NHS Highland

NHS Highland

Meeting: Board Meeting

Meeting date: 25 July 2023

Title: Joint Health Protection Plan 2023-2025

Responsible Executive/Non-Executive: Dr Tim Allison, Director of Public Health and Policy

Report Author: Dr Jenny Wares, Consultant in Public Health Medicine (Health Protection)

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal requirement

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	X	Thrive Well	X	Stay Well	X	Anchor Well	X
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well	X	Live Well		Respond Well		Treat Well	
Journey Well		Age Well	X	End Well	X	Value Well	
Perform well	X	Progress well					

2 Report summary

2.1 Situation

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan (JHPP) which provides an overview of health protection priorities, provision and preparedness for the NHS Board area. This is the fifth Highland JHPP, with the first plan being published in 2010. It was not possible to update the current JHPP in accordance

with the previously agreed time-frames due to the constraints of the COVID-19 pandemic. This was not unique to Highland with similar challenges facing all NHS Boards and local authorities across Scotland. This updated plan covers the period 1st April 2023 to 31st March 2025. The Board is asked to approve the plan.

2.2   Background

Health Protection is an area of public health that is responsible for the surveillance, prevention, investigation and management of communicable diseases and environmental hazards in addition to incident and outbreak management. The outcome of this is that the population's health is protected from infectious and environmental threats and major incidents and that across our communities, health inequalities are reduced.

Health Protection Teams (HPTs) within NHS Health Boards work in partnership with Environmental Health teams and other partners to support this area of work. Whilst there has always been very close working, this has never been more so than during the COVID-19 pandemic. This had been fostered through many years of partnership working and evidenced through the development of previous Joint Health Protection Plans which demonstrates the effectiveness and importance of this JHPP process and document as part of routine working but also as part of preparedness activity.

The prevention, investigation and control of communicable diseases and environmental hazards requires 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 diseases or situations. There are many such national and local plans. The response to the pandemic was supported by the arrangements already in place through previous Joint Health Protection Plans which facilitated the implementation of processes.

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 work undertaken to develop common plans to ensure a systematic and consistent approach to tackling common public health issues and learning from best practice in both local authority areas and has been demonstrated through the approach taken to the pandemic response. A list of the plans which are common to all three agencies is included within the appendices of the JHPP. It has not been possible to update many of these plans in accordance with the normal timeframes due to the pandemic response and this is therefore a priority for teams in the short-term.

This plan has been created following the requirements set out in the Public Health etc. (Scotland) Act 2008. National guidance on the content of JHPPs has been published by the Scottish Government. The Public Health etc. (Scotland) Act 2008 provides that each health board and each local authority must designate a sufficient number of persons to be known as competent persons for the purpose of exercising specified public health functions under the Act. The list of competent persons has been updated with the JHPP. NHS Highland, Argyll and Bute Council and Highland Council have prepared this plan in collaboration and consultation.

The plan requires to be formally approved by the NHS Highland Board and the appropriate Committees of each of the local authorities. The plan has already been approved by both Councils.

The purposes of the plan are:

- To provide an overview of health protection priorities, provision and preparedness for NHS Highland, Highland Council and Argyll & Bute Council.

- To outline the joint arrangements which Argyll and Bute Council, Highland Council and NHS Highland have in place for the protection of public health.

- To improve the level of preparedness to respond effectively to a health protection incident and emergency.

- To clarify the priorities for the period of the plan 2023 – 2025.

- To identify the resources which are required to meet the plan.

- To detail the liaison arrangements between NHS Highland, the two Local Authorities and other Agencies (e.g. Scottish Water, Scottish Environment Protection Agency).

- To develop learning across the agencies.

- To provide a mechanism for reviewing and recording outcomes and achievements.

2.3   Assessment

Health Protection is a core part of the services delivered by NHS Highland through the Public Health department's Health Protection Team (HPT) and both Argyll & Bute and Highland Councils through the protective services remits (environmental health, trading standards, licensing standards and animal health and welfare). The JHPP recognises that work is undertaken on a daily basis relating to the following areas of responsibility and service delivery:

- Protecting public health

- 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

- Promoting a safe environment and protecting the public from environmental hazards

- Providing safe private and short term let accommodation

- Ensuring adequate plans are in place to respond to incidents and emergencies.

In addition, a number of local health protection priorities requiring joint action have been identified. The JHPP priorities reflect local and national priorities and take account of current work, challenges and emerging issues. Some of the issues highlighted such as tobacco have programmes of work in place that are much wider than that set out in the plan.

The impact of the pandemic has been significant and a core focus for teams is that of remobilisation whilst also continuing to react to the ongoing challenges posed by COVID-19. This winter demonstrated some of the ongoing challenges posed by respiratory infections with exceptional levels of influenza activity being experienced across our communities in addition to a further wave of COVID-19 plus unusually high levels of Group A Streptococcal infections. The increased activity resulting from COVID-19 has resulted in a new normal when compared to routine activity pre-pandemic and going forwards teams will be required to meet this need in addition to existing priorities underpinning the need for the continued HPT expansion.

The national priorities which influence our local priorities have been detailed within the plan. NHS Highland JHPP commits to meeting these in the term of this plan. Areas that will require further work in future years include:

- Ensuring that the learning from the COVID-19 pandemic is captured within ongoing future pandemic preparedness

- Continuing to support the transition to living with COVID-19 and contributing to Scotland's COVID-19 Inquiry as required

- Improving health in the early years especially through new and existing vaccination programmes, particularly as we transition through the Vaccination Transformation Programme

- Contributing to Scotland's aim of eliminating hepatitis C as a public health concern by 2024

- Ensuring the effective implementation of current policy such as Scotland's TB Framework

- Further implementing a coherent, measurable strategy to reduce the risks to health from environmental risk factors such as air pollution, lead in water, contaminated land and radon

- Improving food, water and environmental safety

- Protecting vulnerable groups, especially older people in health and social care, against exposure to hazards and their adverse effects

- Mitigating the impact of climate change

- Being prepared to respond to current and emerging diseases including new variants of SARS-CoV-2, Mpox and avian influenza etc.

- Addressing place standard and resettlement challenges

- Mitigating the impact of the cost-of-living crisis on individuals, families and communities and the resultant public health issues

The priorities that have been identified will be progressed through the incorporation within the operational service plans of each Local Authority or NHS Highland, and where they are common, delivered through effective working and partnership between the agencies.

Given this is a shared plan, the monitoring of performance will be undertaken through routine performance management processes within each of the respective organisations. From an NHS Highland perspective, performance will be reported through the Environmental Health Liaison Committee and then to the Population Health Programme Board. An annual report on health protection activity will be presented to the Clinical Governance Committee
.
The JHPP will be reviewed annually, and any necessary changes made. The review will be led by the service leads and will report to the multi-agency Environmental Health Liaison Committee. However, the plan will only be formally changed and updated every two years in accordance with the legislation.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

There is a substantial level of assurance that appropriate plans are in place. However, considerable work will be needed to implement these plans.

3 Impact Analysis

3.1 Quality/ Patient Care

The work outlined in the plan is aimed at maintaining and improving quality of care.

3.2 Workforce

The plan highlights workforce issues. There are no new workforce commitments.

3.3 Financial

There are no new financial commitments contained in the plan.

3.4 Risk Assessment/Management

Risks are managed in line with other risks within the Public Health Directorate.

3.5 Data Protection

The report contains no additional data protection requirements.

3.6 Equality and Diversity, including health inequalities

The work outlined in the plan is aimed at reducing inequalities.

3.7 Other impacts

No other impacts to note

3.8 Communication, involvement, engagement and consultation

The plan has been developed through the Environmental Health Liaison Committee and has already been approve by both Argyll and Bute Council and the Highland Council.

3.9 Route to the Meeting

The plan has been developed through the Environmental Health Liaison Committee with NHS Highland and both local authorities. Further governance arrangements will be needed for revisions and future plans. These are expected to include reporting through the Control of Infection Committee, Clinical Governance Committee and Population Health programme Board.

4 Recommendation

- **Decision** – The Board is asked to approve the Joint Health Protection Plan 2023-2025.

4.1 List of appendices

The following appendices are included with this report:

- Joint Health Protection Plan 2023-2025

NHS Highland Joint Health Protection Plan (JHPP) 2023-2025

Prepared by Dr Jenny Wares, Mr Alan Morrison and Mr Alan Yates on behalf of NHS Highland, Argyll and Bute Council and Highland Council respectively

April 2023 – April 2025

Contents

Introduction

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

This is the fifth Highland JHPP, with the first plan being published in 2010. As detailed within the plan, it was not possible to update the current JHPP in accordance with the previously agreed time-frames due to the constraints of the COVID-19 pandemic. This updated plan covers the period 1st April 2023 to 31st March 2025. It is a public document and is available to members of the public on the NHS Highland website 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 live, visit and work in the Highlands and Argyll & Bute.

Signed:

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Section 1: Overview

1.1   The Joint Health Protection Plan

This plan has been created following the requirements set out in the Public Health etc. (Scotland) Act 2008. NHS Highland, Argyll and Bute Council and Highland Council have prepared this plan in collaboration and consultation. This plan is herewith referred to as the Joint Health Protection Plan (JHPP).

Although the plan would previously have been reviewed and formally updated in December 2020, this was not possible due to the competing priorities of the COVID-19 pandemic and the challenges this placed on each of the three agencies. This was not unique to Highland with similar challenges facing all NHS Boards and local authorities across Scotland. The updated plan relates to the period 1st April 2023 to 31st March 2025.

The plan requires to be formally approved by the NHS Highland Board and the appropriate Committees of each of the local authorities. The plan has been developed in accordance with national guidance.

The purposes of the plan are:

- To provide an overview of health protection priorities, provision and preparedness for NHS Highland, Highland Council and Argyll & Bute Council.

- To outline the joint arrangements which Argyll and Bute Council, Highland Council and NHS Highland have in place for the protection of public health.

- To improve the level of preparedness to respond effectively to a health protection incident and emergency.

- To clarify the priorities for the period of the plan 2023 – 2025.

- To identify the resources which are required to meet the plan.

- To detail the liaison arrangements between NHS Highland, the two Local Authorities and other Agencies (e.g. Scottish Water, SEPA etc.).

- To develop learning across the agencies.

- To provide a mechanism for reviewing and recording outcomes and achievements.

- 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 every two years in accordance with the legislation.

1.2   Current context

1.2.1   Background

Health Protection is an area of public health that is responsible for the surveillance, prevention, investigation and management of communicable diseases and environmental hazards in addition to incident and outbreak management. The outcome of this is that the population's health is protected from infectious and environmental threats and major incidents and that across our communities, health inequalities are reduced.

Health Protection Teams (HPTs) within NHS Health Boards work in partnership with Environmental Health teams and other partners to support this area of work. Whilst there has always been very close working, this has never been more so than during the COVID-19 pandemic. The existing strong working relationships were incredibly beneficial and these foundations were further built on over the course of the pandemic.

The past three years have been exceptional for many services including that of the HPT and the environmental health teams, in that the predominant activity has been the pandemic response. Whilst the demands of the pandemic necessitated an almost wholesale temporary transformation of the services, the reactive response to the management of other infectious diseases continued on a 24/7 basis. Due to the competing priorities for teams and the often overwhelming needs of the pandemic response, non-urgent work programmes were paused.

On the 9th January 2020, Health Protection Scotland (HPS) (now Public Health Scotland's Clinical and Protecting Health Division, PHS) convened an Incident Management Team (IMT) meeting with Scottish Government and NHS Board HPTs following the identification of a cluster of pneumonic illness in Wuhan City associated with a novel coronavirus. This novel coronavirus was subsequently identified as SARS-CoV-2, the virus causing the infection known as COVID-19. The World Health Organisation declared the outbreak a 'Public Health Emergency of International Concern' at the end of January 2020.

More than three years have now passed since this initial activity. The response to the pandemic was greatly assisted by the existing strong relationships and arrangements between NHS Highland HPT and the Environmental Health (EH) teams in both Highland Council and Argyll and Bute Council. This had been fostered through many years of partnership working and evidenced through the development of previous Joint Health Protection Plans which demonstrates the effectiveness and importance of this JHPP process and document as part of routine working but also as part of preparedness activity.

1.2.2 COVID-19 activity

The first confirmed case of COVID-19 in Scotland was announced on 1st March 2020 in Tayside in a returning traveller who had visited Italy. NHS Highland's first case was notified on March 13th 2020. Since the start of the pandemic, over 17 million PCR tests for COVID-19 have been carried out across Scotland and over two million cases of COVID-19 have been identified (data accurate as of 30th January 2023). This represents around 39.2% of the population. Sadly, there have been over 16,000 people who have died as a result of COVID-19 across Scotland since the pandemic began.

With respect to NHS Highland, there has been a total of 104,494 cases of COVID-19 to date as detailed in figure 1 (as of December 2022).[2]

Figure 1: Cumulative number of confirmed cases of COVID-19 across NHS Highland (as of December 2022)
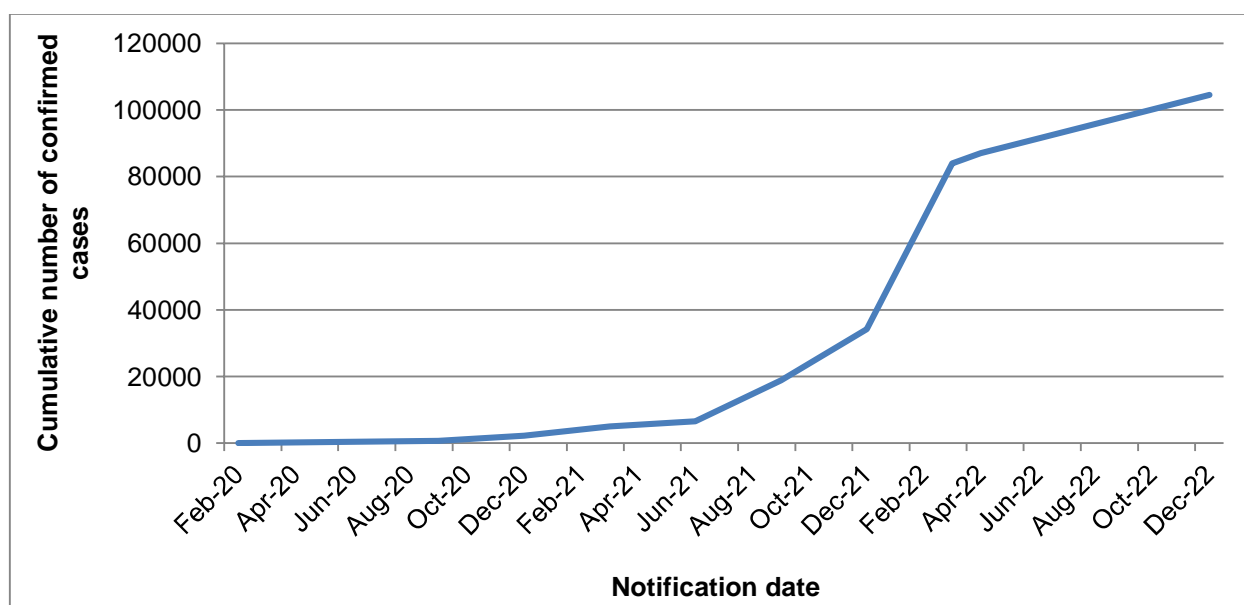
Over 9,000 separate enquiries and over 841 situations relating to COVID-19 have been handled by the HPT although it is recognised that this is likely to be an under-reporting. This activity was replicated for the environmental health teams with more detail overleaf. Multi-agency Incident Management Team (IMT) meetings were convened in response to different outbreaks necessitating effective partnership working. Over the course of the pandemic, clusters and outbreaks were managed in relation to a range of different settings and locations including an outbreak in Grantown-on-Spey which also included a local slaughterhouse; an outbreak in Kilcreggan on the Rosneath peninsula linked to a private event held in a local bowling club and many other outbreaks affecting specific settings such as care homes, schools, ships and workplaces.

Unfortunately, when the incidence rises within our communities, there is a high risk of spread to local workplaces and care settings. One of the most significant areas of activity has been the provision of specialist infection control advice and training to independent care homes and care at home settings in addition to the management of clusters and outbreaks in these vulnerable settings. The HPT has a statutory responsibility for outbreak management in care homes in addition to being responsible for providing all of the infection, prevention and control support across the 67 independent and local authority care homes across the NHS Highland board area. A dedicated team within the health protection team was developed to support this significant area of work. A recent review of activity has highlighted that there have been over 50,000 separate events documented pertaining to the management of outbreaks in independent care homes in Highland over the course of the pandemic. An event in this context is activity undertaken as part of the outbreak management such as a phone call or an email.

From a local authority perspective, in addition to responding to reported cases and outbreaks, new powers were given to local authorities in respect of securing public health controls within businesses/places and to Police Scotland to enforce the lockdown conditions in public places under the Coronavirus regulations. This was very challenging particularly when neighbouring authorities were in different control levels (e.g. Argyll and Bute Council and West Dunbartonshire Council) and with statutory requirements and guidance changing so quickly as the pandemic developed. The levels sought to minimise spread by restricting business use and ensuring appropriate public health controls were in place. This required Argyll and Bute Council and Highland Council to redesign services in order to focus resources on COVID-19 enforcement activities whilst continuing to deliver other core services. Some of the key highlights from this work are detailed below:

Table 1: Number of COVID-19 interventions by local authority area

	Number of COVID-19 interventions by local authority area		
Local Authority COVID-19 interventions (01/03/2020 – 31/3/22)	Argyll and Bute Council	Highland Council	Total
Business interventions	2,033	1,684	3,717
Business revisits	235	N/A	235
Enquiries/complaints	1,244	1,370	2,614

Specific business enquiries	531	523	1,054
Enforcement action - warnings	113	187	300
Enforcement action - Prohibition Notices	10	0	10
Referrals from NHS Highland HPT for investigation (due to the referral process, there could be some potential for duplication)	1,309	4,526	5,835

From the table above, it is evident that the enforcement strategy developed and implemented across all Scottish local authorities of the 4Es (Engage, educate, encourage and enforce) resulted in a very positive response from the business community and high levels of compliance. Formal enforcement action was taken in the minority of cases where there was obvious non-compliance or risks to public health or non-cooperation by the business. There was a 100% response to identified outbreaks which ranged significantly from premises related to ship-based outbreaks where the ships had to be detained, the infected crews isolated and removed to alternative accommodation, the ship deep-cleaned and disinfected and a new crew put on board. The logistics associated with dealing with this response, in the height of a pandemic and the associated restrictions, were extremely challenging.

1.2.3 COVID-19 support to Health Protection and Environmental Health teams

Over the early part of the pandemic, it quickly became apparent that despite support from other departments an expanded health protection function would be required to support the ongoing pandemic response.

This was implemented in NHS Highland through the recruitment of additional nursing and administrative staff in addition to the development of a clinical fellow role plus additional input at Consultant level from the existing Consultant in Public Health Medicine (CPHM) specialising in Health Protection. Over the course of the pandemic, a local contact tracing service was also established which was integrated with the HPT. The expansion to the specialist function was hugely valued albeit, in keeping with other services, the response was very challenging despite having the expanded team. In accordance with the current strategic direction, the contact tracing service was stood down in April 2022 but an expanded health protection team remains in place to address the ongoing impact of COVID-19 but also to enable the effective remobilisation of other health protection responsibilities.

At a local authority level, the focus was on managing the Councils' response to COVID-19, delivering core services and establishing new services to support communities. This included the establishment of catering services and food packs to vulnerable communities, families and individuals. In environmental health terms, resources were redirected into COVID-19 work with other non-urgent activities paused.

The Scottish Government provided some financial support to environmental health services to support the additional COVID-19 demands and enforcement activities. This short-term funding was provided over an 18 month period ending on the 31st March 2021. This helped to fund two Full Time Equivalent (FTE) COVID-19 Compliance Officers in Argyll and Bute and four COVID-19 Compliance Officers and one temporary COVID-19 EHO in Highland Council. This assistance was invaluable and enabled essential health protection services to continue. There was also an increase in environmental health service requests partly due to people working at home and being more aware of issues within their neighbourhoods.

1.2.4 Wider health protection activity and future priorities

The control measures implemented as part of the COVID-19 response, including the lockdowns and other non-pharmacological interventions (NPIs) such as masks and physical distancing, were incredibly beneficial with respect to reducing the incidence of COVID-19. However, the benefits were not limited to COVID-19 and there was also a reduction in other infectious diseases given the reduced potential for person to person spread and also a decrease in possible exposures. There was a dramatic reduction in the incidence of a number of notifiable infections including pertussis, invasive Group A Streptococcus (iGAS), Meningococcal infection and Shiga toxin-producing *Escherichia coli* (STEC). Similar trends were seen at a national and international level.[3] This adds to the evidence for continuing with some of the basic public health measures such as rigorous hand and cough hygiene, enhanced cleaning and better adherence to staying at home when unwell. The move to living with COVID-19 with the resultant easing of measures and subsequent increase in mixing has led to a corresponding increase in infections although the positive legacy of the pandemic with respect to behaviour change and infection control practices is unknown.

The requirements of the pandemic response meant that it has not been possible to fulfil all normal activities to the same extent. This has been common to all areas with all NHS Board HPTs, local authority environmental health teams and Health Protection Scotland (now Public Health Scotland) having to prioritise the pandemic response.

Although we are now in a different phase of the pandemic, there continues to be an impact on morbidity and mortality from COVID-19 infection in addition to the ongoing

potential of a new SARS-CoV-2 variant. As such, the response to COVID-19 will continue to necessitate considerable input with future waves alongside the remobilisation of the health protection function. Section two details the health protection priorities to be progressed over the course of this plan.

1.3   Health Protection Planning

The prevention, investigation and control of communicable diseases and environmental hazards requires 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 diseases or situations. There are many such national and local plans. The response to the pandemic was supported by the arrangements already in place through previous Joint Health Protection Plans which facilitated the implementation of processes.

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 work undertaken to develop common plans to ensure a systematic and consistent approach to tackling common public health issues and learning from best practice in both local authority areas and has been demonstrated through the approach taken to the pandemic response.

A list of the plans which are common to all three agencies is included within appendix 1. It has not been possible to update many of these plans in accordance with the normal timeframes due to the pandemic response and this is therefore a priority for teams in the short-term.

Although excellent working relationships were already in place, the pandemic response necessitated even closer working and more regular meetings were convened to support effective communication and information sharing between the three agencies. The frequency varied according to need but was weekly at the height of the pandemic. This forum was felt to be very beneficial for sharing information and has been retained on an ongoing basis on a bimonthly basis.

1.4   Risks and Challenges

The geographical profile of the area presents several challenges to effective and timely management of a health protection incident. This poses a risk to the delivery of the service and further emphasises the importance of local knowledge and effective working relationships to an incident response. From an NHS Board perspective, the NHS Highland Board is the largest board in Scotland covering an area of 32,560km^2 and

accounting for 42% of Scotland's land mass. This vast geographical area means that travelling arrangements must be factored into the planning of a response to an incident. This is particularly the case for island communities where access is dependent on ferries. There are 37 inhabited islands across both council areas. Many communities are remote and can be isolated, particularly during periods of adverse weather or, as has been increasingly the case, as a result of breakdowns or availability of ferries. The maps of the area are provided in Appendix 3.

All three agencies are heavily dependent on effective telecommunications systems and a lack of mobile telephone network coverage is a problem in some remote areas and some island communities although this is improving. The response to a public health incident could be compromised in the event of a significant failure of the telecommunications system although the pandemic has resulted in improvements to communications through the use of MS teams.

Staff from all three agencies may be required to travel to the site of a public health incident. This may necessitate several hours of journey time, increased by the need for specific transport or adverse weather conditions. As such the duration of deployment is increased. It is accepted that any reduction in staffing for any of the agencies would impact even further on capacity to respond appropriately and timeously to health protection incidents. This can in part be mitigated by some of the communications improvements experienced in recent years.

Collection and analysis of samples forms a key step in the management of a disease outbreak. The specimens are routinely delivered to the regional or national laboratories by road. There may be a longer turnaround time from submitting the sample to receiving a result depending on the analysis required. In some more urgent circumstances couriers and specialist transport including air transport should be used in order to reduce sample transit time.

NHS Highland collates the surveillance data and information relating to disease outbreaks and environmental incidents and also contributes to national surveillance work. Local Authorities have systems in place for the recording of investigative and monitoring work associated with health protection. These systems include in-house case management systems and also include the use of the Scottish Food Sampling Database (SFSD). The teams may also utilise Geographical Information Management Systems (GIS). HPZone Scotland was introduced by all NHS Boards prior to the Commonwealth Games in 2014 and is now well established. This aims to provide a standardised Health Protection IT system for national surveillance and managing cases and incidents across the country.

All three organisations have local risk registers. These highlight specific high risk facilities, events or scenarios within each area and are also available through the Regional and Local Resilience Partnerships –West of Scotland Regional Resilience

Partnership (RRP), Argyll and Bute Resilience Group, the Highlands and Islands Local Resilience Partnership (HILRP) and the North of Scotland RRP.

As identified in the latest Climate Change Risk Assessment (CCRA3)[4] there are increasing risks posed by climate change with an increased risk of morbidity and mortality from extreme weather events, possible changes in indoor and outdoor air quality, vector-borne disease and an increased incidence of food poisoning and water-borne infections.

The NHS Highland board area has the greatest proportion of Private Water Supplies (PWS) with over a quarter (n=6,224; 28%) of the total number of registered PWS in Scotland occurring in the area. When compared to the mains supply, the health risks from the consumption of water from a PWS are higher with an increased risk of infections such as cryptosporidiosis and STEC. The climate change predictions of drier summers interspersed with heavy rain are likely to increase the risk of raw water contamination and could increase the risk to human health of water-borne infections.

1.5   Capacity and Resilience

Capacity and resilience are ongoing challenges, particularly in response to the current pressure on all services to reduce expenditure. Human resource capacity of specialist health protection skills in NHSH, Argyll and Bute Council and Highland Council is limited although there was a temporary expansion as a result of the pandemic response. It is possible that there will be some retention of an expanded function in the longer term in NHS Highland although not at the same levels as that experienced during the pandemic. This will be necessary due to the ongoing requirements from COVID-19.

Appendix 2 lists the designated competent persons in terms of the Act. NHSH services are located in Inverness although cover the whole board area. 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.

There are particularly significant issues affecting local authorities, namely:

- The challenges with the recruitment of qualified environmental health professionals due to a workforce shortage across Scotland. This is being considered nationally and work is ongoing to address this, although there is no short-term solution. The impact is that there are challenges in recruitment with vacant environmental health officer posts. In Argyll and Bute some posts remain vacant placing a significant capacity and resilience issue to these services. This is at a time of increasing

workload and areas of new work including short-term let licensing, property checks associated with the Ukrainian Resettlement programme and EU exit implications. This is compounded by an increasing reactive workload and emerging issues such as that of the increased incidence of avian influenza. There has been an increase in the reactive workload of 60% in the last 18 months in Argyll and Bute Council.

- Ongoing challenges of prioritisation of available resources to meet statutory public health requirements. Existing environmental health resources are focussed on high-risk priorities and are managed to allow flexibility to respond to new challenges such as the COVID-19 response and the 2022 work on property inspections for Ukraine refugee schemes. The teams actively engage in national groups to share best practice and ensure efficient and proportionate approaches to implementation of statutory public health duties.

- An example of engagement is through the partnership working between the environmental health teams and Food Standards Scotland (FSS) on the delivery of statutory food safety legislation. The restart of food controls following the COVID-19 pandemic and ongoing audit work has identified significant challenges. Research by FSS in late 2021 estimated a resource gap of 178 FTE officers across all 32 Local Authorities (including Argyll and Bute and the Highland Council) to fulfil all food law requirements, including lower risk activities, of the Food Law Code of Practice. Officers from both Argyll and Bute and the Highland Council are engaged in a new national project to review the approach to food safety law to provide assurance in public health protection, with sufficient and sustainable resources to deliver the required work.

As a consequence of small team sizes, 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.

Staff from the wider department of public health are utilised as required in a large incident and beyond that staff from other teams/departments in NHS Highland. Formal arrangements for mutual aid with other NHS Boards in the North of Scotland and also NHS Greater Glasgow and Clyde are in place and reviewed through the resilience procedures. Informal arrangements for mutual aid exist within the local authorities and act to support the provision of the service in remote and isolated areas.

1.5.2 Risk and mitigation

There is enhanced risk that low risk activities and business may become a higher risk to public health through inadequate management etc., and that these will not be identified and corrected via routine inspections by environmental health services. There are a number of other preventative measures in place to mitigate this risk through:

- Provision of advice and guidance to business and individuals

- Targeted, intelligence led interventions, and liaison with other partner agencies

Notwithstanding this increased risk, priority will always be given to responding to public health incidents and cases of suspected or confirmed communicable disease, by redirecting resources to these investigations. The COVID-19 pandemic demonstrated this flexibility and effectiveness of the Councils' environmental health services and NHS health protection teams.

1.6   Supporting information

Appendix 3 provides the following background information in support of the plan:

- Health Protection definitions

- Overview of NHS Highland and its local authority partners

- Resources and operational arrangements for Health Protection

- Emergency Planning and Business Continuity

- Inter-organisation collaboration and mutual aid

- Out-of Hours arrangements

- Maintenance of competencies for Health Protection staff

- Public Feedback

Section 2: National and local Health Protection priorities

2.1   National Priorities

As part of Public Health Reform the Scottish Government and COSLA, working with a range of partners and stakeholders, developed a set of public health priorities to improve Scotland's health. The following priorities were published in 2018 and provide a ten year focus for improving the health of the nation.

Table 2: Scotland's Public Health priorities

Priority 1:	A Scotland where we live in vibrant, healthy and safe places and communities
Priority 2:	A Scotland where we flourish in our early years
Priority 3:	A Scotland where we have good mental wellbeing
Priority 4:	A Scotland where we reduce the use of and harm from alcohol, tobacco & other drugs
Priority 5:	A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
Priority 6:	A Scotland where we eat well, have a healthy weight and are physically active

It is acknowledged that the priorities do not reflect all of the activities that contribute to the health of Scotland's communities and that many activities are included in the broader public health reform work but not explicitly reflected. The report[5] on Scotland's six public health priorities states how, *'our work to protect the health of the population from serious risks and infectious diseases through vaccination, infection control and incident response (health protection), will continue to be an essential public health function and must be maintained. We will not compromise our existing, high quality protections and our ability to respond to emerging threats.'*

The Scottish Health Protection Network (SHPN) is an obligate network of existing professionals, organisations and groups within the health protection community across Scotland.

In line with the stated aims, the SHPN supports the development, appraisal and adaptation of health protection guidance, seeking excellence in health protection practice. The shared ownership of the network is one of its key strengths and all three organisations contribute to the collective work of the network. Many of the work-streams

of both the HPT and the environmental health teams are directed by the work of the SHPN.

An independent review of the structure, function and deliverables of the SHPN was undertaken in 2022. This review[6] concluded that '*the SHPN is a unique resource which is impartial, highly valued and appreciated. It is not perfect, but its work needs to be focused, streamlined and give maximum value for money. The network must not be lost, diluted or allowed to disintegrate. Instead, it should be cherished, strengthened and widely publicised.*' All three teams are committed to continuing to support the work of the network and to support the implementation of the review recommendations in due course.

Furthermore, the Chief Medical Officer and Scottish Government have previously identified various national health protection priorities as detailed within table 3. NHS Highland JHPP commits to meeting these in the term of this plan.

Areas that will require further work in future years include:

- Ensuring that the learning from the COVID-19 pandemic is captured within ongoing future pandemic preparedness;

- Continuing to support the transition to living with COVID-19 and contributing to Scotland's COVID-19 Inquiry as required;

- Improving health in the early years especially through new and existing vaccination programmes, particularly as we transition through the Vaccination Transformation Programme;

- Contributing to Scotland's aim of eliminating hepatitis C as a public health concern by 2024;

- Ensuring the effective implementation of current policy such as Scotland's TB Framework;

- Further implementing a coherent, measurable strategy to reduce the risks to health from environmental risk factors such as air pollution, lead in water, contaminated land and radon;

- Improving food, water and environmental safety;

- Protecting vulnerable groups, especially older people in health and social care, against exposure to hazards and their adverse effects;

- Mitigating the impact of climate change;

- Being prepared to respond to current and emerging diseases including new variants of SARS-CoV-2, Mpox and avian influenza etc.;

- Addressing place standard and resettlement challenges;

- Mitigating the impact of the cost of living crisis on individuals, families and communities and the resultant public health issues

2.2 Local Priorities

Health Protection is a core part of the services delivered by NHS Highland through the Public Health Department's HPT and both Argyll & Bute and Highland Councils through the protective services remits (environmental health, trading standards, licensing standards and animal health and welfare). This plan recognises that work is undertaken on a daily basis relating to the following areas of responsibility and service delivery:

- Protecting public health;

- 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;

- Promoting a safe environment and protecting the public from environmental hazards;

- Providing safe private and short term let accommodation;

- Ensuring adequate plans are in place to respond to incidents and emergencies.

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 in conjunction with a review of national priorities.

The local priorities, which are detailed in table 3 below, will be progressed through them being incorporated within the operational service plans of each Local Authority or NHS Highland, and where they are common, delivered through effective working and partnership between the agencies.

As detailed in section 1, the impact of the pandemic has been significant and a core focus for teams is that of remobilisation whilst also continuing to react to the ongoing challenges posed by COVID-19. This winter has demonstrated some of the ongoing challenges posed by respiratory infections with exceptional levels of influenza activity being experienced across our communities in addition to a further wave of COVID-19 plus unusually high levels of Group A Streptococcal infections. The increased activity resulting from COVID-19 has resulted in a new normal when compared to routine activity pre-pandemic and going forwards teams will be required to meet this need in addition to existing priorities underpinning the need for the continued HPT expansion.

Table 3: National and Local Priorities

	Source	Outcome	Work plan	Agencies involved
1.	National priority	Reduce Vaccine Preventable Diseases	After the supply of clean drinking water, immunisation is the most effective public health intervention for preventing illness and deaths from infectious diseases. Although vaccination is a well established intervention, ensuring vaccine uptake remains high remains a key priority. There are currently a number of challenges facing healthcare services with respect to maintaining high uptake rates. These include the re-emergence of eliminated diseases such as measles, the emergence of new outbreaks, service reorganisation and the increasing risks posed by the global anti-vaccination movement. NHS Highland is currently implementing the Vaccination Transformation Programme (VTP) which is the transition away from a primary care based delivery model to one that is primarily through NHS Boards. The aim is to build on the already successful vaccination programme across Scotland and further increase vaccination uptake and it is critical that the benefits afforded by successful immunisation programmes are not put at risk by structural changes in delivery. • *Deliver the Vaccination Transformation Programme by implementing models of delivery that fit a rural area and ensure continued high levels of vaccine uptake in all childhood and adult programmes.*	NHS Highland Highland Council A&B Council
2.	National priority	Reduce the incidence of tuberculosis (TB)	TB remains a leading cause of morbidity and mortality worldwide and disproportionately affects the most deprived and vulnerable members of society serving to exacerbate existing health inequalities. Over recent years there has been a considerable reduction in TB incidence in Scotland. However, the predominant challenge facing low TB incidence countries is that of latent tuberculosis infection (LTBI) as the majority of active cases are the result of 'reactivation' of LTBI. • Implement the actions within the Scottish Tuberculosis (TB) Framework including that of the development of an overarching	NHS Highland Highland Council A&B Council

			policy for the management of latent tuberculosis.	
3.	National priority	Progress action towards Hepatitis C (HCV) elimination	The Scottish Government has set a goal to eliminate HCV infection and HCV related severe disease and death as a major public health concern by 2024. The area of sexual health and blood-borne viruses (SHBBV) has been significantly impacted by the pandemic. An update to the SHBBV Framework is due to be published in early 2023. • *Implement any actions and recommendations developed as part of national SHBBV policy. One specific area of work will be updating NHS Highland's HCV Elimination Plan.*	NHS Highland Highland Council A&B Council
4.	National priority	Addressing health inequalities	• Utilise Private Landlord Registration scheme to assist with improving housing conditions in the private rented sector and reducing antisocial behaviour. • Continue working on strategies to improve housing conditions including licensing of HMOs and residential mobile home sites. • Review approaches to incivilities to identify good practice and specific projects to implement. Incivilities can include issues such as vandalism, graffiti, litter, dog-fouling and fly-tipping. • Implement short term let licensing regimes with the aim of securing safety within premises used for this purpose and safeguarding communities • Support the Ukrainian Resettlement Program and ensure that accommodation provided is safe and has adequate facilities and services. • Support the empty homes strategy aimed at encouraging improvements to properties in order to bring them back into housing use.	Highland Council A&B Council

5.	National priority	Minimise the risk to the public from Shiga toxin-producing *E. coli* (STEC) infection	• Implement any outstanding recommendations within the VTEC Action Plan for Scotland. • Improve the safety of private water supplies and ensure that public health interventions are taken for any failing drinking water supplies, whether public or private. • Promotion of safe practices and procedures where there is contact with livestock at animal parks and farms • Implement recommendations on the safe use of agricultural ground for recreational events. • Investigations of cases of STEC and implementation of appropriate control measures.	NHS Highland Highland Council A&B Council
6.	National priority	Food control	• Reinstate food control enforcement services and deliver a range of food interventions in respect of the national Food Safety Code of Practice. • Working with FSS, develop a new approach to food enforcement in Scotland (SAFER) whilst ensuring that food safety and public health is protected.	Highland Council A&B Council
7.	National priority	Scottish Veterinary Service review	• Participating in the national program relating to the creation of a Scottish Veterinary Service, and the impact on local authority animal health and welfare services. • Managing the risk relating to the possible transfer of AHW services from local authorities which will impact adversely on other statutory services relating to environmental health and trading standards.	Highland Council A&B Council
8.	National priority	Monitoring and Improving drinking water quality	• Collaboration between all three agencies and Scottish Water in the monitoring and improvement of public and private water supplies. • Work with DWQR to deliver the requirements on Private Water Supplies.	NHS Highland Highland Council A&B Council
9.	Local priority	Control Environmental exposures which have an adverse impact on health	• Tackle the effects of antisocial or excessive noise in the community. • Deliver on air quality standards within each local authority area. • Review approaches to swimming pools and spas to ensure appropriate controls are in place regarding infection control. • Blue-green algae - Promotion of safe usage of recreational waters where there is a risk of BGA, implementation of permanent signage and responding to incidents that occur. • Progress Contaminated Land strategies and ensure land is made	NHS Highland Highland Council A&B Council

			suitable for use through development management.	
			• Monitoring of bathing water quality (designated beaches/lochs) with SEPA.	
			• Apply the regulations for legionella safety in public buildings.	
			• Monitor the levels of lead in drinking water in public buildings especially schools and in relevant private establishments such as nurseries.	
10.	Local priority	Resilience to respond to pandemics through effective multi-agency response	• Review business continuity plans and Pandemic plans in light of the learning from the COVID-19 pandemic	NHS Highland Highland Council A&B Council
11.	Local priority	Effective sea and airport health plans to provide adequate disease control measures	• Review existing sea and airport health plans across Argyll and Bute Council and Highland Council to include arrangements for any imported disease e.g. Viral Haemorrhagic Fever • Hold a desktop exercise to test these plans. • Review the current situation concerning Port Health and identify whether Argyll and Bute should become a designated Port Health Authority.	NHS Highland Highland Council A&B Council
12.	Local priority	Enhance recovery planning for a major incident	• Review and further develop the generic Recovery Plan outlining multi-agency responses. • Exercise recovery plan for major flood or events. • Contribute to Regional Resilience Partnerships. • Continue implementation of Care for People guidance • Specific training in respect of Scientific and Technical Advisory Committees (STAC) to NHS and LA staff	NHS Highland Highland Council A&B Council
13.	Local priority	Effective and proportionate arrangements in place to protect public health	• Revise joint health protection policies and procedures between all three parties. • Review existing arrangements/plans as a routine part of each incident that occurs. • Undertake specific exercises for the purposes of training and evaluation of contingency plans relating to water and waste-water incidents and the recovery phase following a radionuclide incident. • Consider key performance standards for the response, investigation and actions for public health incidents	NHS Highland Highland Council A&B Council

			• Joint training in managing incidents/outbreaks and chairing these meetings such as STAC. • To investigate and take appropriate action in response to service requests which have the potential to impact adversely on the environment or to public health. • Joint protocol to be devised to manage vulnerable individuals displaying hoarding behaviour or whose lifestyle behaviour affects others.	
14.	Local priority	Minimise the risk to the public from Lyme Disease	• Assist with ongoing research and reviews. • Continue to raise public awareness. • Review and develop websites/links to provide suitable information.	NHS Highland Highland Council A&B Council
15.	Local priority	Reducing the impact of tobacco, alcohol and other harmful substances on public health	• Continued regulation of the smoking ban in enclosed and public places including NHS premises. • Continued work with licensed trade in respect of responsible drinking and minimum pricing. • Continue regulatory work on age-related sales activity of cigarettes and other products. • Promotional campaign targeted at reducing the under-age sale of tobacco and vaping products to children and young adults. • Joint working with the police relating to the sale of Novel Psychoactive Substances (NPS). • Continue to review and consider possible health issues related to e-cigarettes.	NHS Highland Highland Council A&B Council
16.	Local priority	Strong and Safe Communities	• To investigate and implement effective controls to minimise the spread of suspected and confirmed cases of communicable and notifiable diseases in the community. • The protection of the vulnerable in communities from the impact of cold calling and rogue traders.	Highland Council A&B Council
17.	Local priority	Radon protection	• 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. • Raising awareness of radon monitoring responsibilities to employers and landlords. • Produce a Radon Strategy for ABC to include council owned property and rented property.	NHS Highland Highland Council A&B Council

			• Ensure Radon awareness through development management.	
18.	Local priority	Education and advice programme	• Raising awareness of the Outdoor Code and communicable disease and controls through improved public information. • Development and review of existing information leaflets and improvements to website. • Where possible, consider and coordinate seasonal promotions and awareness raising campaigns e.g. a summer campaign highlighting the risks of ticks and barbecues. • Increase awareness of health protection issues with local businesses through use of alternative enforcement plans.	NHS Highland Highland Council A&B Council
19.	Local priority	Preventing and minimising the spread of infection	• Investigation of suspected and confirmed cases of communicable disease and implementation of appropriate controls to prevent further spread. • Monitoring trends by enhanced surveillance and reporting. • Implement the national microbiology strategy locally and ensure appropriate access to testing in the public analyst labs. • Ensure public health actions are taken to minimise risks from zoonotic infections reported by Scottish Veterinary Service (SVS).	NHS Highland Highland Council A&B Council
20.	Local priority	Food safety priorities	• To undertake the duties as statutory Food Authority in protecting food safety in the food industry, and deliver the Councils' Food Safety Law Enforcement Work plan. • Work with other agencies to reduce the impact of illegal shellfish harvesting and distribution.	Highland Council A&B Council
21.	Local priority	Health and safety at work initiatives	• To complete the Councils' Health and Safety at Work Law Enforcement Plan.	Highland Council A&B Council
22.	Local Priority	Horizon Scanning and Emerging Infections	• Be aware of new and emerging infections and plan how to minimise their impact locally e.g. Mpox	NHS Highland Highland Council A&B Council
23.	Local priority	Minimise the adverse impact of climate change	• Work together to mitigate the effects of climate change.	NHS Highland Highland Council A&B Council

24.	Local	Animal health and zoonoses	• Respond to current and emerging diseases such as the risks from avian influenza. • Deal with the illegal import of animals. • Carry out animal health and welfare enforcement activities in accordance with Framework Agreements. • Improve preparedness to deal with animal health disease outbreaks.	NHS Highland Highland Council A&B Council
25.	Local	Workforce planning and resilience	• Training and support in incident management and response including STAC training.	NHS Highland Highland Council A&B Council
26.	Local	Water safety plans	• Develop water safety plans. • Review of boat hirers arrangements.	Highland Council A&B Council
27.	National	Coordinated approach to public health	• Actively participate in the national Scottish Health Protection Network and associated governance groups to promote a coordinated approach to protecting public health and developing new guidance and systems.	NHS Highland Highland Council A&B Council

Section 3: Review

3.1   Review of Joint Health Protection Plan 2019-20

In preparing the JHPP 2023-25, we have considered the findings of the review of the previous JHPP. This review identified that:

- Good progress had been made in delivering the national and local priorities in the plan.

- The established working arrangements, promoted through this plan, proved to be effective in responding to communicable disease outbreaks and general incident management (e.g. blue-green algae, drinking water incidents) and responding to the unforeseen and lengthy impact of the COVID-19 pandemic

- It is acknowledged that the pandemic posed significant challenges and necessitated prioritisation of the pandemic response. Areas that we did not achieve or complete have been taken forward into this current JHPP.

3.2   Review of Standard Operating Procedures, Protocols and Plans

NHS Highland and its two local authorities have numerous standard operating procedures (SOPs) and policies. These concern a variety of health protection issues including food safety. Each policy held by NHS Highland has a scheduled date of review. However, the competing priorities posed by the pandemic has meant that these have not been updated in accordance with planned timescales. This work is being prioritised as part of the remobilisation of the HPT and both local authorities.

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

Section 4: Appendices

4.1   Appendix 1: List of joint NHS/Council Plans

There are an increasing number of national plans for managing the public health management of infectious diseases and environmental hazards.

Some key examples are:

- Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led Incident Management Teams.

- Scottish Waterborne Hazard Plan

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

	Title
1.	Investigation of Enteric disease protocol
2.	Protocol for failures following scheduled statutory sampling of Private Water Supplies
3.	Protocol for failures involving lead in water supplies
4.	Blue-Green Algae (Cyanobacteria) in Inland and Inshore Waters: Assessment and Minimisation of Risks to Public Health. Monitoring and action plan for NHS Highland Board area.
5.	Protocol for the investigation and management of viral outbreaks in the tourist and leisure Industry
6.	Protocol for the investigation and management of viral outbreaks in care homes
7.	Procedure for cases of illness in vessels arriving at ports/harbours in Highland & Argyll & Bute
8.	Procedure for cases of illness in aircraft arriving at Inverness airport

4.2 Appendix 2: Designated Competent Persons under the Public Health etc. (Scotland) Act 2008

NHS Highland	
Dr Tim Allison	Director of Public Health
Dr Jenny Wares	Consultant in Public Health Medicine (Health Protection)
Dr Rob Henderson	Consultant in Public Health Medicine
Dr Nicola Schinaia	Consultant in Public Health Medicine
Ms Liz Smart	Consultant in Public Health
Dr Stephen Bridgman	Consultant in Public Health Medicine
Ms Lynda Davidson	Senior Health Protection Nurse
Ms Sandra Dekker	Health Protection Nurse
Ms Phyllis Smith	Health Protection Nurse

Highland Council Environmental health	
Lead Local Authority competent person:	Alan Yates (Strategic Lead - Environmental Health & Bereavement Services)
Depute Local Authority competent persons:	Daniel Hopwood, Clifford Smith, Patricia Sheldon, Gregor MacCormick, John Murray (Senior EHOs)
Competent persons	Professional staff are authorised by the Strategic Lead - Environmental Health & Bereavement Services according to competency and experience. At the time of developing the plan, those EHOs are: Alana Steven, Helen Gordon, Philip Dent, Robert Murdoch, Zoe Skinner, Robin Fraser, Karen Johnstone, Barry Cumming, Michael Hayes, Barry Parkins, Eleanor Hood, Sharon Stitt, Mark Herron, Beatrice Aitken, Chris Ratter, Fiona Yates, Carol Rattenbury, Coila Hunter, Tanya Grosle, Andrew Hurst

Argyll & Bute Council Environmental health	
Lead Local Authority competent person:	Alan Morrison
Depute Local Authority competent persons:	Iain MacKinnon
Depute Local Authority competent persons:	Mary Watt
Depute Local Authority competent persons:	Jacqueline Middleton
Competent persons	Professional staff are authorised by the Regulatory Services Manager according to competency and experience. At the time of

	developing the plan, those officers are Pamela Fraser, Cameron McAuley, Richard Gorman, Anthony Carson, Patrick Mackie, Nicole Hamilton, Andy McClements, Jo Rains, Mark Parry, Sue Stefek, Pauline Varley and Andy MacLeod

4.3 Appendix 3: Supporting information

4.3.1 Health Protection

Health protection is a specialist function within public health responsible for the investigation and management of communicable diseases and environmental hazards in order to protect population health.

The health protection function is a key statutory responsibility for NHS Highland Health Board and acts to:

- advise NHS Highland and its partners on health protection policies and programmes;
- deliver services and supports the NHS and other agencies to protect people from communicable diseases, poisons, chemical and radiological hazards;
- respond to new threats to public health;
- and provide a rapid response to health protection incidents and outbreaks.

NHS boards are accountable to the Scottish Government for protecting and improving the health of people living within their geographic areas. The Public Health (Scotland) Act 2008 provides clarity over the roles and responsibilities of NHS boards and Local Authorities (LAs) and provides extensive powers to protect public health. In general, NHS boards are responsible for people and LAs are responsible for premises. NHS boards and LAs have a duty to co-operate in exercising their functions under the Act, and to plan together to protect public health in their area as detailed within this JHPP.

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.

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.

4.3.2. Overview of NHS Highland and its Local Authority partners

The NHS Highland board area, encompassing the two local authorities of Highland Council and Argyll and Bute Council, encompasses a vast and diverse area as detailed in the maps below.
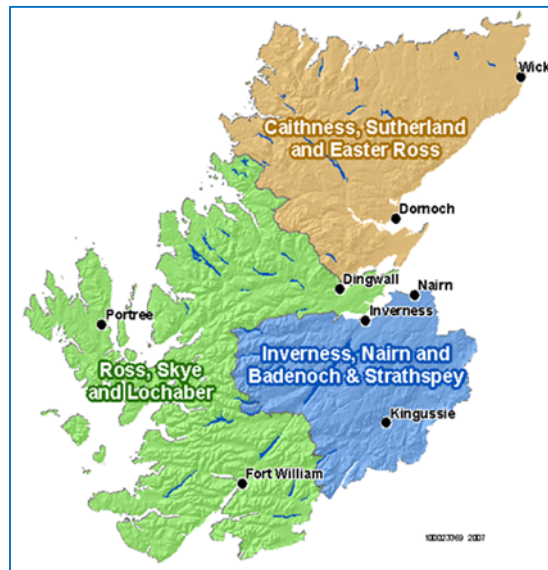
NHS Highland Area Map
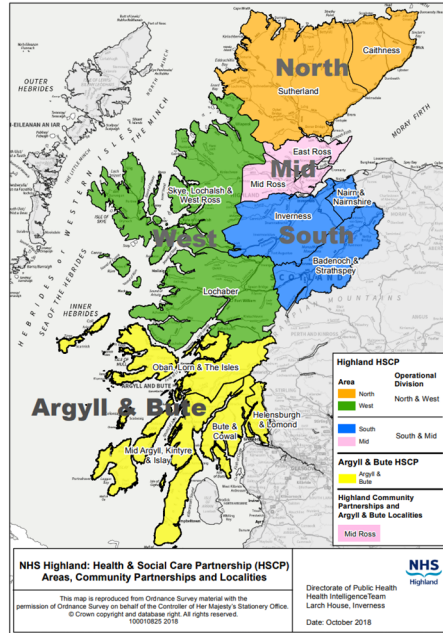
Argyll and Bute Council Area Map

Highland Council Area Map

The resident population is estimated to be 324,280 according to the latest population estimates. 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. The territorial area covers 32,560 km² which represents approximately 42% of the Scottish land surface. It extends across the most northerly and westerly fringes of the Scottish mainland and includes 37 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.

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.

4.3.3 Resources and Operational Arrangements for Health Protection

The human resources available for delivering health protection services are outlined in the table below. As detailed earlier in the plan, there has been an expansion as a result of the COVID-19 pandemic.

Table 4: NHS Highland Health Protection Team (Not inclusive of temporary staff/expanded HPT)

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 (Health Protection)	Provide leadership and strategic oversight for health protection development and implementation in NHS Highland. To co-ordinate the provision of an effective service for the control of communicable diseases and environmental health hazards on a 24/7 basis.	1
Health Protection Nurse Specialists	Coordinate, lead and deliver activities surrounding the prevention, investigation and control of communicable disease and immunisation programmes.	4.4
TB Liaison Nurse	Coordinate the contact tracing for TB cases/contacts	0.4
Public Health Surveillance Officer	Responsible for disease surveillance records and reports.	0.2
Administration and secretarial support	Provision of administrative and secretarial support.	3

Table 5: Argyll and Bute Council

Job Title	Role and Responsibility	WTE
Regulatory Services and Building Standard Manager	Strategic and operational management of environmental health, animal health, short-term let and building standards Delivery of effective health protection interventions. Lead and support the development of staff. Effective management of resources. Council's Head of Food Safety and Lead competent Public Health Officer.	1
Environmental Health Managers	Management and delivery of the environmental health service within a geographical area of Argyll and Bute – east and west regions	2
Environmental Health Officer (Food Control and Service Support)	Provide specialist food safety advice and expertise within Argyll and Bute Council. Provides specific advice and supports the development of protocols, service plans and ensure that they are in line with current legislation. The inspection of high risk and EC approved food premises.	1
Environmental Health Officer (Health and Safety and Service Support)	Provide specialist health and safety advice and expertise within Argyll and Bute Council. Provides specific advice and supports the development of protocols, service plans and ensure that they are in line with current legislation.	1
Environmental Health Officer (Public Health and Housing)	Provide specialist public health advice and expertise within Argyll and Bute Council. Provides specific advice and supports the development of protocols, service plans relating to private water supply regulation, private landlord registration including houses of multiple occupation and public health.	
Environmental Health Officers	Full range of environmental health duties including public health, food safety, environmental protection and health and safety.	9.8
Environmental Protection Officer	Carrying out the Council's statutory duty to identify contaminated land and local air quality. To deal with historic contamination under the planning process and by programmed inspection; to carry out risk assessments in accordance with legislation, statutory guidance and the Council's published Strategy.	1
Regulatory Services Officers	To undertake a specific range of environmental health duties principally in food safety.	3.6
Technical assistants/ Sampling Officers	To support the environmental health service and undertake environmental sampling and monitoring programmes.	5.2

Job Title	Role and Responsibility	FTE
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	4
Short-term let Licensing lead	Delivery the operational work associated with the short-term let licensing scheme	1
Short-term let licensing team	Enforcement and administrative staff delivering STL scheme	4
Liquor Licensing Officers	Focused on compliance, mediation and support relating to Liquor Licensing (Scotland) Act	2

Table 6: Highland Council

Job Title	Role and Responsibility	FTE
Strategic Lead - Environmental Health & Bereavement Services	Strategic and Operational Lead for Environmental Health and Public Health activities in Highland Council.	1
Senior EHOs	Operational Lead in respective areas for Environmental Health and Public Health activities.	5
Environmental Health Officers	Carry out Environmental Health and Public Health interventions and inspections in accordance with current plans, protocols and legislation.	19.04 (inc. 2 temp posts)
Environmental Health	To undertake a specific range of environmental	14.2

Technical Officers	health duties principally in food safety and Health & Safety, pollution, licensing and housing.	
Technical Assistants/ Sampling Officers	To support the environmental health service and undertake water sampling and monitoring programmes.	5.3
Assistant Community Works Officer	To support the environmental health service and undertake dog control, litter, fly-tipping, pest control	8
Scientific Officer (Contaminated Land)	Carrying out the Council's statutory duty to identify contaminated land.	1.91
Information Technician & system administrator	Maintenance of the Council's contaminated land information records & IT functions.	2
Animal Health & Welfare Officer	Carry out Council's statutory duty in relation to Animal Health and Welfare.	3
Short Term Licensing	Delivery the operational work associated with the short-term let licensing scheme	5 (inc. 3 temp posts)
Emergency Planning and Business Continuity officers	Strategic and Operational Lead for Emergency Planning and Business Continuity	2
Trading Standards Manager	Strategic and Operational Lead for Trading Standards.	1
Trading Standards Team Leader	Coordinate, lead and support activities surrounding Trading Standards.	1
Trading Standards Officers & Assistant Trading Standards Officers	Carry out Trading Standards interventions in accordance with current plans, protocols and legislation.	12

4.3.4 Laboratory Services

Arrangements to access laboratory facilities vary across the two local authorities. Argyll and Bute services tend to be provided by laboratories located in Glasgow for logistical and practical convenience. Highland use Edinburgh Public Analyst and Scottish Water. The HPT utilise NHS clinical laboratories.

4.3.5 Emergency Planning and Service Continuity

Resilience within NHS Highland is led by the Resilience Team (Head of Resilience and a Resilience Advisor). They provide specialist support and expertise and maintain operational links with multi-agency partners.

Governance for this function is through the NHS Highland Resilience Committee and this group support the development of incident response and continuity plans across the Board. The Group meets on a quarterly basis and supports the Acute, Communities and Argyll and Bute Resilience Groups to develop operational response arrangements. The Committee also support the Digital Resilience Group whose current focus is compliance with the Network and Information Systems (NIS) Regulations.

Highland Council and NHS Highland are members of the North Regional Resilience Partnership. Argyll & Bute Council and NHS Highland are members of the West Regional Resilience Partnership. In addition there is the Highland & Islands Local Resilience Partnership and various locality groups as well.

4.3.6 Inter-organisational collaboration

Feedback on disease surveillance collected as part of routine and statutory monitoring is given from NHSH to both Highland Council and Argyll and Bute Council quarterly.

The Environmental Health Liaison Group which meets twice per year provides an opportunity to evaluate the management of significant incidents. Lessons learnt can be shared and disseminated within each partner agency.

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 six weeks of the debrief.

Table 7: Inter-organisational collaboration

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

4.3.7 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. 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 (NHS GGC), 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 GGC for the reception of casualties.

Across the North of Scotland Public Health Network all participating public health departments have signed a mutual aid agreement which states that each Board will assist any of the others which has pressures it cannot meet on its own e.g. a large outbreak or incident. There is also an informal mutual local authority support arrangement in place with neighbouring authorities.

4.3.8 Out-of-hours arrangements

<u>NHS Highland</u>

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 medical and non-medical public health consultants, health protection nurses and public health specialists, as well as training grade specialty registrars. The service can be accessed through the Raigmore hospital switchboard on 01463 704000. Raigmore laboratory provides a microbiology service out of hours. Urgent sample requests can be performed for some diseases following discussion with the on call microbiology team. National Reference laboratories will also perform analysis of urgent specimens following discussion of their appropriateness.

<u>Highland Council</u>

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

<u>Argyll and Bute Council</u>

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 through the following number: 01436 658988. Similar arrangements are in place to access laboratory services out with normal hours.

4.3.9 Maintenance of Competencies for Health Protection Staff

<u>NHS Highland</u>

NHS Highland staff undergo an annual appraisal to ensure their knowledge and skills remain up to date. The health protection team run regular update sessions for on call colleagues out with the HPT. 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 and the revalidation requirements of The Code (NMC).

<u>Highland Council</u>

Highland Council has a corporate performance and development review process. Managers review staff training at regular intervals and as part of the employee review and development process.

<u>Argyll and Bute Council</u>

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.

4.3.10 Public Feedback

<u>NHS Highland</u>

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

<u>Argyll and Bute Council</u>

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.

<u>Highland Council</u>

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

References

[1] Scottish Government. *Guidance on Part 1 and Designation of Competent Persons Regulations*. Scottish Government, 2012.

[2] Scottish Government, *Coronavirus (COVID-19): trends in daily data*. Scottish Government, 2022.

[3] Brueggemann et al. *Changes in the incidence of invasive disease due to Streptococcus pneumoniae, Haemophilus influenzae, and Neisseria meningitidis during the COVID-19 pandemic in 26 countries and territories in the Invasive Respiratory Infection Surveillance Initiative: a prospective analysis of surveillance data*. Lancet Digit Health 2021; 3: e360–70.

[4] Sniffer. *Evidence for the third UK Climate Change Risk Assessment (CCRA3) – Summary for Scotland*. UK Climate Risk, 2021

[5] Scottish Government and COSLA. *Public Health Priorities for Scotland*. Scottish Government, 2018.

[6] Ghebrehewet, S., Stewart, A., Wilkinson, E., Conrad, D. *Scottish Health Protection Network: Independent Review*. 2022.