection; or
- be a nurse, registered with the Nursing and Midwifery Council, with a minimum of 2 years work experience in health protection; or
- be registered as a public health specialist on the UK Public Health Register, having gained access to the Register by the training route, with a minimum of 6 months' work experience in health protection; or
- be registered as a public health specialist on the UK Public Health Register, having gained access to the Register by the portfolio route, with a minimum of 2 years' work experience in health protection.

### **Criteria and Qualifications for Local Authority Competent Persons**

For a person to be eligible for designation as a local authority competent person that person must–

- be employed by a local authority in Scotland; and
- be an environmental health officer, meaning a person holding the Diploma in Environmental Health awarded by the Royal Environmental Health Institute of Scotland (or equivalent), with a minimum of 2 years' experience working as an environmental health officer within a local authority or equivalent.

(b) Briefly outline the IT and Communications Technology available to the NHS Board and local authority(ies) to facilitate health protection (CD&EH) work, including the management of incidents and outbreaks.

	<b>NHS Grampian</b>	<b>Aberdeen City</b>	<b>Aberdeenshire</b>	<b>The Moray Council</b>
<b>Hardware</b>				
Desktop and laptop computers	✓	✓	✓	✓
Printers (black and white and colour)	✓	✓	✓	✓
Photocopiers	✓	✓	✓	✓
Fax machines	✓	✓	✓	✓
Office and mobile telephones	✓	✓	✓	✓
Access to language line	✓	✓	✓	✓
Personal digital assistant	Limited		✓	
Pagers	✓	✓	✓	
Audio-teleconferencing equipment	✓	✓	✓	
Video-conferencing equipment	✓	✓	✓	✓
On call laptops	✓	Limited		
Access to an equipped control room	✓			
Network access from home outwith normal hours		Limited	Limited	
<b>Software</b>				
MS Office (Word, Excel, PowerPoint, Access)	✓	✓	✓	✓
Internet and secure email	✓	✓	✓	✓
SIDSS (Scottish Infectious Disease Surveillance System)				
Access to electronic information resources and databases – ECOSS (Electronic Communication of Surveillance in Scotland), SCI Store (to access laboratory results), SCI Gateway, SHPIR (Scottish Health Protection Information	✓			

Resource), TRAVAX (travel advice), Toxbase (toxicology database), SEISS (Scottish Environmental Incident Surveillance System), NHS Scotland e-library.				
Uniform system used for recording and management				✓

*(c) Outline the organisational arrangements in place to facilitate good collaborative working between the NHS, local authorities and other health protection partners, e.g. the veterinary service, Scottish Water etc. How often do the teams meet? How are public health incidents reviewed and lessons shared locally?*

The NHS Grampian Health Protection Team, Infection Prevention and Control Nurses, Infection Control Doctor/Consultant Medical Microbiologist, Consultant Medical Virologist and Environmental Health Officers (EHOs) from Aberdeen City, Aberdeenshire and The Moray Council meet monthly to review all communicable diseases, outbreaks and environmental incidents. The Divisional Veterinary Manager, Animal Health has a standing invitation to attend.

The NHS Grampian CPHM, EHOs from Aberdeen City, Aberdeenshire and The Moray Council meet with Scottish Water six monthly to review public and private water quality.

NHS Grampian hosts the Medical, Veterinary and Environmental Health liaison/educational meetings once a year. Attendees in past have included public health, vets from both Animal Health and the Scottish Agricultural College, EHOs, clinical staff, Infection Prevention and Control nurses, Health Protection Scotland, Scottish Water, Scottish Environmental Protection Agency and Food Standards Agency.

*(d) Outline the arrangements to respond out of hours, including staffing and job titles (NHS and local authority), including management, technical and professional staff.*

**NHS Grampian**

Two tier rota in place staffed by HPNS, Speciality Registrars and CPHMs. A CPHM is always available.  
11 staff are designated as Health Board competent officers.  
Administrative support is available on a voluntary basis and senior manager rota in place.  
Expert advice is available from Health Protection Scotland.

**Aberdeen City**

Duty officer on call outwith normal office hours and pager number is supplied to partner organisations. The Duty Officer has access to contact details of the Commercial Premises and Public Protection Managers and Principal EHOs and other key staff. There is capacity to put together a small team of frontline staff to respond to a situation arising out of hours should this be required.

The Duty Officer Service is currently under review, along with out of hours environmental health service provision generally

**Aberdeenshire**

An out of hours telephone number is widely advertised and circulated to our many partner organisations. All calls to that number go to a 24/7 call centre, where a decision is made to contact 1 of 10 staff.

**The Moray Council**

There is currently no 24 hour on call response for the Environmental Health Service. The Council has an out of hours contact number 08457 565656 and the Environmental Health Manager is the first point of contact.

*(e) Outline the arrangements for reviewing Health Protection Standard Operating Procedures or Guidance. How often does this take place?*

Guidance is reviewed as required e.g. prompted by change in epidemiology, new national guidance, lessons identified from outbreaks and incidents.

*(f) Outline the corporate arrangements for ensuring the maintenance of knowledge, skills and competencies for staff who have health protection duties in both the NHS Board and local authorities, including keeping up to date for out of hours duties. How is this recorded? How often are the arrangements reviewed?*

#### **NHS Grampian**

Local on call guidance provided and updated regularly and new guidance issued as required

On call training provided on monthly basis

Multi agency workshops e.g. management of water incidents

Attendance at Health Protection Scotland courses and other national training e.g. Chair of Scientific and Technical Advice Cell

Register of local training kept

Staff review, agree and record CPD requirements during appraisals.

Additional training needs identified at weekly and monthly reviews of incidents

On call staff contribute to daytime response

Arrangements were reviewed and revised throughout 2009 and further review planned for 2010.

#### **Aberdeen City**

In house procedural documents available along with training plans

Annual Performance Appraisals result in the formulation of Personal Development Plans which incorporate compulsory structured food hygiene training along with any other identified training needs

Staff encouraged to participate in the REHIS CPD scheme.

Training needs may also be identified as a result of quality monitoring

Regular technical meetings in the various environmental health disciplines held to update staff and discuss pertinent issues

Budget provision made for essential professional training and competence maintenance

**Aberdeenshire**

Training needs are identified during the annual Employee Development Review Scheme.

Staff undertaking food hygiene inspections are required to achieve 10 hours of relevant training per year.

Staff have to attend focus groups and team meetings where updates and new guidance is distributed.

Ongoing training at a variety of seminars and courses is available.

Many of the staff take part in the REHIS scheme of CPD. This is the subject of ongoing monitoring.

**The Moray Council**

Training needs are identified during the Employee Review and Development Programme. All EHO's participate in REHIS scheme of Continuing Professional Development and have achieved Chartered Status. Staff undertaking Food Hygiene inspections are required to achieve 10 hours of structured food hygiene training per year. Staff attend REHIS seminars, internal focus groups and staff meetings where changes to legislation, codes of practice and guidance are discussed.



#### **Appendix 4 Health protection services: capacity and resilience**

##### **NHS Grampian**

Reviewed capacity and resilience at regular intervals throughout 2009 as a result of staff absence and response to influenza pandemic. As result Business Continuity Plans were activated, an enhanced rota and then shift working was implemented and other public health staff contributed to the health protection service on a regular basis.

Appointed 0.6 WTE project manager to support the implementation of the HPV programme and then the HINI vaccination programme. Appointed staff to support the Hepatitis C action plan.

A further review of capacity and resilience is planned for 2010.

Mutual aid arrangement in place with Northern Boards as evidenced by agreement signed by Chief Executives.

##### **Aberdeen City**

No formal review, but resilience and capacity has been tested during several large scale outbreaks over recent years. Although there have been professional staff shortages in the Service due to recruitment and retention difficulties over past 10 years, the service has maintained the ability to respond.

A process of multi skilling staff has increased the capacity of the existing staff complement to be utilised in several environmental health disciplines. A programme of retraining authorised officers to become EHOs has been well received by staff and should further increase capacity.

Business Continuity Plans have been prepared and were reviewed in late 2009  
Informal agreements exist for joint working with neighbouring authorities at times of excessive demand.  
There have been no reductions in frontline environmental health posts as part of 2010/11 budget savings.

**Aberdeenshire**

The Environmental Health Service is audited by the Food Standards Agency (Scotland) as part of their ongoing audit programme

There has been no formal overall assessment of capacity and resilience carried out in recent year.

The requirements of new legislation or changes are the drivers to assessing needs. The Private Water Supply (Scotland) Regulations 2006 is an example of this where an additional 4 staff (3.6 FTE) were recruited.

**The Moray Council**

The Environmental Health Section is audited periodically by the Food Standards Agency (Scotland).

A review of the Environmental Health Service was carried out and a report submitted to the Environmental Services Committee in 2005 following which additional staff were appointed.

A business continuity plan is being developed for The Moray Council.

## **Appendix 5 Health protection: public involvement and feedback**

Communicating with the public regarding perceived and actual risks to health is an integral part of managing any incident or outbreak and we work closely with corporate communications colleagues in the NHS, Local Authorities and other agencies to promote effective good communication with the public. A representative of the corporate communication team attends all outbreak and incident control meetings.

NHS Grampian - Discussion with those affected during outbreaks and incidents is used to inform how and what we communicate to the public through the media. For example discussion with the individuals involved and, where appropriate, religious and community leaders, hotels, care homes and employers have allowed us to tailor messages to best effect.

Aberdeenshire Council has a clear strategy to involve others in the development of services through regular Citizens Panel Surveys. More specifically we use customer feedback questionnaires for pest control.

A study done to improve the administration of private water supplies involved consulting Solicitors and Estate Agents. This was done to look at feedback to incorporate it within future service provision.