

REPORT TO: HOUSING, DUNDEE CONTRACT SERVICES & ENVIRONMENT SERVICES
COMMITTEE - 25th OCTOBER 2010

REPORT ON: TAYSIDE JOINT HEALTH PROTECTION PLAN 2010-2012

REPORT BY: HEAD OF ENVIRONMENTAL HEALTH & TRADING STANDARDS

REPORT NO: 625-2010

1.0 PURPOSE OF REPORT

- 1.1 As part of its duties under the Public Health etc (Scotland) Act 2008, NHS Tayside has prepared a draft Tayside Joint Public Health Protection Plan for 2010/12, in consultation with Angus, Dundee City and Perth and Kinross Councils. This Plan provides an overview of health protection priorities, provision and preparedness within Tayside.

This report seeks committee approval of the Tayside Joint Health Protection Plan 2010 to 2012 (JHPP) and a commitment by the Council to address the priorities outlined in the Plan.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that the committee:

Agree with the contents of the plan and give a commitment on behalf of Dundee City Council to work with NHS Tayside, Perth and Kinross and Angus Councils to address the priorities identified in the plan.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications in approving the draft Tayside Joint Health Protection Plan 2010 to 2012.

4.0 MAIN TEXT

- 4.1 Dundee City Council's Health Protection Duties and the Public Health etc (Scotland) Act 2008.
The role of the Environmental Health and Trading Standards Department

- 4.1.1 In Scotland, many public health services including health protection services have a strong basis in Scotland's civic history and rely on coordinated strategic efforts between various organisations. The introduction of the Public Health etc (Scotland) Act 2008 updates and replaces legislation directing this health protection effort dating from as far back as 1897. The importance of this integration of effort is as great today as it has always been.

Exposures to environmental hazards make a significant contribution to the burden of ill health in Scotland. In cities like Dundee this burden falls heaviest on the most vulnerable - the elderly, the very young and those whose immune systems are compromised by ill health. People living in the most disadvantaged communities are especially at risk. The Environmental Health and Trading Standards Department provides a wide range of integrated services to protect public health and the environment and to advance high standards of environmental health and consumer protection.

- 4.1.2 Much of the work of the department can be described as Health Protection. This means protecting people from hazards, whether biological, chemical or physical exposures occurring in the physical and social environment, which can damage their health. The hazards and exposures encompassed by health protection are often termed 'involuntary' in that people do not make a conscious decision to expose themselves or their family to the hazards and exposures.

Most people recognise that it is beyond their means to control exposure and they see local government as having responsibility for protecting their health. The key functions involved in health protection and practised by this department are surveillance, investigation, risk assessment, risk management, risk communication and planning for emergencies.

4.2 Working with the Tayside NHS Health Protection Team

- 4.2.1 NHS Boards have a health protection function mostly relating to the control of communicable diseases and diseases arising from contact with substances hazardous to health. A significant proportion of the health protection function of boards relates to statutory duties. Other aspects of the function are the co-ordination of immunisation programmes, and working to reduce the burden of infectious disease in the community.

The Environmental Health and Trading Standards Department works with the Tayside NHS Health Protection Team consisting of Consultants in Public Health Medicine, Infection Control Nurses and support staff over a wide range of health protection issues. This work includes collaborations with counterparts in Angus and Perth and Kinross Councils which is predominantly delivered through environmental health services. In practice, health board and local authority functions are co-ordinated to ensure that the health of people in Tayside is as thoroughly protected as possible from the range of infectious and environmental hazards to health.

4.3 The Public Health etc (Scotland) Act 2008 and Joint Health Protection Plans

- 4.3.1 The Public Health etc (Scotland) Act 2008 (hereafter referred to as 'The Act')* consolidates and updates public health legislation relating to 'protecting public health from infectious diseases, contamination or other such hazards, which constitute a danger to human health.' Part 1 of the Act requires each health board area to develop a Joint Health Protection Plan (JHPP) to provide an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness.

Dundee City Council has a statutory duty to make provision, or secure that provision is made, for the public health protection of its communities from infectious diseases, contamination and other hazards which constitute a danger to health. "Public health protection" includes the prevention of, control of, and the provision of a public health response to such hazards. These duties are contained in a range of statutory instruments including the Act.

4.4 The Tayside Joint Health Protection Plan 2010 to 2012 (Final draft)

- 4.4.1 The preparation of the draft Tayside JHPP 2010-2012 was led by the Public Health team of NHS Tayside, during the latter part of 2009 and early 2010. Progress with the Plan in 2009 was delayed by the considerable activities surrounding the pandemic threat of swine flu. The review team also consisted of senior representatives of Dundee City Council, Perth and Kinross and Angus Councils. The final draft of the Plan is provided in Appendix 1.

The draft Plan was presented to the Tayside Health Board in May 2010, and was approved subject to the formal ratification of it by the three participating Councils. Both Perth and Kinross and Angus Councils have recently ratified the draft plan. If the Committee approves the Plan, the final Plan will be publicised by the organisations involved, and a more detailed Action Plan will be prepared to take forward the key activities from the JHPP. The Plan will be subject to review and revision in 2012.

4.4.2 In the plan's introduction it is stated that what the recent past demonstrates is that the health protection function is subject to sporadic and often unpredictable challenges. It is therefore stated that an overarching aim of the plan is for Tayside's health protection function to be robust to currently unforeseeable events; maintaining and developing current capacity and resilience within Tayside is essential to this aim.

4.5 Overview of the draft plan

4.5.1 The Plan provides an overview of health protection priorities, provision and preparedness within the Tayside NHS area.

The main features of the plan are:-

A description of how the Board and the Local Authorities deal with a range of health protection topics and outlines areas which have been identified as requiring further work.

Commitments that under the plan all parties will work together to continuously improve health protection working in Tayside.

A description of the total health protection resources available in Tayside for health protection activities. This consists of the staff employed within the three Councils' environmental health functions and the health protection staff of Tayside NHS Directorate of Public Health.

The definition of capacity and resilience. Capacity is defined as having sufficient resources and capability in an organisation with responsibility for Health Protection to enable them to discharge their remit, including the response to increasing pressures on their services.

Resilience is about the sustainability of a response over a period of time (e.g. 48 hours).

A summary of each Council's environmental health activities are listed and this includes day to day routine preventative work (inspections, investigations etc). The public safety role of the trading standards function is also highlighted.

A description of mutual aid arrangements between Councils including those within the Tayside NHS area. The agreement was made through the Tayside Strategic Co-ordinating Group for civil contingencies and can be applied in circumstances where a local authority requires additional support from another authority to cope with a large incident. It would therefore apply to a major disease outbreak or incident occurring in Dundee and enable support to be drafted in from the environmental health resources of the other Councils in the Tayside NHS area.

4.6 Recommendations in the Plan

4.6.1 There are 7 recommendations in the plan, 3 of which will directly involve the three Councils working together with NHS Tayside. Below are topics that have been identified that require further work in the planning period 2010-12. These are:-

- Contributing to the updating of key emergency plans in respect of the NHS Tayside Communicable Disease Response Plan and Pandemic Influenza Plan.
- Reviewing and updating port health emergency plans. Dundee City Council through EHTS is the Port Authority for the city's seaport and Riverside Airport with both facilities accommodating international travel. Montrose is a seaport and in Perth and Kinross there is harbour at Perth and an airport in Scone.
- Assessing the adequacy of current on-call arrangements in the Local Authority areas of the Board to ensure that an effective out of hours response is delivered.

4.7 Links with the Environmental Health and Trading Standards Service (EHTS) Plan 2010 to 2012

4.7.1 The Tayside Joint Health Protection Plan refers to the EHTS Service Plan 2010 to 2012 and the how the latter links to the Dundee City Council Plan and the Single Outcome Agreement.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management - there are no major issues.

6.0 CONSULTATIONS

6.1 The Chief Executive, Depute Chief Executive (Support Services), Assistant Chief Executive and Director of Finance have been consulted on this Report.

7.0 BACKGROUND PAPERS

7.1 None.

Albert Oswald
Head of Environmental Health & Trading Standards

5th October 2010

APPENDIX 1

FINAL DRAFT

VERSION 12, 27th May 2010



Tayside

Joint Health Protection Plan 2010-2012

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Introduction

In Scotland, many public health services including health protection services have a strong basis in Scotland's civic history and rely on coordinated strategic efforts between various organisations. The introduction of the Public Health etc (Scotland) Act 2008 updates and replaces legislation directing this health protection effort dating from as far back as 1897. The importance of this integration of effort is as great today as it has always been.

As part of the Public Health etc (Scotland) Act 2008, I am pleased to present Tayside's first Joint Health Protection Plan for the period 2010-2012, which has been written jointly by NHS Tayside, Angus Council, Dundee City Council and Perth and Kinross Council.

The plan provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness within Tayside.

The plan describes how the Board and the Local Authorities deal with a range of health protection topics and outlines areas we have identified that require further work. A particular undertaking is to review NHS Tayside health protection ways of working and specifically to relate the findings of the Health Protection Scotland national review of capacity and resilience in NHS Boards to Tayside. Under this plan all parties will work together to continuously improve health protection working in Tayside.

What the recent past demonstrates is that the health protection function is subject to sporadic and often unpredictable challenges. An overarching aim of this plan is for Tayside's health protection function to be robust to currently unforeseeable events; maintaining and developing current capacity and resilience within Tayside is essential to this aim.

Dr Drew Walker
Director of Public Health
NHS Tayside

Executive summary

NHS Boards have a health protection function mostly relating to the control of communicable diseases and diseases arising from contact with substances hazardous to health. A significant proportion of the health protection function of boards relates to statutory duties. Other aspects of the function are the co-ordination of immunisation programmes, and working to reduce the burden of infectious disease in the community.

Similarly, local authorities have a health protection function, which is predominantly delivered through the local authority environmental health services. In practice, health board and local authority functions are co-ordinated to ensure that the health of people in Tayside is as thoroughly protected as possible from the range of infectious and environmental hazards to health.

The Public Health etc (Scotland) Act 2008 (hereafter referred to as 'The Act') consolidates and updates public health legislation relating to 'protecting public health from infectious diseases, contamination or other such hazards, which constitute a danger to human health.' Part 1 of the Act requires each health board area to develop a Joint Health Protection Plan (JHPP) to provide an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness.

Tayside's JHPP for 2010-12 has been written jointly by NHS Tayside, Angus Council, Dundee City Council and Perth and Kinross Council and will be renewed every two years. The JHPP provides an overview of the geography and demography of Tayside and identifies health protection risks associated with these specific features. The plan describes health protection activities in Tayside and the resources with which the health protection function is delivered.

Further work is required to develop an action plan to address the local priorities identified within Tayside's JHPP 2010-12, which include:

- Ensuring joint working arrangements to deliver an effective out of hours response, which is consistent with the provisions of the Act
- Developing clinical protocols that are consistent with the provisions of the Act and which respond to new and emerging infections and health risk states
- Reviewing and revising existing emergency plans following the H1N1 experience of 2009
- Learning from the incidents and outbreaks that have occurred in Tayside in recent years e.g. Legionella incidents in 2008
- Undertaking development work with the NHS Tayside Health Protection Team to enable it to provide a service consistent with the provisions of the Act
- Delivering service developments around influenza vaccination
- Participating in a review of services for tuberculosis cases as part of a TB Action Plan for Scotland

1.0 Overview of NHS Tayside and its three Local Authorities

Population

With an estimated total population of 396,942¹, Tayside NHS Board covers an area of 7508 sq km, which includes the three local authority areas, Angus, Dundee City and Perth & Kinross (Figure 1).

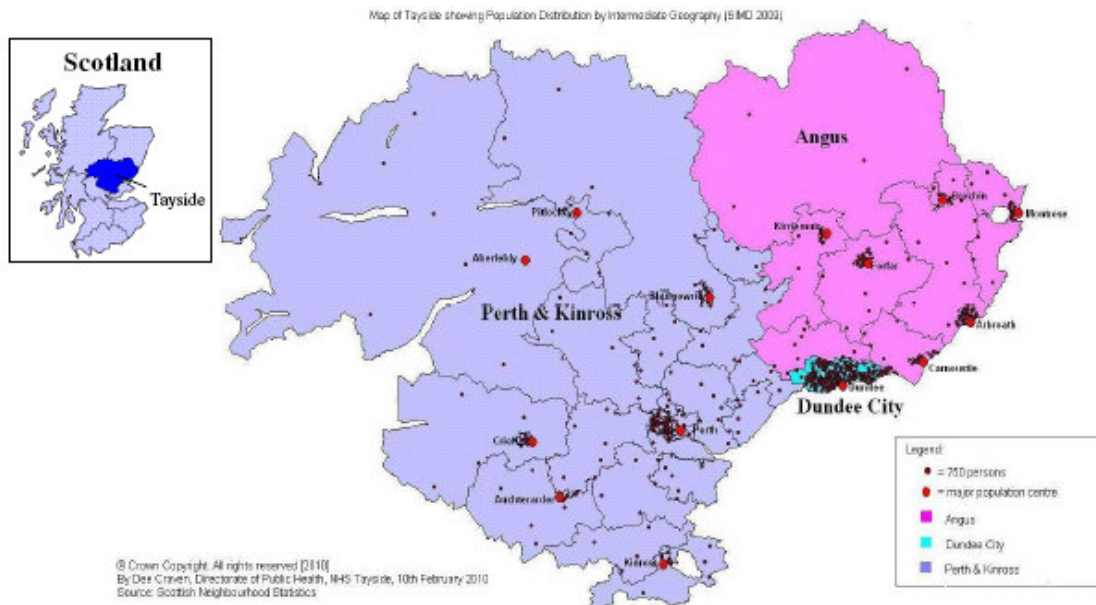


Figure 1 Map of Tayside Health Board area showing population distribution

By 2013, the population of the region is projected to increase by 2.6% overall, to 407,100 persons, with the proportion of the population aged over 65 years increasing by 11%². The projected increase in this older age group is most notable in Angus (15%) and Perth & Kinross (14%).

In 2008, the overall gender distribution in the Tayside region was 48% male and 52% female, but the gender balance changes with age (Figure 2). In terms of age and gender, the populations of both Angus and Perth & Kinross reflect that of Tayside as a whole, while Dundee City, due to its large student population, has a significantly greater proportion of 20-24 year olds.

¹ [GRO\(S\) mid year population estimates, 2008.](#)

² [GRO\(S\) Projected populations Council and NHS Board Areas \(2008-based\)](#)

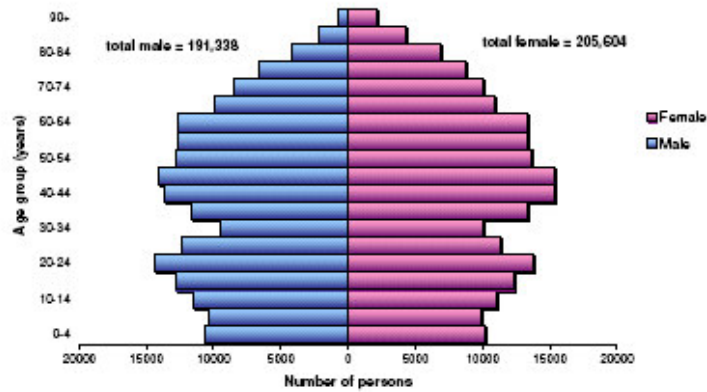


Figure 2 Population distribution by age and gender (GRO(S) 2008) – Tayside Health Board Area

According to the most recent version of the Scottish Indices of Multiple Deprivation (SIMD 2009)³, and based on Small Area Population Estimates (SAPE 2007)⁴, Tayside is relatively less deprived than Scotland as a whole, with only 17% of the area’s population living in datazones ranked in the most deprived quintile in Scotland. However, looking at Tayside’s three Local Authorities, Dundee City has a much higher proportion of its population (37%) classified in the most deprived quintile compared with Angus (6%) and Perth & Kinross (5%), (Figure 3).

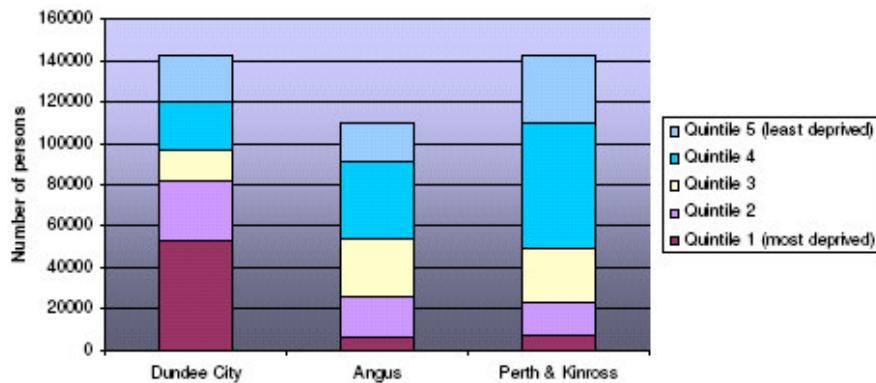


Figure 3 Population distribution (SAPE 2007) by deprivation quintile (SIMD 2009), Dundee City, Perth & Kinross and Angus

Tayside Local Authorities

Angus Council

Angus has an estimated population of 110,310¹ and also has a significant number of migrant workers. The area comprises the largely remote and rural Angus Glens, small

³ [SIMD 2009 Online Statistical Compendium](#)

⁴ [GRO \(Scotland\)](#)

market towns and busy coastal towns, including two harbours. The coastal towns contain around half the Angus population. People aged 65 or over make up 20% of the population, which is set to rise to more than 29% over the next 2 decades. There are approximately 400 private water supplies, serving about 1000 premises, including a hospital. The percentage serving public/commercial/large numbers of domestic premises is similar to Perth & Kinross. Carnoustie regularly hosts major golf tournaments, including 'The Open' twice in the past 10 years.

Dundee City

The Dundee City area covers 6,300 hectares (24 square miles), and is geographically the smallest local authority area in Scotland. It is however the largest population centre within the Tayside Health Board region, having an estimated resident population of 142,470¹. It is bordered by Perth and Kinross to the west, and by Angus to the north and east. Dundee continues to serve as the regional centre for this area and for northeast Fife. The city is a major employment and retail centre and has a sizeable student population, being home to the University of Dundee, the University of Abertay and Dundee College. Approximately 20% of the working age population are full time students². It is estimated that approximately 400,000 people of working age reside within one hour's drive of the city centre⁵. The proportion of Dundee's population whose lives are affected by poverty and who are classed as socially excluded is almost the highest in Scotland, exceeded by only Glasgow and Inverclyde⁶.

Perth and Kinross

Perth and Kinross is the fifth largest geographical area in Scotland with an estimated population of 144,180¹. Overall the area has the highest projected population growth rate in Scotland placing increasing demands on services and infrastructure. The demographic projections show a significant increase in the number of school age children and older people compared to other parts of the country. Perth and Kinross also has the third highest level of migrant workers in Scotland, after Edinburgh and Glasgow. It is a diverse area comprising many discrete communities, each with its own distinct challenges and opportunities, with almost one third of the population living in Perth. At the other extreme, remote communities like Kinloch Rannoch pose many challenges in terms of access to, and delivery of, essential services including basic infrastructures such as water supplies. There are approximately 2000 private water supplies mainly located in the northern part of the area. Approximately 10% of these supplies serve a public or commercial building or a domestic population of 50 or more persons. In terms of employment the service sector is the main employer with tourism the fastest growing sector overall. Approximately two million tourists per year visit the area with the annual 'T in the Park' music festival in Kinross becoming home to Scotland's fifth largest population settlement for a four day period each July.

⁵ [Dundee Economic Profile January 2010](#). Dundee City Council, City Development Department

⁶ [SIMD 2009 Online Statistical Compendium](#)

Specific features of areas of Tayside associated with health protection risk

The geography of Tayside results in certain risks associated with particular features of the local area. The community risk register lists a number of health risks for which a response is required across the Category 1 responders in Tayside e.g. Pandemic flu. Tayside also hosts a number of COMAH sites and major pipelines (Shell and BP). Plans are in place to address these risks, but need regular review to take account of learning from actual incidents and exercises.

Local authorities have a major role in health protection mainly through their environmental health (EH) services. Within each of the three Councils there is a common set of core functions carried out by all the EH services. However, there can be significant variations between Councils in the range of activities carried out by their EH services for the following reasons:

- a. Many other Council functions have an underlying health protection purpose and as a result may be allocated to the EH function in one Council but not in another.
- b. Specific features within the different local authority areas may produce particular demands (e.g. major facilities or events).
- c. The demands and expectations within different communities also shape EH service delivery.

These factors are outlined below for each Council area:

Dundee

Dundee is a wholly urban area with a relatively high population density and high levels of deprivation. It has the biggest percentage of flatted property per head of population in Scotland, which results in a wide range of environmental health problems requiring resolution.

The city's industrial legacy means that there are many former industrial sites zoned for development. Screening for contaminated land with a view to remediation is a major Environmental Health function.

Dundee has air quality targets for PM 10 and NO₂ which are not being met in the city centre and major arterial routes. The city is listed by Audit Scotland as one of twelve Scottish Councils which have air quality problems.

Dundee City Council is the Port Authority for the city's seaport and Riverside Airport, with both facilities accommodating international traffic.

Dundee's large number of temporary residents includes students from across the UK and international locations. Infectious diseases common to other areas of the world can therefore present in temporary residents. A good example of this is the small but significant number of cases of Tuberculosis infection that occur amongst temporary residents.

Being a regional centre it has a relatively high number of workplaces and commercial activities requiring regulation.

Perth & Kinross

There are many rural communities in Perth & Kinross. The working and residential environments are associated with an increased exposure to farm and wild animals, soil and untreated water sources. Agricultural and rural exposure to environmental pathogens may result in a range of infectious diseases e.g. *Cryptosporidium*, *E.coli* O157, Lyme Disease.

Amongst the agricultural workers of Perth & Kinross there are a large number of migrant workers and travellers. The specific health needs of these groups are well described in the scientific literature. In relation to health protection, specific health needs result from the infection risk associated with poor standards of accommodation, transient use of primary health care services and imported infections.

Potential exists for the chemical and biological contamination of private water supplies affecting permanent and temporary residents of the area. An estimated 7,175 people are exposed annually to infectious diseases including *E.coli* O157 and *Cryptosporidium* resulting from private water sources.

There are a number of Control of Major Accident Hazards sites throughout Perth & Kinross. Port health related issues are relevant to Perth harbour.

The thriving tourist industry of Perth & Kinross results in many visitors to the area. These visitors may develop infections typically associated with holiday populations e.g. Norovirus. Perth & Kinross hosts one of the largest annual music festivals in Scotland, *T in the Park*, with campsite facilities providing accommodation to an estimated 65,000 people over four days. Potential risks at T in the Park include outbreaks of communicable disease and are well described in the planning documented for this event. Other large commercial gatherings include the *Perth Game Fair*.

Angus

There are many rural communities in Angus including, and in common with Perth & Kinross, a significant population of migrant workers. The coastal location of Angus carries particular significance in health protection because of its harbour at Montrose. Shell and BP Onshore Pipeline Systems are located in Angus.

Again in common with Perth & Kinross, Angus regularly hosts a number of major outdoor events, including 'The Open' golf tournament and has a thriving tourist industry. Campsites throughout the area may be associated with, for example, *E.coli* O157 risk from the use of livestock fields.

Other potential risks include:

- The potential for chemical and biological contamination of private water supplies – affecting permanent and temporary residents of the area
- Montrose harbour – port health issues e.g. ammonium sulphate storage
- Migrant workers – the issues are described extensively in publications relating to this area
- Agricultural and rural exposure to environmental pathogens resulting in a range of infectious diseases e.g. *Cryptosporidium*, *E.coli* O157, Lyme Disease
- Wastewater Treatment Works at Hatton (plus pumping stations)
- Local hazards and nuisances e.g. large population of seagulls in coastal area

2.0 Health protection: national and local priorities

2.1 National and local priorities

The national priorities for health protection in Scotland in the period 2008-10 were listed in a Scottish Government letter from the Chief Medical Officer, Dr Harry Burns in January 2008⁷. These included:

- Pandemic influenza;
- Healthcare associated infections;
- Vaccine preventable diseases;
- Environmental exposures which have an adverse impact on health and
- Gastro-intestinal and zoonotic infections.

In terms of population demography and geography, Tayside might be considered a microcosm of Scotland. As a corollary of this, health protection challenges broadly mirror those for Scotland as a whole.

Local priorities for health protection work in Tayside include:

- Ensuring joint working arrangements to deliver an effective out of hours response, which is consistent with the provisions of the Public Health etc (Scotland) Act 2008
- The development of clinical protocols that are consistent with the provisions of the Public Health etc (Scotland) Act 2008 and which respond to new and emerging infections and health risk states
- The review and revision of existing emergency plans following the H1N1 experience of 2009
- Learning from the incidents and outbreaks that have occurred in Tayside in recent years e.g. Legionella incidents in 2008
- Development work with the NHS Tayside Health Protection Team to enable it to provide a service consistent with the provisions of the Public Health etc (Scotland) Act 2008
- Delivering service developments around influenza vaccination
- Participating in a review of services for tuberculosis cases as part of a TB Action Plan for Scotland

2.2 Lessons learned from incidents and outbreaks

In any one year, a number of incidents and outbreaks occur: these vary in severity and in the degree to which new lessons are learned about how the services can better respond in future. Reports of incidents and outbreaks are presented to the Tayside Health Protection Network so that implementation of actions arising from lessons learned is subject to appropriate governance. Early lessons can be learned during on going 'hot reviews' as an incident develops or at the close of an incident. 'Hot reviews' enable matters to be dealt with, which do not require the in depth study needed to produce a report. Very often such lessons can be very valuable if captured fresh and are often to do with issues such as communication.

⁷ [http://www.sehd.scot.nhs.uk/cmof/CMO\(2008\)00a.pdf](http://www.sehd.scot.nhs.uk/cmof/CMO(2008)00a.pdf)

Particular incidents in 2008 and 2009 with significant learning were:

- Legionella incident – a report has been prepared, but is currently with the Procurator Fiscal.
- H1N1 epidemic – a report is in preparation highlighting the resilience issues in medicine, nursing, surveillance and administrative support that were experienced during the epidemic.
- *E.coli* O157 outbreak in an educational setting– a report is being prepared.

2.3 NHS Tayside Health Protection Activities

NHS Tayside's health protection activities are as follows:

- Surveillance, prevention and control of communicable diseases and environmental health;
- Provision of specialist advice and support to, primary care, hospitals, and other relevant organisations, and agreeing with them how health protection should be delivered locally;
- Investigation and management of a full range of health protection incidents (including outbreaks of diseases like meningitis and food poisoning).

Topic areas include: -

- Immunisation;
- Blood borne viruses;
- Respiratory infections (including TB and flu pandemic planning);
- Gastrointestinal and waterborne infections;
- Infection control in the community
- Port health and
- Environmental health.

3.0 Health Protection Resources and Operational Arrangements

3.1 NHS Tayside Health Protection Team staffing

The NHS Tayside health protection function is continuously operational 24/7. In hours (Monday to Friday) a small multidisciplinary team operates to deliver the full range of services. The out of hours service is covered by an on call medical team where a consultant is always on call and at times there is also a Specialist Registrar on call. A voluntary out of hours agreement is informally in place with a small number of administrative and clerical workers.

Table 1 Monday to Friday (In Hours) Health Protection Team

Designation	FTE
Consultants in Public Health Medicine (Communicable Disease and Environmental Health)	2.2 plus cover from other CsPHM
Senior/Health Protection Nurse Specialists	3.0
Personal Assistants	1.7
Surveillance/Notification Assistants	1.5

Table 2 Out of Hours Health Protection Team

Designation	Periods covered
Consultants in Public Health Medicine	24/7 evenings and weekends
Specialist Registrars in Public Health Medicine	Evenings & weekends for 3 days per week only
Personal Assistants	Voluntary cover on an <i>ad hoc</i> basis

A Consultant in Pharmaceutical Public Health provides *ad hoc* input on health protection issues when required. The Health Protection Team also benefits from access to the Public Health Officer Team who provide research, evaluation and database management.

3.2 Roles and responsibilities

Consultants in Public Health Medicine

The CPHM role is:

- *Surveillance*: Monitoring the health of the population and the hazards and exposures affecting it.
- *Investigation*: Investigating why and how people fall ill because of exposure to hazards and what can be done to prevent this.
- *Risk assessment*: Estimating the probability of the health of a community being damaged from exposure to a hazard
- *Risk management*: Putting in measures that reduce the risk of exposure to hazards and the impact they have on health.
- *Risk communication*: Informing the public about the risks to their health and what the individually or collectively can do to reduce these.

The CsPHM provide public health advice to patients and relatives, staff and the media from an NHS base, home or other agency site. A CPHM leads in the management and coordination of the public health response, in liaison with local NHS senior management, others e.g. other NHS Board areas, Health Protection Scotland, Scottish Government and other national agencies. The Consultants in Public Health Medicine convene incident/outbreak management team meetings on the basis of clinical judgement in order to ensure protection of the public health.

Health Protection Nurse Specialists (HPNSs)

The Health Protection Nurse Specialists provide nurse specialist advice on health protection issues including communicable diseases, infection control, immunisation and environmental health, implementing the public health response in relation to health protection incidents and leading strategically on the control of communicable disease and environmental health issues through agreed projects and in relation to broad policy areas in Tayside.

The HPNSs take a lead role in the initial investigation of confirmed, probable and possible cases of infection and communicable disease (e.g. meningococcal meningitis, measles) and in the local control of specific outbreaks (i.e. gastro intestinal infections in care homes). The Health Protection Nurse Specialists take a lead role in providing specialist nursing advice and information and training to NHS professionals, local authority, private and voluntary organisations, educational establishments and the general public on health

protection issues including communicable disease, environmental health, infection control and immunisation. The HPNSs participate in regional and national health protection groups.

Surveillance Notification Assistants

The Surveillance Notification staff receive verbal, written and statutory notifications of infectious diseases, record these in appropriate databases, produce national returns on trends in notifications and monitor disease trends locally.

Health Protection Administrative and Clerical Staff

The health protection administrative and clerical members of staff provide a comprehensive administrative and secretarial support service to the CsPHM and other professional staff within the Directorate of Public Health. This includes assisting supported staff in managing their working day and being the identified contact point for all callers to the office, by telephone or in person, dealing with enquiries, resolving difficulties and advising on the proper channels of communication to ensure that they minimise inappropriate interruptions whilst maintaining the continuity of the needs of staff and outside agencies.

3.3 Tayside Local Authorities' staffing

Angus Council

Angus Council has 16 full time equivalent (FTE) competent persons as designated under the Public Health etc (Scotland) Act 2008; in addition to two other Environmental Health Officers and 12 officers who contribute to public health protection functions.

Dundee City Council

The planned provisional staffing complement for the period of this Health Protection Plan is shown below and includes 20.5 FTE Environmental Health Officers (EHOs) (meeting the definition of competent persons under the Public Health etc (Scotland) Act 2008).

There are a further 38 FTE staff capable of being empowered under the Act as authorised officers, including; Food Safety Officers, Pest/Animal Control Technicians and Licensing Standards Officers. There are 12.5 Trading Standards posts in place in 2010 to 2011. Some Trading Standards functions have a public safety purpose.

Perth & Kinross Council

Perth and Kinross has 13 FTE competent persons as designated under the Public Health etc. (Scotland) Act 2008. In addition there are a further 18 FTE officers who contribute to public health protection functions.

Tayside Scientific Services

This laboratory is part of Dundee City Council and provides comprehensive scientific services to the Tayside Local Authorities, private business and government agencies. It does not interface with the general public, but provides a support service to local Government departments such as Environmental Health and Trading Standards. Their services include analysis and examination of air quality, contaminated land, and

microbiological and chemical examination of food and water supplies. The work of the lab contributes greatly to the work of the Local Authorities within Tayside NHS area both in day-to-day terms and in outbreak or major incident situations.

3.4 Local authority activities

The main areas of local health protection activities carried out by Environmental Health and other professionals within local authorities are outlined below. Many are requirements of statute, in order to protect the health of individuals living in working in or visiting our communities.

- Effective enforcement of housing, public health and pollution control legislation to reduce the effects on health of poor housing standards, statutory nuisances poor air quality or other hazards
- Controlling environmental noise/ antisocial behaviour noise;
- Identification, investigation and control of contaminated land;
- Pandemic flu operational planning particularly in the context of business continuity in respect of the maintenance of critical Local Authority services
- Risk assessment, sampling and improvement of private water supplies to protect users from the risk of waterborne infections or diseases
- Effective enforcement of health and safety at work legislation to protect workers and those affected by work activities
- Effective enforcement of food safety legislation using inspection and sampling programmes to protect consumers from unsafe food supplies.
- Effective response to any notified diseases or food poisoning cases to identify and limit the spread of infection where necessary.
- Minimising the risk of exposure to environmental incivilities such as dog fouling, illicit tipping and graffiti
- Minimising the risk of environmental tobacco smoke/ secondary exposure through inspection and the enforcement of smoke free legislation;
- Regulation of sales of under age products e.g. tobacco, alcohol
- Regulation of alcohol sales through new licensing standards legislation – including enforcement, education and awareness raising work;

3.5 Tayside Local Authorities Out of Hours Arrangements

Each local authority has an out of hours facility, which holds contact details for key staff. This information is held by:

- NHS Tayside Health Protection Team
- Emergency Planning- contact lists are kept by all senior officials
- Food Standards Agency- Food Alert Contact Team

The contact list system relies on officers identified on the list being available if contacted. To facilitate availability, contact lists contain the names of a number of officers for each local authority area.

3.6 Competent Persons

NHS Tayside Competent Persons

Seven Consultants in Public Health Medicine are designated as NHS Competent Persons under the provisions of the Public Health etc (Scotland) Act 2008.

Angus

Sixteen FTE Competent Persons plus two other Environmental Health Officers (EHOs) and ten officers who contribute to public health protection functions

Dundee

Dundee City Council has designated 20.5 FTE EHOs to undertake the functions of Competent Persons.

Perth and Kinross

Perth and Kinross has thirteen FTE Competent Persons as designated under the Public Health etc. (Scotland) Act 2008.

However, within the Public Health etc (Scotland) Act 2008, the reclassification of powers relating to people and those relating to premises, between NHS and Local Authority Competent Persons respectively, gives greater prominence to an ongoing risk currently shared by partner organisations. Namely, that there is no on-call arrangement for Local Authority Competent Persons. Although an informal list of contact details is maintained for out-of-hours use by each Local Authority there is no obligation for any officer to be available and it is therefore possible that powers relating to premises may not be available out-of-hours.

3.7 Maintaining knowledge and skills

NHS Tayside

All consultant medical staff are required to maintain their skills and professional registration, and to record continuing professional development (CPD) activities and undergo annual appraisal, in keeping with current General Medical Council (GMC) guidelines.

Specialist Registrars are required to undergo annual assessment of progress with training in order to ensure that skills are being developed appropriately.

The Health Protection Specialist Nurses are required to maintain their skills and professional registration in keeping with the current Nursing and Midwifery Council guidelines.

Local Authorities

Local Authority professionals all have an Employee Review and Development process, or equivalent, on an annual basis. There is ongoing training ensuring that staff have necessary skills and competencies on a wide range of public health and environment matters, including health protection.

In addition, officers regularly attend national Liaison Groups on matters of food, health & safety, pollution, public health, housing, smoking and port health.

3.8 Capacity and resilience

Capacity can be defined as having sufficient resources and capability in an organisation with responsibility for Health Protection to enable them to discharge their remit, including the response to increasing pressures on their services⁸.

Resilience is about the sustainability of a response over a period of time (e.g. 48 hours)⁸. For example a complex disease outbreak may require the core investigatory team to work intensively for long hours over many days. To cope with this pressure therefore it may be necessary to operate a shift or rota system. Sufficient capacity to do so is therefore required. This means that staff called in from other functions to support the response will have to be trained and prepared in advance for this role.

Maintaining and building capacity and resilience depends on adequate resources being available. A decline in core health protection resources within any party to this plan could affect the overall capacity within Tayside to react effectively to incidents. It is essential that all parties maintain and develop plans to ensure that there is sufficient health protection capacity, including the ability to effectively react to incidents. This includes maintaining and reviewing existing business continuity plans.

⁸ Definitions sourced from Health Protection Scotland (personal communication, March 2010)
2010

3.9 Information Technology and Communications Technology

NHS Tayside

NHS Tayside uses the following systems to support the health protection function. All these systems are available during office hours and on call and can be used in an outbreak or incident.

NHS Tayside Information Technology and communications technology	Use
BT (British Telecom) landline, mobile phones, on call pagers and 3 sets of teleconferencing equipment	Day-to-day (including on call) communications and teleconferencing
Access to video-conferencing facilities off-site	Video-conferencing including teaching
Microsoft packages including Word, Excel, used on desktop and laptop computers	Communications, data collection including outbreak management, filing, presentations. Laptops (with email, internet)
Internet	Investigations, communications, research.
CHI (Community Health Index)	Patient demographic data
SIDSS (Scottish Infectious Disease Surveillance System) National Database	Notifications of Infectious Diseases reported to Health Protection Scotland
Disease notification	Record of notifications
ECOSS (Electronic Communication of Surveillance in Scotland)	Reporting mechanism for notifiable and reportable organisms
ESMI (Enhanced Surveillance of Mycobacterial Infections in Scotland)	National surveillance database for TB
Information board	Can be written on and used in an incident or as a teaching or presentation facility.
Television Mobile phones including MTPAS	Enables staff to keep up-to-date with media messages and communications during an incident or outbreak.

IT (Information Technology) and Communications Technology available to Local Authorities in Tayside

Each Local Authority has access to the following:

1. Emergency Planning centres and facilities
2. Geographical Information System (GIS)
3. Civica IT system linked to Address Gazeteer. The capacity of this system provides:
 - a. data base for all premises within EH jurisdiction
 - b. handling of all service requests including communicable diseases
 - c. planning of inspection programmes
 - d. sampling database(e.g. food samples)
 - e. production of data reports
 - f. mail merge

- g. multi access points in Council premises including emergency planning centre
- 4. All staff equipped with mobile phones and cameras
- 5. All staff equipped with PC and internet access

4.0 Health protection: planning infrastructure

4.1 Health Protection Plans

A number of health protection plans have been produced for Tayside. These include:

NHS Tayside Board Communicable Major Incident Plan (2006)

The objectives of this plan are to ensure prompt action to:

- Recognize a major incident or outbreak of food poisoning or communicable disease with serious consequences for the population of Tayside;
- Define its important epidemiological characteristics and aetiology;
- Stop its further spread;
- Prevent its recurrence;
- Maintain satisfactory communication with external agencies with a legitimate interest in the outbreak.

This plan is due to be updated to take account of new guidance on the management of outbreaks and to bring it in line with the Public Health etc (Scotland) Act 2008.

NHS Tayside Influenza Pandemic Response Plan (2007)

The objectives for the NHS Tayside Plan are to:

- Reduce the impact of the influenza pandemic on morbidity and mortality in Tayside, through delivery of appropriate and timely disease prevention, and the organisation of NHS care;
- Make provision for the appropriate NHS care of large numbers of ill people and dying people in Tayside;
- Provide accurate, timely and authoritative advice and information to professionals, the public and the media.

This plan needs to be updated in the light of the recent experience of the H1N1 pandemic.

NHS Tayside Mass Vaccination Plan

The objectives for the NHS Tayside Plan are to:

- Make arrangements to implement mass vaccination for the population of Tayside when required for any pathogen

This plan needs to be updated in the light of the recent experience of the H1N1 pandemic.

NHS Tayside Major Emergency Procedures- Strategic Response Plan (2009)

- Includes arrangements to deal with accidents, radiation and chemical incidents, incidents involving the deliberate release of chemical, biological, radiological or nuclear agents (CBRN).

These are continually updated and tested regularly.

Blue Green Algae Monitoring and Action Plan

- An annual plan has been produced each year since 2001 by NHS Tayside in partnership with all three local authority departments of environmental health, Scottish Water, SEPA and Dundee University;
- Sets out inspection and monitoring frequencies for water bodies at risk of developing algal blooms and details required multiagency actions when toxin thresholds are exceeded;
- Plan reviewed every year;
- Last reviewed in 2009.

Scottish Waterborne Hazard Plan

- Developed as a multi-agency approach to the management of waterborne hazards within Scotland;
- Developed by Scottish Water with NHS Boards, Local Authority and Environmental Health and Emergency Planning Departments and Health Protection Scotland;
- Provides guidance for dealing specifically with waterborne hazards to enable a consistent approach to be adopted by staff in all the relevant agencies across Scotland;
- Updated nationally every year.

4.2 Local authority health protection plans

Single Outcome Agreements and the service planning process

The Scottish Government and local government share an ambition to see Scotland's public services working together with private and voluntary sector partners, to improve the quality of life and opportunities in life for people across Scotland.

This shared ambition is pursued through Single Outcome Agreements in a drive towards better outcomes. These agreements between the Scottish Government, local authorities and Community Planning Partnerships (CPPs) set out how each will work in the future towards improving outcomes for the local people in a way that reflects local circumstances and priorities, within the context of the [Government's National Outcomes](#) and [Purpose](#)

The Scottish Government's priorities can be summarised as follows:

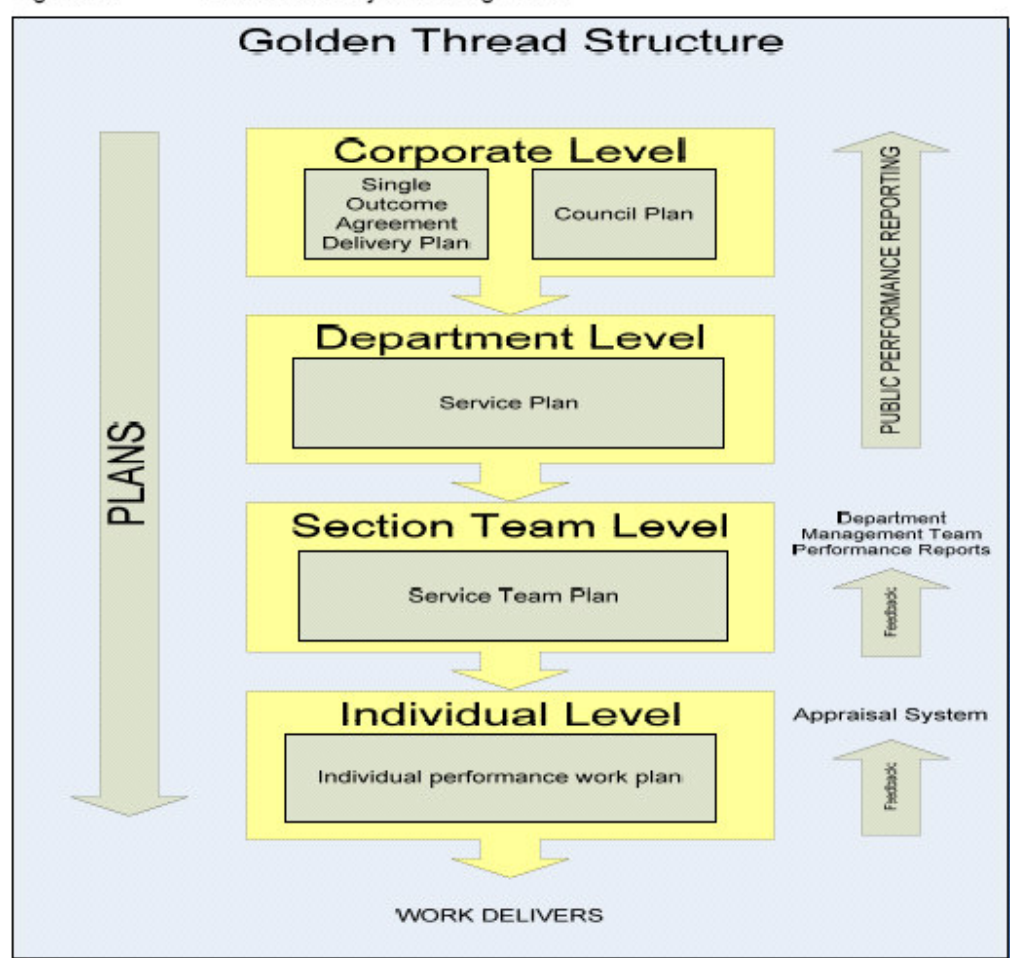
- Wealthier and Fairer Scotland
- Healthier Scotland
- Safe and Stronger Scotland
- Smarter Scotland
- A Greener Scotland

In Tayside each Council has signed Single Outcome Agreements (SOAs) and in the case of Dundee City Council this was made through the vehicle of the multi agency Dundee Partnership. The Community Plan for Dundee 2005-2010 describes how Dundee City Council, Scottish Enterprise Tayside, NHS Tayside, Tayside Police, academic institutions and representatives of the private, community and voluntary sectors have all agreed to work together to make Dundee a better place.

Each Council also produces Council Plans linked to SOAs. Individual service plans link with these higher-level strategic objectives providing a clear link between these and service delivery. This is illustrated in Figure 4.

Local authorities have a wide range of plans which connect with health protection. The strongest links are contained in the respective departmental service delivery plans for environmental health.

Figure 4 Local Authority Planning Links



A comprehensive list of plans for each of Tayside's Local Authorities can be accessed via the following hyperlinks:

Angus Council

<http://www.angus.org.uk/documents.cfm>

Dundee City Council

<http://www.dundeecity.gov.uk/cplanning/plans/>

Perth & Kinross Council

<http://www.pkc.gov.uk/Council+and+government/Community+planning+-+working+in+partnership/>

4.3 Delivering the health protection function in Tayside 2008-09

Health protection covers a wide range of activities some of which are not easily quantified; however a number of indicators of activity are available.

During 2009, a total of 3691 infectious disease notifications and reports were received by NHS Tayside, an increase of 864 (30%) from the previous year. These included:

Tayside Infectious Disease Notifications and Reports

Disease notified or organism reported	January – December 2008	Disease notified or organism reported	January – December 2009
<i>Aeromonas spp.</i>	11	<i>Aeromonas spp.</i>	11
Atypical Mycobacterium	11	Atypical Mycobacterium	6
Bacillary Dysentery	15	Bacillary Dysentery	9
Campylobacter	440	Campylobacter	623
Chickenpox	1025	Chickenpox	1603
<i>Clostridium difficile</i>	579	<i>Clostridium difficile</i>	448
Food poisoning, including:	156	Food poisoning, including::	164
Cryptosporidium 61		Cryptosporidium 56	
Salmonella 78		Salmonella 63	
<i>Escherichia coli</i> 11		<i>Escherichia coli</i> 41	
Other 6		Other 4	
<i>Giardia lamblia</i>	7	<i>Giardia lamblia</i>	12
Giardiasis	1	Giardiasis	1
Hand, Foot & Mouth Disease	4	Hand, Foot & Mouth Disease	3
<i>Haemophilus influenzae</i>	4	<i>Haemophilus influenzae</i>	9
Influenza	16	Influenza	162
Legionellosis	2	Legionellosis	2
Lyme Disease	30	Lyme Disease	48
Measles	1	Measles	7
Meningococcal infection	7	Meningococcal infection	6
Mumps	76	Mumps	191
<i>Mycoplasma pneumoniae</i>	4	<i>Mycoplasma pneumoniae</i>	1
Ova Of <i>Enterobius vermicularis</i>	3	Ova Of <i>Enterobius vermicularis</i>	1
Parainfluenza	4	Parainfluenza	72
Pertussis	12	Pertussis	5
PVL - MRSA	15	PVL – MRSA	13
PVL - MSSA	10	PVL – MSSA	30
Scarlet Fever	34	Scarlet Fever	85
Shingles	4	Shingles	27
<i>Streptococcus pyogenes</i>	31	<i>Streptococcus pyogenes</i>	29
<i>Streptococcus pneumoniae</i>	50	<i>Streptococcus pneumoniae</i>	48
Tuberculosis (Resp)	17	Tuberculosis (Resp)	14
Tuberculosis (Non-Resp)	8	Tuberculosis (Non-Resp)	10
Typhoid Fever	2	Typhoid Fever	1
Viral Hepatitis	228	Viral Hepatitis	291
Other	15	Other	17

Significant Incidents and Outbreaks 2008-09

For the purpose of the JHPP, significant incidents and outbreaks refer to only those for which an Incident Management Team (IMT) or Outbreak Control Team (OCT) meeting was required.

SIGNIFICANT INCIDENTS & OUTBREAKS 2008	SIGNIFICANT INCIDENTS & OUTBREAKS 2009
Incident/Outbreak	Incident/Outbreak
Suspected exposure to lead in a local population	H1N1 influenza epidemic
<i>E. coli</i> O157 (Care setting)	Anthrax*
iGAS infections in defined population group	Blood borne virus incident
Lead poisoning in defined population group	<i>E. coli</i> O157 (Educational setting)
Legionella	<i>Giardia lamblia</i> outbreak
Measles	Hep C incident
Pertussis	Hepatitis B
Potential blood borne virus exposure incident in the community	Legionella
Bacterial contamination of private water supplies	Measles
PVL Staphylococcal infection (Care setting)	Salmonella Group B
Rubella	Tuberculosis (Care setting)
<i>Streptococcus pneumoniae</i> outbreak (Care setting)	
TB incident	
Parvovirus outbreak (Educational setting)	
Scarlet Fever outbreak (Educational setting)	
Total 15	Total 11
Outbreaks of Gastrointestinal Illness	Outbreaks of Gastrointestinal Illness
Care Settings x30	Care Settings x24
Educational Settings x2	Educational Settings x6
Catering Settings x6	Catering Settings x12
Total 38	Total 42

(* Suspected Anthrax- laboratory results were negative)

The incidents and outbreaks listed in the above table do not reflect ongoing day to day health protection activities, but highlight significant events only during 2008 and 2009. In the early stages of an investigation, when information is still being collected, a Problem Advisory Group (PAG) may be convened to enable those responsible for the investigation to discuss the management and direction required.

Respiratory Communicable Diseases

Notable incidences of infectious respiratory disease which required intensive health protection work included several cases of tuberculosis (TB), legionellosis and *Streptococcus pneumoniae*. Particular effort went into some other specific infections – partly on a pilot basis: invasive Group A *Streptococcus pyogenes* and PVL-MRSA. Both of these are forms of bacteria which can be found on human skin and often cause little harm. However, these two particular strains are more dangerous and have the potential to cause invasive, sometimes life-threatening disease. Cases are often clustered in, for

example, household settings and there is thus the potential to reduce risk by providing advice to primary healthcare teams providing treatment to affected families.

Communicable Gastro-intestinal Diseases

The investigation, prevention and control of gastro-intestinal infection is based on the following guidance:

- *Guidance for the public health management of infection with verotoxigenic Escherichia coli (VTEC). Health Protection Network Oct 2008.*
- *Guidance on the investigation and control of outbreaks of food borne disease in Scotland. FSA, May 2002.*

The NHS Tayside Health Protection Team and staff from the three local council environmental services work closely to investigate cases and outbreaks of infection associated with potentially food or water-borne organisms. The Health Protection Team provides ongoing surveillance of all reported cases of gastroenteritis. Surveillance includes identifying any possible links between cases, determining possible cause and quantifying incidence rates.

During 2008 the Health Protection Team dealt with many outbreaks and cases of food borne infection. These peaked, as usual, in late summer and were frequently the result of infection imported from overseas when patients returned from their summer holidays. Several outbreaks were, however, generated more locally and were often associated with the hospitality industry. Not reflected in the above figures, however, are the many outbreaks of norovirus, which were dealt with. These are sometimes associated with hospitality industries but are rarely food borne. More usually they are associated with care settings and are no longer occurring strictly in the winter as the colloquial name: 'winter vomiting virus' might suggest. The apparent stability in total annual incidence of salmonella infection in Tayside masks a marked change in proportion of cases due to different species. For example, we have seen a marked drop in incidence of *S. enteritidis* due, presumably, to the successful immunisation of UK chicken and hen flocks. On the other hand, we have seen many more cases than normal of infection with unusual species of salmonella associated with exotic pet reptiles.

Zoonoses

Cases of zoonotic infection are rare but occasional cases occur within NHS Tayside. Bats are occasionally known to rarely carry the European Bat Lyssavirus and contact with a bat can result in a person being bitten and contacting rabies. Immunisation must be considered if the bite has drawn blood for example. Immunoglobulin and 5 doses of vaccine have to be given over a period of one month, if not previously vaccinated.

We note the continuing increase in reported Lyme disease. This may be partly due to increasing awareness, but may also be due to a genuine increase in incidence. This is an avoidable tick-borne infection that has featured several times in NHS Tayside's Health protection Team newsletter. The increasing trend is, again, also reflected in national data and has prompted a drive to increase leafleting and the use of posters in high-risk areas.

A potential pandemic of influenza

In the influenza pandemic, NHS Tayside has used local plans in accordance with the national planning guidance as the template for its response. It has worked closely with

the Local Authorities and Category 1 colleagues to ensure that due cognisance is taken of risks to health and social care workers and those in "at risk" groups. It has implemented its planned arrangements throughout the emergency in line with Scottish Government advice and has changed and amended its response to take account of changing circumstances

Healthcare associated Infections

NHS Tayside continues to carry out surveillance of healthcare associated infections in line with guidance from the Chief Medical Officer.

Clostridium difficile and *Staphylococcus aureus* surveillance is carried out in all healthcare facilities in NHS Tayside. Surveillance information can be accessed from the Health Protection web site <http://wwwhps.scot.nhs.uk/haic/sshqip/index.aspx>

Vaccine preventable diseases and the impact on them of current and planned immunisation programmes

The Human Papilloma Virus (HPV)

The HPV immunisation programme began on 1st September 2008. In the 2008-09 academic year, girls in their second year of secondary school and those in their 5th and 6th year were offered the vaccine. The programme entailed administering 3 doses of the vaccine of intervals of 0, 1, and 6 months. Girls who were 18 and had left school were also included in the programme. Provisional uptake for Tayside is: 1st dose: 95.3%, 2nd dose 94.2%, and 3rd dose 91.3% for girls in S2 class year.

Year 2 (2009-2010): The programme continues with year 2, 4 and 5 girls being offered the vaccine.

Year 3 (2010-2011): The programme will include both the routine immunisation of 2nd year girls plus a catch-up of all the girls who were either missed or left school the previous two years. In following years the HPV vaccine will be included in the routine school-based immunisation programme for girls in the second year.

Influenza A(H1N1)

The programme for vaccination of priority groups commenced in autumn 2009. Groups vaccinated included:

- At risk 6 months to 65 years
- Pregnant women
- Household contacts of people with compromised immune systems
- Over 65's in at risk groups currently offered seasonal flu vaccination
- Frontline health and social care workers

As vaccination of priority groups is completed, the rest of the population will be offered immunisation.

Seasonal flu vaccine continues to be offered to priority groups in addition to the A(H1N1) vaccine.

Childhood immunisation programme

Uptake rates for diphtheria, tetanus, polio, pertussis, *Haemophilus influenzae* type B, meningococcal C and pneumococcal vaccines in children up to 24 months in NHS Tayside are all over 95%, as is the uptake of MMR (Mumps, Measles, Rubella) by the age of 6 years.

4.4 Joint working

Tayside Health Protection Network

This group has a remit to ensure that NHS Tayside working in partnership with statutory and non-statutory organisations fulfils its governance responsibilities for health protection in addressing the reservoir of infection within the community of Tayside, and potential environmental hazards to health. This includes Healthcare Associated Infection (HAI) as it affects the general population, all notifiable infections; health issues associated with public and private water supplies, and environmental hazards. Membership includes NHS partners from Health Protection Scotland, all three Local Authorities, Scottish Commission for the Regulation of Care and Scottish Water. Meetings are held quarterly.

Gastro-Intestinal Liaison Group

This Group has a remit to ensure that the main stakeholders responsible for health protection take a consistent approach in the reporting investigation monitoring and control of notifiable infectious disease across Tayside. Membership includes NHS Tayside, the three Local Authorities and Tayside Scientific Services.

Blue-Green Algae Working Group

This group has a remit to ensure that NHS Tayside working in partnership with other statutory organisations fulfils its responsibility to take appropriate action in protecting and informing the public on the risks associated with Blue-Green Algae (Cyanobacteria). Membership includes NHS Tayside, the three Local Authorities SEPA and Scottish Water. The group produces a monitoring and action plan on an annual basis setting out the arrangements in place to control the risks associated with Blue Green Algae in water supplies.

Tayside Immunisation Steering Group

Influenza Immunisation Programme Coordinating Group

Pandemic Flu Multiagency Planning Committee

Scottish Water/NHS/EH Liaison group

Communicable Diseases- National Pregnancy Screening Programme

The programme offers screening to all pregnant women for HIV, rubella, syphilis and hepatitis B. Screening, diagnosis and treatment, and follow up are required to be in line with NHS QIS Pregnancy and Newborn Screening Clinical Standards (October 2005) and relevant Managed Clinical Network (MCN) standards.

Women's Health/Microbiology Liaison Group

A multidisciplinary group with representation from midwifery, obstetrics, microbiology, virology and public health meet regularly to discuss a range of issues relating to communicable diseases in pregnancy. The group also discusses issues on pregnancy screening for communicable diseases, when relevant.

5.0 Mutual aid arrangements

A Mutual Aid Agreement (MAA) is defined as an agreement between organisations, within the same sectors and across boundaries, to provide assistance and additional resources during an emergency which may go beyond the resources of an individual organisation⁹.

An MAA for the three Local Authorities was agreed at the meeting of the Tayside Strategic Co-ordinating Group (Tayside SCG) on 1st April 2010 and is in the process of being signed off by Local Authority Chief Executives. Joint working arrangements between the various agencies in Tayside are in place through the Tayside SCG Plan. Tayside Police, Tayside Fire and Rescue, Scottish Ambulance Service and NHS Tayside have formal mutual aid arrangements within their sector of operation.

Regulation 3 of the Civil Contingencies Act (CCA) 2004 (Contingency Planning) (Scotland) Regulations 2005 provides that Category 1 responders, which have functions exercisable in a particular police area in Scotland, must co-operate with each other in connection with the performance of their duties under section 2(1) of the CCA.

⁹ Definition sourced from Preparing Scotland (section 7)
<http://www.scotland.gov.uk/Resource/Doc/94471/0022783.pdf>

6.0 Health protection: public involvement and feedback

NHS Tayside has a long and established network of public partners who participate in a wide variety of engagement activities around development and improvement of NHS services. One of their key roles is their involvement in the Healthcare Associated Infection Public Partnership Group (PPGs) network. Members regularly meet with professionals around infection control issues and contribute to development of strategic and communication plans. PPGs also conduct hand hygiene and cleaning audits. They share information, for example on hand hygiene awareness-raising with the wider public at information stands both within and outwith NHS premises and also seek public views and opinions on services.

PPGs also contribute to discussion and debate on an individual basis. The H1N1 communication group, which led on sharing information with the public, included a PPG member. The representative was able to advise on tailoring the most appropriate content and methods of information sharing.

The NHS Tayside Public Involvement Manager is a member of the Tayside Health Protection Network. The postholder is a key link to the public partners and her role is to raise awareness of the need to involve the public in the business of the network. The minutes of the network feed into NHS Tayside Improvement and Quality Committee which has a Public Partnership Group representative as a member and as such is able to comment on their content.

7.0 Recommendations

The plan describes an overview of health protection priorities, provision and preparedness within Tayside and describes how the Board and the Local Authorities deal with a range of health protection topics. Below are topics that have been identified that require further work, which will form the basis of our plans within the period 2010-12:

1. Assess adequacy of current on-call arrangements in Local Authorities in the Board area
2. Develop clinical public health management protocols for priority communicable diseases
3. Lead and coordinate the updating of key emergency plans including:
 - a. Communicable Disease Response Plan
 - b. NHS Tayside Pandemic Influenza Plan
 - c. Tayside Mass Vaccination Plan
4. Implement lessons learned from:
 - a. The Tayside experience of pandemic influenza 2009
 - b. *Legionella* incident 2008
 - c. *E.coli* O157 outbreak 2009
 - d. Any other outbreaks or incidents with significant lessons in 2010-12
5. Address capacity and resilience issues for health protection services in the Board (including any identified by anticipated Health Protection Scotland review work)
6. Lead the local implementation of recommendations arising from the forthcoming national TB action plan
7. Review and update port health plans in the light of recent international health regulations

Tayside's Joint Health Protection Plan is a public document and is available to members of the public on NHS Tayside's Directorate of Public Health website at www.taysidepublichealth.com and on request from:

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