Borders NHS Board

JOINT HEALTH PROTECTION PLAN

Aim

This Joint Plan for NHS Borders and Scottish Borders Council has been produced in accordance with the Part 1 Guidance for the new Public Health (Scotland) Act 2008. The Plan has now to be approved by NHS Borders Board.

Background

The main purpose of the Plan is to provide an overview of health protection (communicable disease and environmental health) priorities, provision, preparedness and to support the collaborative arrangements that exist between NHS Borders and the Scottish Borders Council. The Plan also sets out key steps that local partners will be taking to address the agreed priorities and how the main communicable disease and environmental health risks (see Para 9 in attached Plan) will be addressed. It does not cover other public health functions such as population screening programmes e.g. cervical and breast screening or hospital acquired infection (HAI) issues.

Summary

This Joint Plan for NHS Borders and Scottish Borders Council has been produced in accordance with the part 1 guidance for the new Public Health (Scotland) Act 2008. The main purpose of the Plan is to provide an overview of health protection (communicable disease and environmental health) priorities, provision, preparedness and to support the collaborative arrangements that exist between NHS Borders and the Scottish Borders Council. The Plan also sets out key steps that local partners will be taking to address the agreed priorities and how the main communicable disease and environmental health risks (see Para 9 in attached Plan) will be addressed.

The Plan has been approved by the NHS Borders Health Protection Group which has representatives from all the main local stakeholders involved in communicable disease control and environmental health including NHS Borders, Scottish Borders Council Environmental Health and Scottish Water. The Plan has been approved by Scottish Borders Council, and now requires approval by the NHS Borders Board.

Recommendation

The Board is asked to **approve** the Plan

Policy/Strategy Implications	
Consultation	
Consultation with Professional Committees	The NHS Borders Health Protection Group has endorsed the plan.
Risk Assessment	The plan enables NHS Borders and its partners to fulfil its statutory obligations under new Public Health (Scotland) Act 2008.
Compliance with Board Policy requirements on Equality and Diversity	This plan is inclusive and therefore will help the Board in fulfilling its obligations in relation to equalities. It should not disadvantaged communities of interest, or geographic ones.
Resource/Staffing Implications	

Approved by

Name	**Designation**	**Name**	**Designation**
Dr Eric Baijal	Joint Director of Public Health		

Author(s)

Name	**Designation**	**Name**	**Designation**
Dr Tim Patterson	Consultant in Public Health		

JOINT HEALTH PROTECTION PLAN

NHS Borders &
Scottish Borders Council

Department of Public Health, NHS Borders

Contents

1 Preface

This joint Plan for NHS Borders and Scottish Borders Council has been produced in accordance with the part 1 guidance for the new Public Health (Scotland) Act 2008. This new Act aims to:

- Provide clarity about which agency and persons have overall responsibility in protecting the public health e.g. lessons learned from the fatal accident inquiry of the Central Scotland E. coli O157 outbreak.

- Ensure preparedness and enhancing co-operation among agencies in combating major emergencies e.g. bioterrorism, lessons from SARS.

- Resolve gaps and uncertainties in the adequacy of statutory powers that might be required for communicable disease control particularly for emerging hazards e.g. early interventions in avian or pandemic flu.

- Update the principles and concepts underpinning public health legislation for the 21st Century e.g. public health ethics values, new scientific developments, response to globalisation.

1.1 Purpose of the Plan

The main purpose of the Plan is to provide an overview of health protection (communicable disease and environmental health) priorities, provision, preparedness and to support the collaborative arrangements that exist between NHS Borders and the Scottish Borders Council (SBC). The Plan also sets out key steps that local partners will be taking to address the agreed priorities and how the main communicable disease and environmental health risks (see Para 9 below) will be addressed. It does not cover other public health functions such as population screening programmes e.g. cervical and breast screening or hospital acquired infection (HAI) issues.

1.2 Geographical extent of Plan

This Plan covers NHS Borders Health Board area which is coterminous with NHS Borders.

1.3 Statutory responsibility

The responsibility for development of the Plan lies with NHS Borders.

1.4 Authors

The Plan has been produced by the NHS Borders Public Health Department Team and SBC Environmental Health Team. The NHS Borders' Consultant in Public Health Medicine (Health Protection) has the responsibility for overseeing the development and review of the Plan. He will hold the master copy of the Plan and will ensure amendment in consultation with the Director of Public Health and the Head of Environmental Health, SBC.

1.5 Governance arrangements

This Plan has been approved by the Board Executive Team of NHS Borders and the Corporate Management Team of Scottish Borders Council.

1.6 Status

This Plan covers the period April 2010 to March 2012 and will be reviewed on a two-yearly basis. It will be available to the public on the NHS Borders and Scottish Borders Council websites and on request.

2 Overview of the Borders

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The Scottish Borders is the seventh largest local authority in the UK (7th out of 434) by area, and is more than twice the size of all but the top 10. In Scottish terms, the Scottish Borders is the sixth largest local authority (6th out of 32) behind Highland, Argyll & Bute, Dumfries & Galloway, Aberdeenshire and Perth & Kinross. An overview of the Borders is provided in Appendix 1

3 Implementation of the Public Health Act 2008

The new Act amends the law on public health, setting out the duties of the Scottish Ministers, health boards and local authorities to continue to make provision to protect public health in Scotland. Before the new Public Health Act 2008, the powers to control communicable disease lay with local authorities, subject to the advice of the designated medical officer. This new Act assigns functions on corporate basis – health board or local authority – and sets out where specific levels of professional 'competency' are required. In broad terms health boards are now responsible for control for communicable disease involving persons and local authorities are responsible for control of communicable disease involving premises. Action is no

longer confined to notifiable diseases, but is to be taken on knowledge or suspicion of 'significant' risk to public health.

In summary the Act does the following:

- replaces current arrangements for the notification of infectious diseases and the reporting of organisms with a system of statutory notification of suspected or diagnosed infectious diseases, of health risk states and of organisms (see Appendix 5 for details of new requirements);
- defines a "public health investigation" and sets out the powers available to investigators and how they may be appointed,
- defines the public health functions of health boards and local authorities;
- specifies statutory duties on health boards and local authorities with regard to the provision of mortuary and post-mortem facilities;
- enables the Scottish Ministers, by means of a regulation making power, to give effect to the International Health Regulations 2005, as they affect Scotland;
- gives a power to the Scottish Ministers to require, by regulations, operators of sunbed premises to provide information to the users of those premises about the effects on health of the use of sun beds;
- amends existing legislation in respect of statutory nuisances.

4 Control of Communicable Disease in the Borders

The Communicable Disease and Environmental Health functions of NHS Borders and Scottish Borders Council aim to:

- reduce preventable illness and death from communicable disease;

- identify potential outbreaks of communicable disease at an early stage so that effective control measures can be put in place as soon as possible, to improve the ability to prevent further outbreaks;

- work with other agencies to reduce any adverse environmental impact on health.

An overview of the main communicable disease and environmental health issues affecting the Borders is provided in Appendix 2.

5 National and Local Priorities

Health protection priorities in Borders are determined by national and locally identified potential hazards. The national priorities are communicated to Borders by letter from the Chief Medical Officer and through specific national strategic health protection plans and programmes. The local priorities are determined as part of annual planning process during which the most prevalent hazards or potential for serious hazards are identified. The inclusion of these priorities in the national HEAT targets (ministerial measures set by the Government in relation to **H**ealth improvement, **E**fficiency, **A**ccess to services and **T**reatment) and the SBC's Single Outcome Agreement requires development.

5.1 National Priorities

The Chief Medical Officer for Scotland identified the 2008-2010 national health protection priorities as:

- pandemic influenza;
- healthcare associated infections and antimicrobial resistance;
- vaccine preventable diseases and the impact on them of current and planned immunisation programmes;
- environmental exposures which have an adverse impact on health;
- gastro-intestinal and zoonotic infections.
- hepatitis C and other blood borne viruses

5.2 Local NHS Borders and Scottish Borders Council Health Protection Priorities

5.2.1 Specific programme priorities

- To continue to implement actions for year 3 of Phase II of Hepatitis C Action Plan for Scotland. These are taken forward through the NHS Borders Blood Borne Virus Group.
- To continue to develop robust plans and ensure the Pandemic Flu Plan is kept up-to-date and amended in the light of the H1N1 experience and that arrangements are in place to offer vaccination against H1N1 virus as directed by Scottish Government.
- To continue to implement immunisation programmes in line with national guidance e.g. 95% uptake for childhood immunisation programmes.
- To continue to develop address deficiencies in local TB services and to develop a local TB Plan in line with national guidance.
- To implement the recently published HIV Action Plan. This is being taken forward by the Sexual Health Coordination Group.

- To continue to support community infection control particularly in schools and care homes.

5.2.2 Emergency Planning

NHS Borders and Scottish Borders Council need to ensure that robust arrangements are in place to manage major incidents through emergency planning including business continuity plans with clear accountability arrangements. The Civil Contingencies Act 2004 established a new legislative framework for civil protection in the UK. This act placed clear roles and responsibilities on those organisations with a part to play in preparing for response to emergencies. NHS Borders and Scottish Borders Council continue to update their major emergency procedures in accordance with new national guidance (Preparing Scotland: Scottish Guidance on Preparing for Emergencies. Scottish Government 2008).

Emergency planning arrangements within NHS Borders are currently under review in light of the experience of pandemic flu and a new NHS Borders Resilience Forum is proposed to replace the current NHS Borders Emergency Planning arrangements.

6 Health Protection Plans

NHS Borders and the Scottish Borders Council Environmental Health maintain a large number of plans to support the health protection and environmental health functions. Some of these are developed jointly between the agencies while others are produced for internal use. These plans are shown in Table 1 below.

Table 1: Borders Health Protection Plans

Plan	Last Review Date	Next Review Date
Joint Plans		
Lothian and Borders Police Major Incident Plan	2009	2012
Lothian and Borders Emergency Planning Strategic Co-ordinating Group Generic Emergency Plan (maintained by SCG Co-ordinator)	2009	2012
Lothian and Borders Emergency Planning Strategic Co-ordinating Group Pandemic Influenza (maintained by SCG Co-ordinator)	2009	2012
Lothian and Borders Emergency Planning Strategic Co-ordinating Group Community Risk Register	2009	2012
Lothian and Borders Emergency Planning Strategic Co-ordinating Group Public Communications Plan	2009	2012
NHS Borders Pandemic Influenza Plan	2009	2012
Borders Severe Weather plan	2009	2012
Scottish Waterborne Hazard Plan	2009	2012
Sporadic food and gastrointestinal infection incidents plans	2009	2012
NHS Borders Plans		
NHS Borders Major Outbreak Plan for Borders	2009	2012
NHS Borders Major Emergency Procedures Manual	Under review	
NHS Borders Business Continuity Plan	2009	2012
Contingency Plan for Pandemic Influenza: Strategic Policy	2009	2012

Guidance for the Management of Chemical Incidents	2009	2012
NHS Borders Bomb Threat Procedures-New plan in draft out for consultation	Under review	
Hepatitis C Action Plan	2009	2012
TB Action Plan	Under review	
NHS Borders Standard Operating procedures for specific diseases including meningitis, E.coli O157.	2009	2010
Scottish Borders Council Plans		
Bereavement Management Response to Pandemic Situations	2009	2012
Business Continuity Pandemic Flu Plan	2009	2011
Corporate Business Continuity Plan	2008	2010
Major Incident Plan (Including Part 6 –Torness Off-Site Emergency Plan)	2009	2011
Media and Public Information Plan	2008	2010
Oil and Chemical Pollution Plan	2008	2010
Pipeline Plan	2009	2010
Rabies Emergency Plan	2009	2010
Registered Care Homes (Stage 2) Plan	2009	2011
Registration Service Emergency Plan	2009	2011
Severe Weather Plan	2009	2010
Social Work Emergency Plan	2008	2011

7 Resources and Operational Arrangements

7.1 Staffing

The Public Health Department, NHS Borders and Scottish Borders Council Environmental Health Team have specialist staff ready to respond to incidents around the clock. They gather and interpret local information to create a picture of diseases and other hazards to plan and coordinate their work. These functions require a multidisciplinary and interagency response and as a result Public Health and Environmental Health colleagues work closely with other organisations including NHS Borders clinical services, Scottish Water, Scottish Government Animal Health Service, Scottish Veterinary College, Scottish Environment Protection Agency, Food Standards Agency and the Health and Safety Executive

Health Protection Scotland staff who provide technical expertise in emergency response, disease tracking and control, and chemical, radioactive and biological hazards. The national microbiology network provides laboratory analysis as required.

The staffing arrangements for the NHS Public Health Department and for the SBC Environmental Health are given in Table 2 below. The organisational structures are shown in Appendices 3 and 4. Table 2 also shows which members of staff are designated as ‘competent persons’ for the purposes of the Public Health Act (Scotland) 2008. These individuals are able to use the powers contained in the Act if appropriate.

Table 2: Staffing arrangements and the numbers of 'Designated Competent Persons' as designated under the Public Health etc (Scotland) Act 2008.

Staffing	No	Roles and Responsibilities in relation to health protection	Designated Competent Persons	Management/ Professional/ Technical
NHS Borders Staff				
Joint Director of Public Health, NHS Borders and Scottish Borders Council	1	Accountable officer for Health Protection function and provides strategic direction and collaborative leadership. Also support for investigation and control of outbreaks and contributes to the out of hours rota and holiday cover.	yes	Professional
Consultant in Public health (Health Protection)	1	Strategic planning for health protection and emergency planning function, investigation and control of incidents and outbreaks and contributes to the out of hours rota.	yes	Professional
Consultant in Public Health Medicine	1	Support for investigation and control of outbreaks and contributes to the out of hours rota and holiday cover.	yes	Professional
Health Protection Specialist Nurse	1	Health protection strategic and operational activities including investigation of incidents and cases, information gathering, response to queries, contact tracing, advice to patients and clinicians and contributes to the out of hours rota.	yes	Professional
Specialist Registrar	0	The Public Health Department is a training department but has no trainees at present.		Professional
Alcohol & Drugs Partnership Strategic Co-ordinator	1	MCN Coordinator for Hep C	no	Professional

Staffing	No	Roles and Responsibilities in relation to health protection	Designated Competent Persons	Management/ Professional/ Technical
Emergency Planning Officer	1	Strategic and operational development of emergency planning function.	no	Technical
Personal Assistants	2	Clerical support to health protection function	no	Technical
Scottish Borders Council Staff				
Environmental Health Manager	1	Strategic and operational role for environmental health.	yes	Professional
Senior Environmental Health Officers (EHOs)	4	Practising EHOs with supervisory responsibility	yes	Professional
Other EHOs	10	Practising EHOs	7 of 9 Designated Competent Persons	Professional

7.2 IT and Communications Technology

The IT and communications technology is vital to facilitate health protection work, including the management of incidents and outbreaks.

7.2.1 IT and Communications Technology available to NHS Borders

IT and Communication Technology available to facilitate health protection work is shown in Table 3 below.

Table 3: IT and Communication Technology available to NHS Borders staff

	Public Health staff
Hardware	
Desktop and laptop computers	✓
Netbooks	
Printers (black and white and colour)	✓
Photocopiers	✓
Fax machines	✓
Office and mobile telephones/email	✓
Single page scanner	✓
Document feed scanner	✓
Mobile broadband access	
Personal digital assistant	✓

Pagers (with text screen)	✓
Audio-teleconferencing equipment	✓
Video-conferencing equipment	✓
Teaching aids	✓
On call bag of health protection resources	✓
Software	
MS Office (Word, Excel, PowerPoint, Access, Frontpage)	✓
E-mail	✓
Dictaphone	✓
SIDSS (Scottish Infectious Disease Surveillance System)	✓
Access to local computer networks and to the world wide web	✓
NHS Borders intranet	✓
Access to electronic information resources and databases – ECOSS (Electronic Communication of Surveillance in Scotland), SCI Store (to access laboratory results), SCI Gateway, SHPIR (Scottish Health Protection Information Resource), TRAVAX (travel advice), Toxbase (toxicology database), SEISS (Scottish Environmental Incident Surveillance System), NHS Scotland e-library, NHS Education for Scotland.	✓
Access to NHS Borders e-health (IT) team which, if required, can set up a health protection operations room.	✓
Ability to convert a meeting room into a call centre to support a helpline with six lines being able to take calls from a single helpline number.	✓
Support from and access to members of organisation communications teams	✓
Access to resources provided by NHS24	✓

7.2.2 IT developments

Recent incidents e.g. anthrax, pandemic flu and adverse weather conditions, have highlighted how important it is for on call public health staff to be able to work from home if required. Discussions are currently taking place on how to improve IT links to facilitate this development in the future.

Health Protection Scotland are also having discussions on IT systems that would improve the health protection response e.g. HP Zone and CDC systems. The Public Health Department may benefit from such systems and would be interested in piloting such developments.

7.2.3 IT and Communications Technology available to Scottish Borders Council

Critical Business processes for Food and Communicable Disease are all stored on a shared server. Functionality for remote access to Council servers exists as required. Environmental Health Officers have office supplied mobile phones and a contact centre is available 24/7 on 01896 752111 and an emergency contact list issued.

Guidance is available on:

- Access to internet
- Access to internal electronic information system ;
- Out of hours communicable disease procedure in Out of Hours cases ;
- Access to the SWHP (Scottish waterborne Hazard Plan) is available through the Departmental Information System (also on: http://www.scottishwater.co.uk/swhp140201/swhp.html) ;

7.3 Collaborative Arrangements

Organisational arrangements are in place to facilitate good collaborative working between the NHS Borders, Scottish Borders Council and other health protection partners. Health protection incident review activities also take place in a number of committees and groups. The main liaison group is the Borders Health Protection Group which has representatives from all the main stakeholders involved in communicable disease control and environmental health. Other relevant groups include:

- NHS Borders Pandemic Flu Business Group
- NHS Borders Blood Borne Virus Group.
- Borders Vaccination and Immunisation Committee and subgroups (HPV, Seasonal Flu planning, Training).
- NHS Borders TB Group
- NHS Borders Resilience Group
- The Lothian and Borders Strategic Coordinating Group (SCG) The SCG subgroups are attended by NHS Borders and SBC emergency planning officers.

7.4 Out of hours response arrangements

7.4.1 NHS Borders:

NHS Borders Public Health Department organises an out-of-hours rota of 'competent officers' as defined under the new Public Health Act 2008 (see Table 2 above) and officers are contactable via the Borders General Hospital switchboard on 01896 826000..

7.4.2 Scottish Borders Council

Environmental Health staff contactable via Councils Out of Hours Service, at 01896 752111.

7.5 Reviewing Health Protection Standard Operating Procedures (SOP) or guidance.

NHS Borders Health Protection Team has SOP for significant sporadic infectious diseases and major outbreaks. The health protection team has the review of SOPs as part of its work plan. Some of the SOPs are reviewed with internal consultation within the Board or in broader consultation with other stakeholders in related agencies. Most commonly the SOPs are reviewed on a three yearly basis, or when the produced guidance suggests a future review date.

Debriefs for significant incidents or major outbreaks are usually held to learn lessons from how they have been managed. These debriefs may be multi-agency and multi-disciplinary or internal, as appropriate.

7.6 Staff knowledge, skills and training

Corporate arrangements are in place for ensuring the maintenance of knowledge, skills and competencies for staff with health protection duties.

7.6.1 NHS Borders

Health Protection staff organise regular Continuing Professional Development (CPD) updates for other members of the Public Health Department and Board staff as appropriate.

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NHS Borders, in line with NHS Borders Learning & Development Strategy and Business Plan 2009 / 2012, supports CPD requirements for medical staff and the NHS Agenda for Change ‘Knowledge and Skills Framework’ (KSF). For non-medical staff the individuals concerned are responsible for records of these arrangements. Managers also hold regular appraisal meetings to support CPD.

7.6.2 Scottish Borders Council

All staff are encouraged to log learning and personal study etc as part of a scheme of continuing professional development.

All Environmental Health Officers are expected to ensure that CPD requirements are met. The majority of EHOs maintain Royal Environmental Health Institute of Scotland (REHIS) Chartered Status, others are working towards this.

EHOs are encouraged to attend training or update events organised by NHS Borders, Health Protection Scotland, REHIS, Food Standards Agency, Health and Safety Executive or joint events.

All staff are subject to the Professional Development Planning processes and are expected to ensure that CPD requirements are met. Staff are encouraged to log learning and personal study.

Support is provided to encourage staff to attend training or update events organised by NHS Borders, Health Protection Scotland, REHIS, Scottish Water, Food Standards Agency, Scottish Government and the Health and Safety Executive.

8 Capacity and Resilience

8.1 NHS Borders

The Borders response is comprehensive with capacity and resilience arrangements very well advanced. The Board maintains day to day health protection services to a high standard and has systems in place to anticipate potential incidents. Regular reports are also presented to NHS Borders Clinical Governance Committee.

Expert groups and communication links are established internally and with partner organisations. This helps ensure that staff are kept up to date with health protection issues, procedures are kept current and health protection services can be tailored to particular local demographics.

Formal public health mutual assistance arrangements are in place with NHS Lothian.

Formal pandemic flu mutual assistance arrangements are in place with the South East Scotland NHS Boards.

Increasing resource pressures on the health service in future years are a challenge however communicable diseases (existing and new) continue to pose a threat to the Borders population and the development of the health protection function will remain a top priority for NHS Borders

NHS Borders and other partner agencies will next assess capacity and resilience once the H1N1 situation has been controlled, in light of gaps highlighted at all levels during the current process. The Public Health Department will continue to undertake health protection audits as appropriate to ensure that the quality of services is maintained and that lessons are learned from incidents and outbreaks.

8.2 Scottish Borders Council

To support core and emergency functions approximately 50% of staff are available at any one time, this may vary depending upon staff on leave, sickness absence etc. However in key situations the Council have contingency plans and arrangements are in place to sustain service standards.

Capacity and resilience are constantly under review, however response will vary depending upon type and nature of emergency.

Informal mutual assistance arrangements are in place with neighbouring authorities.

9 Communicable Disease and Environment Health Risks

Appendix 2 details the main communicable disease and environmental health issues in the Borders and identifies a number of key risk areas for the Board. These risks are summarised below along with actions that will be taken forward to reduce these risks.

9.1 Health Protection Team resilience

One of the national priorities is to ensure that Borders has an appropriate and resilient health protection workforce. Whilst the Borders has dealt very well with outbreaks and incidents in recent years, the Health Protection Team has been stretched by increasing demands such as pandemic flu and community communicable disease outbreaks and incidents. Local health protection nurse staffing is also significantly lower than in other similar sized boards. The importance of ensuring a resilient health protection function makes it timeous to review it to ensure that it is sufficiently robust for the future. This will be done in conjunction with a national review of the Health Protection function being undertaken by Health Protection Scotland.

Action: To review the Health Protection function in NHS Borders in light of recent demands to ensure future leadership and resilience.

9.2 BCG and Community TB Services

Although the number of TB cases is small, problems have been experienced in following up patients and their contacts in the community. Staffing the new BCG services has proven problematic and discussions are currently taking place to try and resolve this issue. An audit of BCG services is planned to identify potential problems.

Action: To resolve current problems concerning BCG services by having a joint review of these services undertaken by the Public Health Department and Primary Care Services Board.

9.3 Community Infection Control

The importance and recognition of this role has grown in recent years and as a result resources have been found to provide additional community infection control staff. This new exciting pilot development has been jointly funded non recurrently by NHS Borders, Education and Social Services. However it is likely that much more will need to be done in this area in the future particularly around educational initiatives to prevent community associated infections in care homes e.g. C. difficile infection, antibiotic resistance and blood borne virus infections in Education and Social Services settings.

Action: To further support developments in this area such as training and audit initiatives.

9.4 Drug Misuse Issues

There are concerns that the national estimate of drug misuse in the Borders is not a valid reflection of drug use locally. This is of concern as the Government is using this incomplete data as a basis for allocating funding.

Action: To review with Scottish Government local estimates of drug misuse in the Borders

9.5 HIV Services

In November 2009 the Scottish Government produced a new HIV Action Plan and has asked Borders to implement a number of objectives in this Plan.

Action: To support the development of Sexual Health Services to meet the requirements of HIV Action Plan in line with the requirements of the Local Development Plan process.

9.6 IT and Communication Technology available to NHS Borders Staff

Recent incidents e.g. anthrax, pandemic flu and weather conditions has highlighted how important it is for on-call public health staff to be able to work remotely if required. Discussions are currently taking place on how to improve IT links to facilitate this development in the future. Health Protection Scotland is developing a business case for a new health protection IT system to support Health Protection Teams manage incidents and outbreaks. NHS Borders supports this development.

Action: To review IT links/systems for public health staff to ensure that they are able to deal effectively with outbreaks and incidents.

9.7 Immunisation standards, education and audit

In recent years the quality of immunisation practice has been highlighted as an important development area. National concerns over incidents where the cold chain failed or incorrect immunisations were given has led to the development of national immunisation standards. NHS Borders will be auditing its processes against these standards as part of a Health Protection Scotland initiative expected late 2010. Health Protection Scotland has also supported the development of e-learning packages for immunisers. NHS Borders has been very successful in support local vaccinators through this e-learning programme. Further work is however required to support the sustainability of this programme in the future. A new group is also being established to examine inequalities in health protection services within the Board.

Action: To support local audit against national immunisation standards and to further encourage the uptake of the national e-learning programme. To establish a new group to examine inequalities in health protection services within the Board.

10 Public Involvement, Communications and Feedback

10.1 NHS Borders

The NHS Borders' Health Protection Team is involved with the public in a variety of ways. For example, the Borders Health Protection Group includes public representatives who help inform plans and activities. The Team also has regular contact with the public via general educational messages sent out as a preventive measure during an incident or outbreak and with individuals when they are 'cases' and 'contact of cases' at such times. This is done through proactive media releases and responses to media queries. In addition, feedback is obtained during a variety of conferences and groups. The Team plans to develop its local Health Protection Newsletter and intranet site. These are mainly targeted at practitioners and staff. The public facing website will be revamped as part of a review of the local public health website.

10.2 Scottish Borders Council:

Public involvement takes place largely during individual interaction with cases and contacts of cases, general educational messages sent out as a preventive measure during an incident or outbreak. For example in cases of gastrointestinal disease, most direct interaction with the public out with hospital settings is undertaken by Environmental Health staff. Other interactions include:

- Undertaking inspections of tattooists/body piercers to ensure procedures are carried out in most hygienic manner.
- Monitoring of Air Quality in major Border towns and reporting to Council on findings.
- Undertaking assessments to determine land and soil quality and determining appropriate course of action.
- Sampling of private water supplies to determine quality, taking appropriate remedial action where required and administering the grant scheme to improve private water supplies.
- Monitoring water quality in swimming pools in hotels, and non-Council leisure facilities.
- Dealing with complaints or enquiries relative to environmental noise.
- Tobacco control and enforcing regulations pertaining to smoking in public places.
- Improving housing conditions by use of statutory powers such as Closing or Demolition Orders and Improvement Orders.
- Licensing of houses in multiple occupation.
- Enforcing legislation regarding food safety, the sampling of foodstuffs to raise standards and reporting offences to Procurator Fiscal as deemed appropriate. The Food Standards Agency regularly audit food safety inspections and enforcement processes relating to this area of work.
- Delivering Food Hygiene courses to improve skills of food handlers and other relevant staff working in the food industry.
- Enforcing Health and Safety legislation in relevant premises and investigating accidents and reporting to Procurator Fiscal when required.
- Enforcing legislation relative to sunbed use.
- Implementing provisions of Public Health (Scotland) Act 2008.

Appendices

Appendix 1: Overview of the Borders

Appendix 2: Communicable Disease and Environmental Health in the Borders

Appendix 3: Department of Public Health

Appendix 4: Environmental Health

Appendix 5: Implementation of new arrangements for notifiable diseases, organisms and health risk states under Public Health etc. (Scotland) Act 2008

Appendix 1: Overview of the Borders

1. Population

The number of people in the Scottish Borders is estimated to be over 112,000. This has risen in recent years due to an increase in people moving into the area. The Scottish Borders is predicted to have a population of 127,390 in 2031. More detailed information is available from the General Register Office for Scotland website.

The Scottish Borders has 24 persons per square kilometre, compared to 66 persons per square kilometre for Scotland. The population density of the Scottish Borders is the fourth lowest in mainland Scotland. The percentage of the population who are of working age is below average. Both male and female life expectancies are better than the Scotland average. The area has a 0.6% ethnic minority population (2001 Census), which is significantly lower than the Scotland average (2.0%).

2. Employment

The workforce in the Scottish Borders was just over 43,500 in 2007. There are some key differences between the Scottish and the Borders economies. For example, the Borders has a relatively large proportion of its employment concentrated in the manufacturing sector (14.3% in the Borders compared to 9.2% in Scotland). In the last five years employment in manufacturing has generally declined, both here and in the rest of Scotland. In contrast, the region is under-represented in the growing services sector generally, and most notably in the banking and financial services industries.

3. Deprivation

At the 2001 Census, lone pensioner households accounted for 16.9% of total households (Scotland 15.0%). Scottish Borders CHCP has a significantly better (lower) than average percentage of people living in the 15% ‘most deprived’ areas of Scotland. This is reflected in the education, employment & prosperity indicators, with the area rating significantly better than Scotland on all indicators, except for working age adults without educational qualifications (not significantly different to the Scotland average). The crime rate is significantly better (lower) than average, as is the assault hospital patient rate. The percentage of the population living within 500 metres of a derelict site (48.4%) is significantly worse than the Scotland average (27.3%). This is a partly rural area, with 31.9% of people living in the 15% ‘most access deprived’ areas in Scotland (Scotland 15.0%).

4. Health status

All-cause mortality (all ages) and mortality rates from heart disease, cancer and stroke (under-75s) are all significantly better than (below) the Scotland average.

An estimated 23.9% of adults smoke, compared to 27.3% in Scotland as a whole. In contrast, expected years of life in good health are 70.4 for males and 74.3 for

females, both significantly better than the Scottish averages of 66.3 and 70.2 respectively. The percentage of women smoking during pregnancy is significantly

worse than average (26.1%, compared to 24.3% Scotland-wide). The percentage of babies exclusively breastfed at 6-8 weeks (35.6%) is significantly better than average. Child dental health in primary 1 ranks second best of the 40 CHPs in Scotland.

5. Hospitalisations

For emergency admission patients, multiple admission patients aged 65 and over, and road traffic accident casualty patients, the proportions of the population hospitalised are significantly worse (higher) than the Scotland average.

In Scottish Borders CHCP, 27.7% of older people with intensive care needs are cared for at home, rather than in care homes or geriatric long-stay hospital beds (Scotland 29.2%). The percentage of older people receiving free personal care at home is the same as Scotland (4.8%).

6. Mental Health

There have been 74 alcohol related deaths in the last five years, a death rate significantly better than (below) the Scotland average. The proportion of the population hospitalised for alcohol related and attributable causes is significantly better than average. The proportion of the population hospitalised for drug related conditions is also better than average, with 120 patients discharged from hospital over the last three years. Scottish Borders CHCP is significantly better than, or not significantly different to, the Scotland average for all other mental health & function indicators, with the exception of the psychiatric hospital patients' indicator where the area is significantly worse.

Appendix 2: Communicable Disease and Environmental Health in the Borders

1. Notifiable Disease in the Borders

The Department of Public Health is made aware of cases of Communicable Disease in two main ways:

- from notifications made by general practitioners and other doctors when they suspect or become aware that a person is suffering from any of the 28 infectious diseases which they are required by law to notify to the health board
- from microbiological reports of certain organisms and diseases received from laboratories based in hospitals

These data provide an early warning of outbreaks of infectious diseases enabling prompt investigation and action. This must be as efficient as possible and efforts have made this year to modernise the systems of reporting and notification. Table 1 below shows that the overall number of reports of communicable diseases between 2004-2008 collated by the Public Health Department. Please note that these were diseases notified under the old public health regulations not the new Public Health Act 2008.

Table 1: Numbers of Cases of Communicable Disease Reported in the Borders between 2004-2009

Communicable Disease	2004	2005	2006	2007	2008	2009
Anthrax			1			
Bacillary Dysentery				4		
Chickenpox	615	458	538	368	364	360
Cholera				1		
Diphtheria						
Erysipelas			3	1	1	
Food poisoning (ex campylobacter)	50	107	96	59	119	80
Campylobacter	124	141	149	138	171	112
Total Food poisoning	174	248	245	197	290	
Legionellosis	1		1	2		1
Leptospirosis						
Lyme disease					1	
Malaria	1					
Mumps confirmed	2	40	34	61	20	34
Measles confirmed			8		1	3
Rubella confirmed			9	2	1	
Meningococcal Infection	1			1		3
Paratyphoid fever						
Plague						
Poliomyelitis						
Puerperal fever			1			
Rabies						
Relapsing fever						
Scarlet fever	3		7	3	5	5
Smallpox						
Tetanus						
Toxoplasmosis	1					

Tuberculosis (respiratory)	4	1	8	5	5	4
Tuberculosis (non respiratory)	3					3
Typhoid Fever						
Typhus						
Viral Haemorrhagic fevers						
Viral Hepatitis	10	12	15	11	19	27
Whooping cough	7	2		2		6

Source: Borders Public Health Department

Key points to note are:

- There have been substantial increases in the number of cases of mumps in the Borders as part of the national outbreak in recent years although this is now declining.

- Chickenpox remains a common disease and notified levels of this disease remain high. As chicken pox will no longer be a notifiable disease in the future these figures will no longer be collected at Board level.

- Food poisoning is still a significant health problem and more than half of those notified are due to campylobacter. Campylobacter is no longer a notifiable disease and therefore only laboratory reports will be reported in the future.

- This table only provides detail on notifiable disease and much community communicable disease goes unreported including cases of norovirus and rotavirus gastrointestinal disease.

2. Significant public health incidents or outbreaks in the last two years

A communicable disease (CD) outbreak can be defined as:

- Two or more persons with the same disease or symptoms or the same organism isolated from a diagnostic sample, who are linked through common exposure, personal characteristics, time or location

- A greater than expected rate of infection compared with the usual background rate for the particular place and time

A CD incident may comprise of one of the following:

- A single case of a particularly rare or serious disease

- A suspected, anticipated or actual event involving microbial or chemical contamination of food or water

Table 2 below briefly summarises outbreaks reported to the Department of Public Health during 2007/9. Most were investigated and managed informally within the department with the assistance of other NHS Borders staff, partner agencies and individuals. Occasionally there is a need to formally convene an 'outbreak control team' for more significant events.

Table 2: Significant public health incidents or outbreaks 2007-2009

Incident/Outbreak	Main issues
Water	
E coli (x2) 06/7	Contaminated private supplies. One on large estate including holiday lets. 12 cases in one incident – some hospitalised, some in England.
Crypto (x5) 07/08 Crypto (x1) 08/09	Contaminated public supplies. All related to heavy rainfall and run off from agricultural areas. Variety of control measures applied including boil notices, bottled water and diverting supplies where possible. No recorded cases of human disease despite high levels of oocysts.
Food	
Salmonella	5 cases (inc 4 in one family) with specific phage type reported at same time as 10 similar ones reported from suspect restaurant in Glasgow. No established links to our cases. Food history inconclusive.
Specific Diseases	
Anthrax 06/07	Well documented incident. Unique event of national significance.
Varicella 06/07	Death
Norovirus (x5) 06/07 Norovirus (x7) 07/08 Norovirus (x3) 08/09	Several incidents in schools and care homes. Developed good infection control/incident management guidance, public information materials and template media statements
Scarlet fever (x1) 08/09	Highlighted importance of working closely with education staff, school nurses and GP's to case find and reassure parents
Influenza (x1) 06/07	School cluster of cases. Letter to parents stressing key control measures effective in allaying concerns
E coli 0157 (x1) 08/09	2 linked cases in childminder/nursery. Service closure whilst investigation made and infection control measures applied.
Blood Borne Viruses	
Hep B (x1) 06/07 Hep B (x1) 07/08 Hep C (x1) 08/09	Family cluster. Contact tracing of extended family problematic as number of different GP's. Obstetricians and GUM service involved. Health care worker – serology positive. Not performed exposure prone procedures in current post. Occupational Health screening problems addressed School child – confidentiality issues addressed between school and social services

Incident/Outbreak	Main issues
Tuberculosis	
(x1) 06/07 (x5) 07/08 (x1) 08/09	Case in health care unit. Several contacts unable to travel for chest x-ray examination Several incidents some involving in-patients. Difficulties identifying contacts in any given period on ward. In-patient tracker software investigated. One case but with large number of family contacts across several Board areas. Different screening methods and response times created difficulties explaining variations to family.
Environmental	
Mercury spillage and poisoning 06/07	Contaminated Healthcare premises. Mercury Spillage policy reviewed.
Lead contamination of soil	New houses built on old landfill site. Risk assessment. FAQ sheet issued to residents and GP's

3. Environmental Health

The NHS Borders Department of Public Health and Scottish Borders Council Environmental Health team work together to risk assess and manage environmental risks to health from a variety of causes. In recent years these have included mercury spillages, lead soil contamination, sewage disposal problems and flooding of housing estates.

3.1. Air Quality

Monitoring of air quality takes place in Galashiels, Peebles, Hawick, Kelso and Melrose through the use of passive diffusion tubes. Tubes are placed in these towns monthly and the levels measured by the Public Analyst in Edinburgh. Measurements are taken for nitrogen dioxide (NO2), which generally speaking is created by vehicle emissions. The screening undertaken has shown that, apart from one area in Galashiels at the junction of the High Street and Bridge Place no exceedences have been found. It is anticipated that when the new ring road for Galashiels, which is currently being constructed, is completed levels of NO2 in this area will decrease. This ring road will direct traffic coming from the south on the A7 away from the town centre and allow traffic to go north on the A7 bypassing the centre of the town.

In recent years work has been undertaken in Newcastleton to check the PM10 levels (particulates), and no exceedences were found.

3.2. Water and Health

3.2.1. Private water of supplies

Within Scottish Borders Council's area there are approximately 1200 private water supplies. Of these, approximately 120 are what are classified as Type A supplies. These are supplies serving more than 50 persons or where there is a commercial involvement with the supply such as a hotel or restaurant. The remaining supplies are classified as Type B, which supply private dwellings.

The Private Water Supplies (Scotland) Regulations 2006 require only that Type A supplies are routinely sampled and risk assessed. Type B supplies are sampled on request. All the Type A supplies were sampled and risk assessed in 2009/10 and where appropriate, remedial works to the supplies being carried out with grant aid being provided by Scottish Borders Council.

Private water supply grants totalling £ 118,851.65 were paid in 2009/10 and the number of premises where remedial works were undertaken totalled 131 with this work contributing to improving the quality of water consumed from the taps of the relevant premises. Funding for this initiative is provided by the Scottish Government and is delivered by Scottish Borders Council. It is anticipated that similar amounts of grants will be paid in 2010/11.

3.2.2. Public Potable Water Supplies

Throughout the Borders area, Scottish Water supply large numbers of households from a variety of sources and supplies. Due to the rural nature of the area, there are differing types of treatment plants to deal with supplies serving large populations and those serving relatively few people.

Whilst generally the quality of water provided is of a very high standard, there are issues with Cryptosporidium, mainly due to outbreaks of heavy rainfall which impact on the quality of the water provided. The Cryptosporidium (Scottish Water) Directions 2003 provide for more widespread testing for Cryptosporidium to provide data about background levels in water supplies. Like previous versions of the Directions, the 2003 Directions require Scottish Water to implement the recommendations contained in the Third Report of the 'Group of Experts on Cryptosporidium in Water Supplies. Some revisions were also made to the framework for assessing the risk of Cryptosporidium in public water supplies in Scotland. The risk assessment was modified in the light of experience with the original and to better reflect the risk associated with boreholes and underground sources. Since June 2004, every supply in Scotland is being tested at least once a month. The actual frequency of testing is based on the assessed risk and the volume

of water passing through the works. Scottish Water is committed to implement these Directions and in the Borders area considerable investment has been and continues to be made to improve the quality of our supplies.

NHS Borders and SBC Environmental Health meet regularly with Scottish Water to discuss developments in the public water supplies and to review the response to water incidents particularly those related to cryptosporidium.

3.3. Blue Green Algae

This NHS Borders, Scottish Borders Council Environmental Health Department, Scottish Water, the Scottish Environment Protection Agency (SEPA) in line with guidance given in the Scottish Office report (Blue-Green Algae (Cyanobacteria) in Inland Waters: Assessment and Control of Risks to the Public Health) work to monitor blue green algae blooms in Borders rivers and reservoirs.

3.4. Radon

A new map showing which areas of the Borders have the highest levels of the naturally-occurring radioactive gas radon has been published to help homeowners identify whether they need to take any action. Radon occurs in all rocks and most soils and while quickly diluted if it escapes into the air, it can get trapped inside buildings and, over time, exposure can increase the risk of lung cancer.

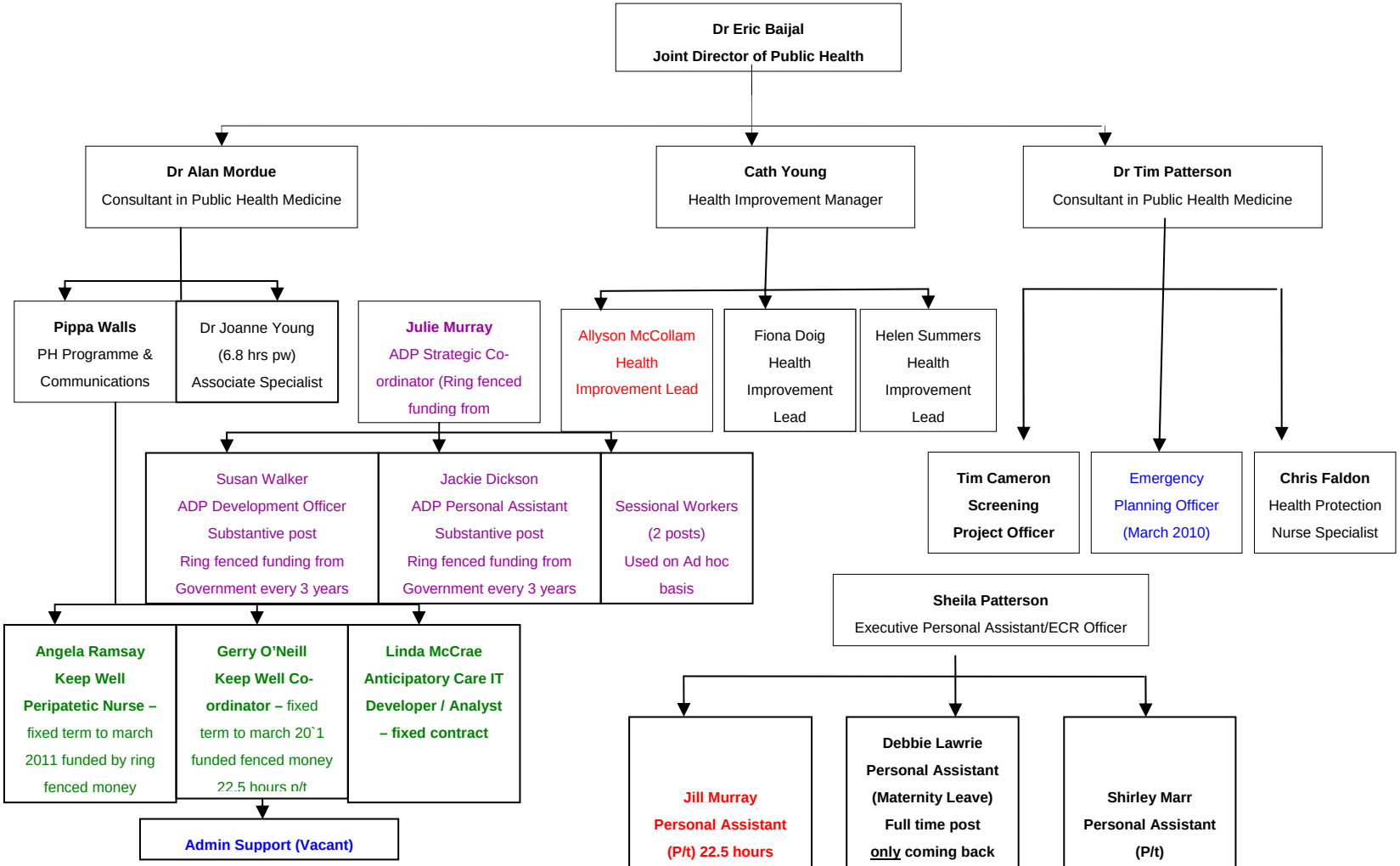
The map – produced by the UK Health Protection Agency (HPA) for the Scottish Government - shows 'Radon Affected Areas', where at least one house in a hundred can be expected to exceed the HPA's Action Level. The HPA advises that any house showing a radon build-up above this level should have work carried out to remedy the problem.

In response to the map's publication, the Scottish Government has announced free testing for homeowners in areas with a five per cent chance or more of houses being above the Action Level. In Scotland as a whole, around 62,000 homes are located in Radon Affected Areas, although it is estimated that only between 1,000 and 3,000 of these will have radon concentrations above the Action Level.

There a very few houses in the Borders with a high radon level and the risk to the health of the Borders is very low. However homeowners most at risk are encouraged to get their properties tested so they know whether works might be needed to address the problem.

Anyone in an area where the chance of their house being above the Action Level is five per cent or more will be entitled to a free test, to be carried out by the Health Protection Agency. The testing programme will be carried out on a rolling basis from this summer and continuing until 2011. Home owners in these areas will be contacted by the Council in the future with details of the testing scheme.

Appendix 3: Department of Public Health



Black – permanent

Red – Temporary (NHS Funded)

Green – Temporary (Externally Funded)

Blue – Position Vacant

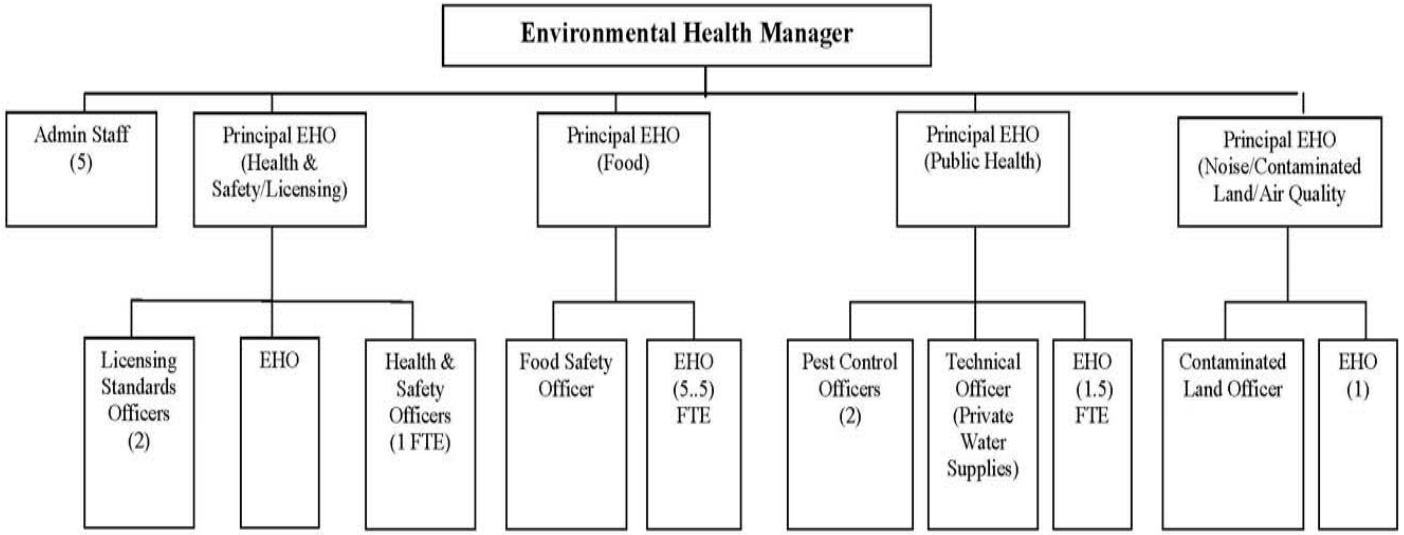
Plum – Permanently (Funded Other Source)

Orange – Permanent (Funded Income generation)

Appendix 4: Environmental Health

ENVIRONMENTAL HEALTH STAFFING STRUCTURE

OCTOBER 2009



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Appendix 5: Implementation of new arrangements for notifiable diseases, organisms and health risk states under Public Health etc. (Scotland) Act 2008

From 1 January 2010, a duty is placed on a registered medical practitioner, who has reasonable grounds to suspect (ie not await laboratory confirmation) that a patient whom the practitioner is attending has a notifiable disease (or a defined 'health risk state') to:

- Notify in writing (electronic or hard copy acceptable) using the specified 'Notification Form' to Public Health within **3 days** of forming that suspicion
- Make an **urgent telephone notification** as soon as reasonably practicable if significant concern exists regarding the nature of the disease, the ease of transmission of that disease, the patient's circumstances and any guidance issued by Scottish Ministers. All urgent oral notifications must be followed up, with the completed 'Notification Form', within 3 days of suspicion. A prompt from Public Health will be given to the relevant Consultant and his/her PA.

Currently around 28 notifiable diseases exist. The ones most likely to be clinically diagnosed requiring telephone notification are;

- **E.coli O157 - Clinical syndrome infection**
- **Haemolytic Uraemic Syndrome (HUS)**
- **Measles**
- **Meningococcal disease**
- **Necrotizing fasciitis**
- **Tuberculosis**

Public health authorities need to be able to identify and respond quickly to new and emerging public health threats, even when a condition is identified from its symptoms and epidemiology and the causative organism is not yet identified. This is particularly relevant in the modern world of global travel and trade. In the absence of a definition from the Chief Medical Officer, medical practitioners should notify as a **'health risk state'** (HRS) any condition which is:

- Serious: case must be very ill or have died, or be likely to become very ill or die.
  AND
- Be potentially serious to others: infectious; result of contamination with, for example, a radioactive material; result of a toxin or poison to which others may be exposed.

Patient information to be notified (in so far as it is known)

- name, sex and date of birth
- address and postcode
- occupation (if the practitioner considers that it is relevant)
- name, address and postcode of the patient's place of work or education (if the practitioner considers that it is relevant)
- suspected disease
- NHS identifier, i.e. community health index number