

ITEM No ...5....

REPORT TO: COMMUNITY SAFETY AND PUBLIC PROTECTION COMMITTEE - 3 JUNE 2019

REPORT ON: TAYSIDE JOINT PUBLIC HEALTH PROTECTION PLAN 2019 - 2021

REPORT BY: EXECUTIVE DIRECTOR OF NEIGHBOURHOOD SERVICES

REPORT NO: 187-2019

1.0 PURPOSE OF REPORT

1.1 To seek Committee's approval of the Tayside Joint Public Health Protection Plan 2019 to 2021.

2.0 RECOMMENDATIONS

2.1 It is recommended that Committee approves the attached Tayside Joint Public Health Protection Plan which gives a commitment on behalf of Dundee City Council to work with NHS Tayside, Angus and Perth & Kinross Councils to address the priorities identified within the plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Public Health etc. (Scotland) Act 2008 (the Act), requires NHS Tayside to produce every two years, a Joint Public Health Protection Plan with Dundee City, Angus and Perth & Kinross Councils. This Plan provides an overview of health protection priorities, provision and preparedness within Tayside and highlights the collaborative nature of health protection work.

4.2 Health protection services have a strong basis in Scotland's civic history and rely on coordinated strategic efforts between partners and The Public Health etc. (Scotland) Act 2008 underpins this effort. Environmental Health services within Community Safety and Protection provide a wide range of integrated services to protect and improve public health and the environment.

4.3 Much of this work 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.

4.4 NHS Boards have a health protection function for the control of communicable diseases and diseases arising from contact with substances hazardous to health. Other aspects of the function are the co-ordination of immunisation programmes, and working to reduce the burden of infectious disease in the community.

4.5 Environmental Health services work closely 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 includes collaboration with counterparts in Angus and Perth & Kinross Councils.

4.6 Part 1 of the Act requires each health board area to develop a Joint Public Health Protection Plan (JPHPP). The plan provides an overview of health protection priorities, provision and preparedness.

4.7 The Tayside Joint Public Health Protection Plan 2019 to 2021 has been produced jointly by the NHS Tayside's Health Protection Team and officers from Dundee City Council, Perth & Kinross and Angus Councils. The Plan is provided in Appendix 1.

The Plan was approved by Tayside Health Board on May 15th 2019, subject to its formal ratification by the three participating Councils. Once approved it will be publicised by the organisations involved. An action plan will then be implemented on the key activities from the JPHPP. The Plan will be reviewed in 2021.

4.8 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.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to an assessment of any impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. There are no major issues.

6.0 CONSULTATIONS

6.1 The Council Management Team have been consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

7.1 None.

Elaine Zwirlein
Executive Director of Neighbourhood Services

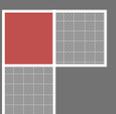
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10 May 2019

2019

TAYSIDE JOINT PUBLIC HEALTH PROTECTION PLAN

2019 - 2021



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1. Introduction

Health protection encompasses a set of activities within the Public Health function. It involves:

- ensuring the safety and quality of food, water, air and general environment;
- preventing the transmission of communicable disease; and
- managing outbreaks and other incidents which threaten the health of the public.¹

NHS Health Boards have a health protection function relating to the control of infectious disease and diseases arising from contact with substances hazardous to health. Similarly, local authorities have a health protection function, which is predominantly delivered through the local authority environmental health service. The NHS Board is coterminous with the three local authority areas of Angus, Dundee City and Perth & Kinross and in practice, health board and local authority functions are co-ordinated. Tayside's Joint Public Health Protection Plan (JPHPP) 2019-2021 has been collated jointly by NHS Tayside, Angus Council, Dundee City Council and Perth and Kinross Council.

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 disease, contamination or other such hazards, which constitute a danger to human health.'² This report is a requirement of The Act to demonstrate how we are jointly organising our services and provide an overview of health protection priorities, provision and preparedness across Tayside.

2. Who We Are

2.1 Who makes up the population of Tayside

In 2017, the estimated total population of Tayside was 416,090³ living in an area of 7,527 sq km with mixed urban and highly rural population distribution. The population of Tayside accounts for approximately 7.7% of the Scottish population.

National Records of Scotland (NRS) estimate that the population of NHS Tayside will increase by 14.1% to 469,606 in 2037 (*based on 2012 population projection figures*). In general, Tayside's population is ageing, particularly with increases in the population aged 65 and over. Those aged 65 and over account for 19.5% (80,350) of the 2012 population, this age group is anticipated to increase to representing 25.4% (119,513) of the population in 2037.

Health and deprivation are linked and the Scottish Index of Multiple Deprivation (SIMD) provides a consistent measure of deprivation by datazones. It is an important measure but it should be noted

¹ Health Protection Scotland. <https://www.hps.scot.nhs.uk/>

² The Public Health etc. (Scotland) Act 2008. <https://www.legislation.gov.uk/asp/2008/5/contents>

³ National Records of Scotland: <https://www.nrscotland.gov.uk/files//statistics/population-estimates/mid-17/mid-year-pop-est-17-publication-revised.pdf>

that this is a geographical measure rather than a measure of people - not all individuals affected by deprivation will live in deprived areas, and not all people living in deprived areas will be deprived. Having said that, Tayside's most deprived areas are characterised by comparatively low employments and incomes as well as comparatively poorer health, education and housing. Many of these areas have consistently been amongst the most deprived for some time.

Figure 1 illustrates the deprivation profile of the population of Tayside.⁴ All three local authority areas contain datazones ranked across the spectrum of deprivation. However, the distribution and concentration of deprivation varies across the Tayside area. Twenty five (25) of Scotland's 10% most deprived datazones are in the Tayside area: all but one of these are in Dundee City, the other is in Perth.

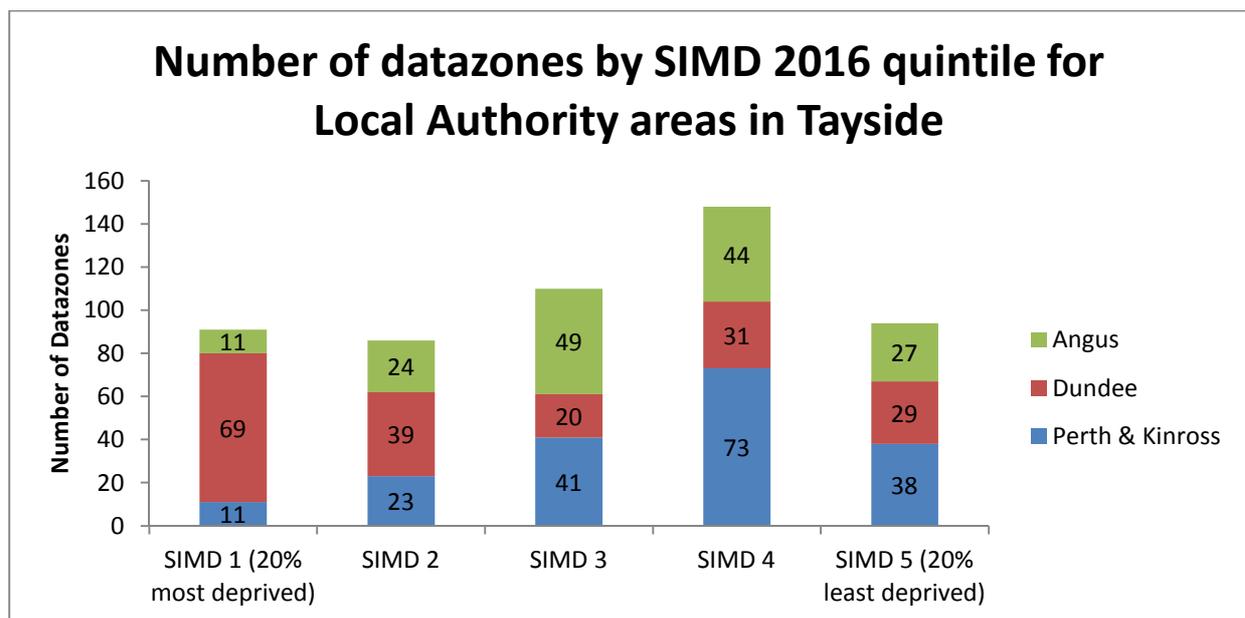


Figure 1: Number of datazones by SIMD 2016 quintile by Local Authority areas in Tayside

Detailed population demographic data for each of the local authority areas in Tayside is available within local authority strategic plans if required.⁵

⁴ Scottish Index of Multiple Deprivation (SIMD) 2016. <http://simd.scot/2016/>

⁵ Angus: <http://www.angus.gov.uk/sites/angus-cms/files/2017-09/Angus%20Local%20Outcomes%20Improvement%20Plan.pdf>

Dundee City: https://www.dundee.gov.uk/sites/default/files/publications/about_dundee_2018.pdf

Perth and Kinross: https://www.pkc.gov.uk/media/40553/Community-Plan-Local-Outcomes-Improvement-Plan-2017-2027/pdf/LOIP_online.pdf?m=636567189070430000

2.2 Who provides the Health Protection Function in Tayside

The health protection function in Tayside is provided by NHS Tayside Health Protection Team (HPT) and colleagues from the three local authority areas: Angus Council, Dundee City Council and Perth and Kinross Council. Full details of individual roles and responsibilities are available from each department if required.

2.2.1 NHS Tayside Health Protection Team (HPT)

The NHS Tayside health protection function is continuously operational 24/7. In hours (Monday to Friday, 9am to 5pm) a small multidisciplinary team operates to deliver the full range of services. Out of hours the service is covered by an on call team where a single Consultant in Public Health Medicine (CPHM) / Consultant in Public Health (CPH) is always available on call and at times there is additionally a Speciality Registrar on call.

Designation	FTE
Consultant in Health Protection	2.4
Specialist Nurses (Health Protection)	3.0
Personal Assistants/Surveillance officer	2.6

Table 1: Monday to Friday (in hours) Health Protection Team

The Consultants in Health Protection are supported by 4.5 additional generic Consultant in Public Health Medicine (CPHM) / Consultant in Public Health (CPH) for the purposes of 24/7 on call service provision.

Designation	Periods covered
CPHM / CPH	24/7 evenings and weekends
Specialty Registrars in Public Health	Evenings and weekends for 3 days/week only
Specialist Nurses	None
Personal Assistants	None

Table 2: Out of hours Health Protection function

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

2.2.2 Angus Council

Angus Council has 13.05 full time equivalent (FTE) competent persons as designated under the Public Health etc. (Scotland) Act 2008. In addition: one Food Safety Officer, 0.6 Food Safety Officer, two Environmental Health technicians, one contaminated Land Officer and one Animal Health Officer who contribute to public health protection functions.

2.2.3 Dundee City Council

The planned provisional staffing complement for the period of this Joint Public Health Protection Plan includes 13.39 FTE Environmental Health Officers (EHOs) including 3 managers (meeting the definition of competent persons under the Public Health etc. (Scotland) Act 2008).

There are a further 26.88 FTE staff who contribute to public health protection functions including: Food Safety Officers, Pest/Animal Control Technicians and Licensing Standards Officers.

2.2.4 Perth and Kinross Council

Perth and Kinross has 4.0 FTE competent persons as designated under the Public Health etc. (Scotland) Act 2008. In addition there are a further 15.5 FTE officers who contribute to public health protection functions. An out of hours 'on call' system is in place to investigate cases of infectious diseases that require urgent investigation.

3. What We Do

3.1 The Purpose and Principles of our Health Protection function

The purpose of the health protection function across Tayside is as follows:

To maintain safe, resilient and effective communicable disease and environmental protection services, supported by continuous learning and improvement.

Underpinning the work that we do are three core principles:

TACKLING INEQUALITIES

- To ensure our work addresses the needs of the most vulnerable in society.

ENCOURAGING COLLABORATION

- To ensure collaborative working with partners across all agencies including the public.

TACKLING CLIMATE CHANGE

- To ensure that we can advise on climate change adaptation and mitigation in light of the impact it is having on communicable disease and environmental hazards.

3.2 Delivery of statutory health protection function in Tayside

Under the Public Health etc. (Scotland) Act 2008 there is a list of diseases that registered medical practitioners have a statutory duty to notify to their public health department based on reasonable clinical suspicion. There is also a list of largely corresponding organisms that diagnostic laboratories also have a statutory duty to notify to health protection within public health. A full list of these organisms and diseases can be accessed from the NHS Tayside HPT if required. The HPT is now routinely using the national electronic HP Zone database system to manage all notifications.

The investigation and public health management of these notified cases is carried out by NHS and local authority partners in line with national guidance and local policy. A key part of this work is dependent on robust services for food safety inspections and environmental sampling (e.g. of water and air). The HPT works collaboratively with partners to manage any significant incident or outbreak. Reports of the Incident Management Teams (IMT) established to coordinate the management of such incidents are reviewed through clinical governance structures within NHS Tayside and are available on request.

Vaccine preventable disease and delivery of immunisation programmes remains a core function of health protection. The introduction of the Vaccine Transformation Programme⁶ across Scotland has resulted in this becoming a priority area for the HPT; further detail is provided in section 3.3.2 below.

NHS Tayside and Local Authority colleagues have been engaged in implementing the changes in Emergency Planning structures across Scotland. Tayside is an active member of the North of Scotland Regional Resilience Partnership alongside Grampian, Highland and the Island Health Board Areas. The Local Resilience Partnership arrangements will continue to address local issues while regionally work is underway to review plans and share good practice.

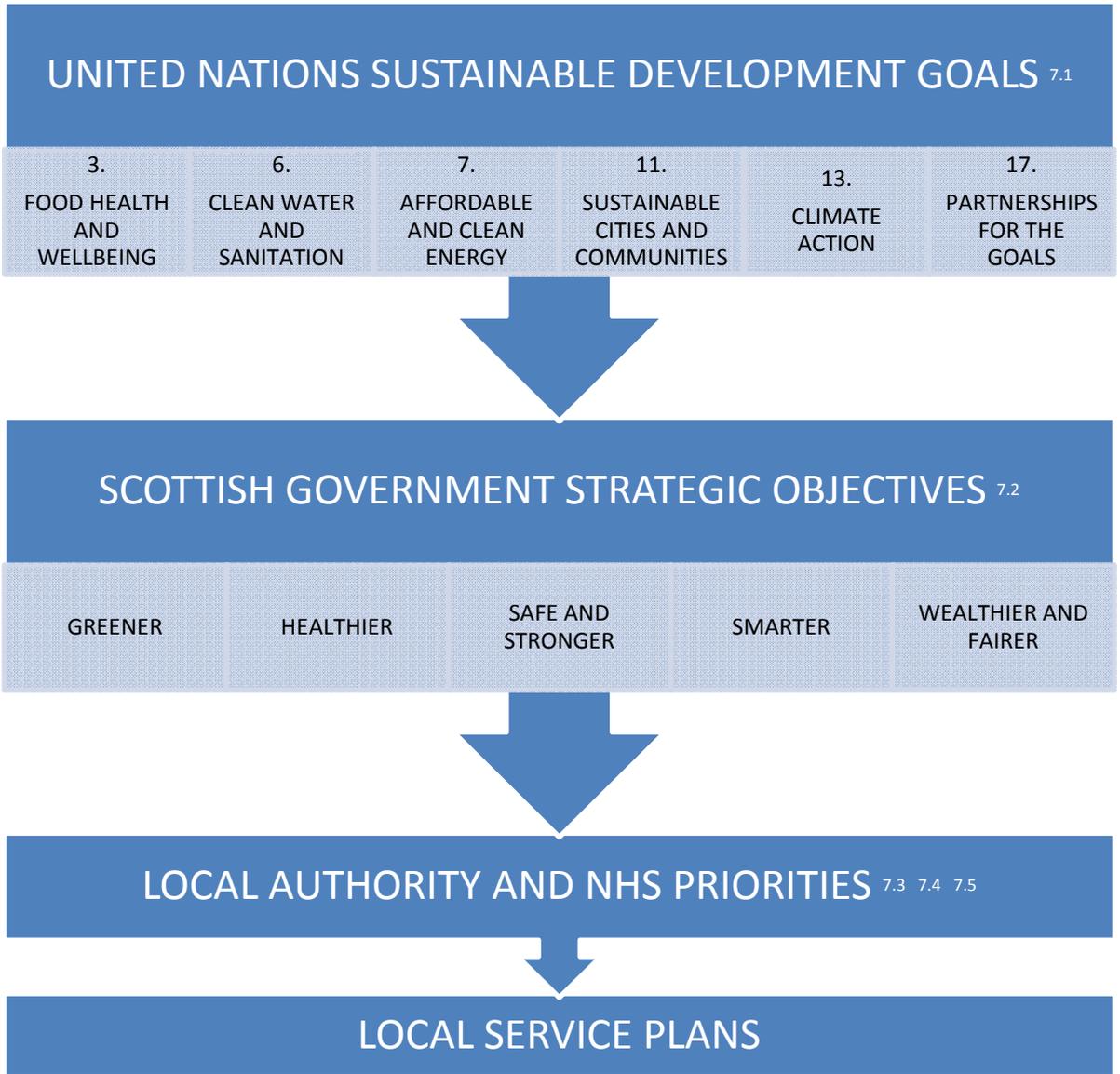
Detailed accounts of roles/responsibilities and activities in relation to delivery of health protection function are available in the local plans for each partner agency.

3.3 Joint Health Protection Priorities for 2019 – 2021

3.3.1 Policy context of the JPHPP

The Tayside joint health protection priorities are informed by local, national and international health policy, strategy and goals as illustrated in the graphic below. Each document referenced is linked for further detail if required.

⁶ Health Scotland information pages – Vaccine Transformation Programme.
<http://www.healthscotland.scot/health-topics/immunisation/vaccination-transformation-programme>



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3.3.2 Selection of Joint Health Protection Priorities from local delivery plans priorities

The framework below illustrates the relevant priorities of each of the four organisations contributing to delivery of the health protection function across Tayside. These have been adapted from wider local plans and further detail can be accessed via the linked documents. From across these

⁷ 7.1 – United Nations Sustainable Development Goals: <https://sustainabledevelopment.un.org/?menu=1300>

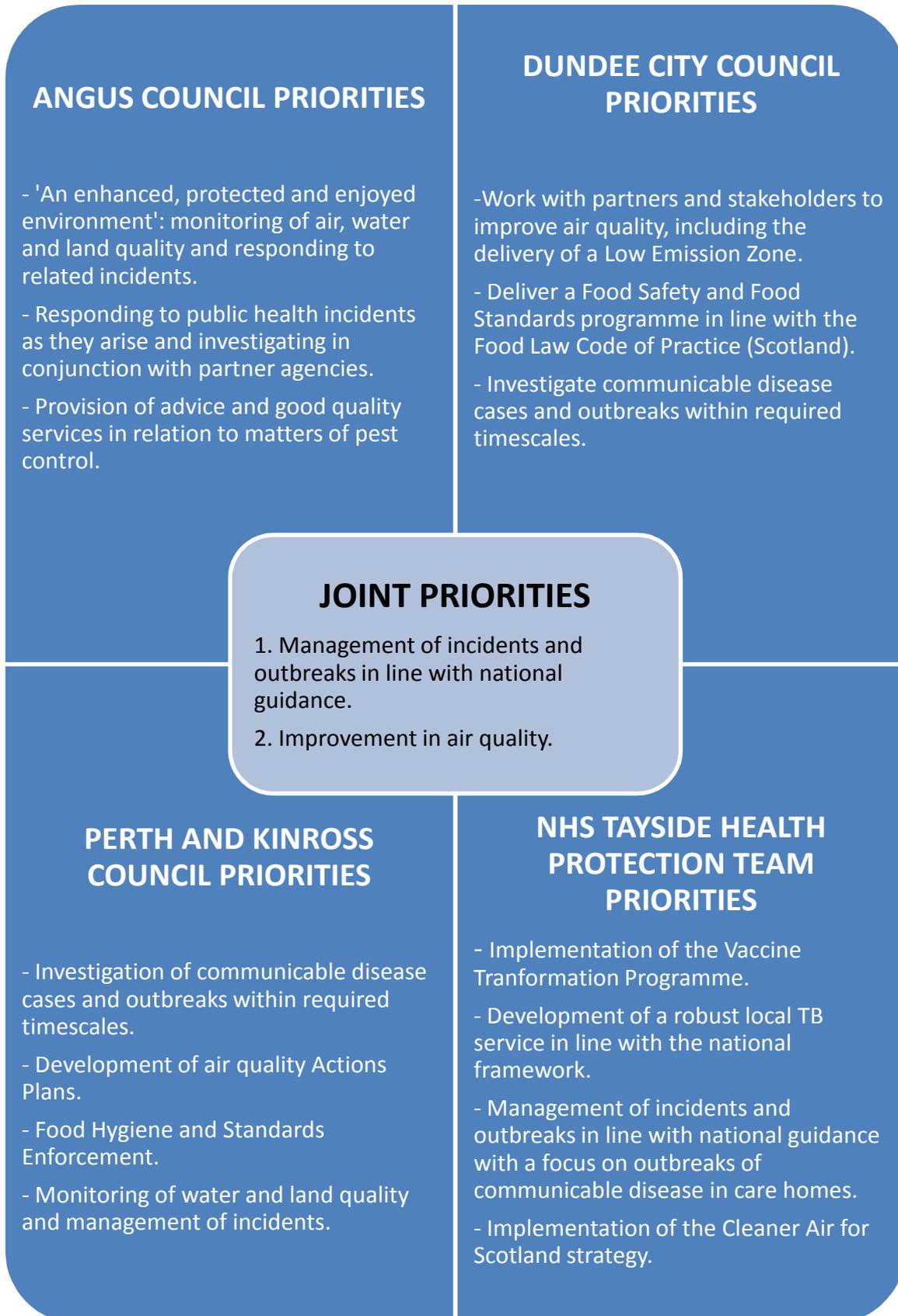
7.2 – Scottish Government Strategic Objectives: <https://www2.gov.scot/About/Performance/scotPerforms/objectives>

7.3 – Angus Council Local Outcome Improvement Plan: <http://www.angus.gov.uk/sites/angus-cms/files/2017-09/Angus%20Local%20Outcomes%20Improvement%20Plan.pdf>

7.4 – Dundee City Council Local Outcome Improvement Plan: <https://www.dundee.gov.uk/city-plan-for-dundee-2017-2026>

7.5 – Perth and Kinross Council Local Outcome Improvement Plan: https://www.pkc.gov.uk/media/40553/Community-Plan-Local-Outcomes-Improvement-Plan-2017-2027/pdf/LOIP_online.pdf?m=636567189070430000

constituent areas, we have identified two key joint public health protection priorities where we consider there to be significant opportunity to work together to improve the health and wellbeing of the people of Tayside.



3.4 Working towards these Joint Priorities

Table 3 summarises the actions which will be undertaken to achieve the joint public health protection priorities for Tayside along with the outcome measures which will be used to demonstrate progress. It also highlights the potential risk associated with failure to prioritise these areas of work.

PRIORITY	ACTIONS	OUTCOMES	RISK
Management of incidents and outbreaks in line with national guidance.	<p>Maintain 24/7 local disease and incident surveillance service.</p> <p>Maintain a response facility (health protection response plan) and rehearse incident management processes.</p> <p>Prioritise responding to such notifications in accordance with the Communication Pathway for GI disease.</p> <p>Improve services in light of lessons learned.</p> <p>Preventative work (including routine premises' inspections) to reduce the risk of future/potential outbreaks.</p>	<p>Reducing the risk of future incidents and outbreaks from known hazards.</p> <p>Development of a risk framework for care homes.</p> <p>Meeting a performance review framework target of 100% IMT reports and completed actions within 6 months of incident.</p>	Poor case management results in escalation of incidents with an adverse impact on the health of more people.
Air Quality Improvement.	<p>Advise on health impacts of air pollution in air quality management areas.</p> <p>Work with partners to deliver actions contained within the Cleaner Air for Scotland Strategy.</p> <p>Support the development of low emission zones where required.</p>	<p>Improved air quality.</p> <p>Delivery of Low Emission Zones.</p>	Failure to meet the national air quality guideline values.

Table3: Tayside joint public health priorities

4. Why We Do It

4.1 Who will benefit from this work

- People of Tayside:
 - the health, safety and wellbeing of the local population of Tayside is the primary focus of the joint public health protection plan.
- Public services:
 - by joining together we see the benefits of collaboration, cross-boundary working and shared use of scarce resource.
- Individual practitioners:
 - collaborative working allows individuals to share knowledge and skills locally and more widely.

4.2 How we monitor what we do

Governance of the Joint Public health Protection Plan is through the NHS Tayside Improvement and Quality Committee which has Public Partnership Group representative as a member. The HPT will continue to make incident reports publically available (as appropriate) once these have been approved by internal governance structures.

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. Through continued public involvement and stakeholder feedback, the HPT will seek to audit delivery of the health protection function across Tayside to inform continued quality improvement of the service.