The Highland Council

Agenda Item	10
Report No	CP/26/25

Committee: Communities and Place

Date: 6 November 2025

Report Title: Joint Health Protection Plan 2025-2027

Report By: Assistant Chief Executive - Place

1 Purpose/Executive Summary

1.1 This report invites Members to approve the latest version of the Joint Health Protection Plan, which includes a review of the previous plan. The statutory plan is developed jointly by the Highland Council, Argyll and Bute Council and NHS Highland.

2 Recommendations

2.1 Members are invited to **approve** the Joint Health Protection Plan 2025-2027.

3 Implications

- 3.1 **Resource** As reported previously to Committee, the resources available to Environmental Health have to be prioritised, focusing on areas of greatest public health significance. Where statutory responsibilities require a higher level of service standard, the team continually explores ways to delivering services more efficiently and within affordability including reviewing associated income streams, working with Cosla regarding resource allocation and seeking efficiencies in working practice and team structure.
- 3.2 **Legal** The preparation of a Joint Health Protection Plan is a requirement of Section 7 of the Public Health etc. (Scotland) Act 2008
- 3.3 **Risk** The pressures on the environmental health profession and challenges in workforce planning have been noted by Cosla and the Scottish Government. Work is ongoing with the Royal Environmental Health Institute of Scotland (REHIS) and the Society of Chief Officers of Environmental Health in Scotland (SoCOEHS) to increase resilience of the service and a sustainable workforce.
- Health and Safety (risks arising from changes to plant, equipment, process, or people) there are no implications.
- 3.5 **Gaelic** there are no implications.

4 Impacts

- 4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.
- 4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 Integrated Impact Assessment - Summary

- 4.3.1 An Integrated Impact Assessment screening has been undertaken on 24 September 2025. The conclusions have been subject to the relevant Manager Review and Approval.
- 4.3.2 The Screening process has concluded that there are positive impacts on socioeconomic given positive impact of health protection measures and positive impact
 related to climate change by considering preparations to respond effectively to
 incidents related to climate change e.g., flooding or water scarcity. Members are
 asked to consider the summary in **Appendix 1** to support the decision-making
 process.

Impact Assessment Area	Conclusion of Screening
Equality	No impact
Socio-economic	Positive
Human Rights	No impact
Children's Rights and Wellbeing	No impact
Island and Mainland Rural	No impact
Climate Change	Positive
Data Rights	No impact

5 Background

- The Joint Health Protection Plan (JHPP) is prepared to ensure the requirements of the Public Health etc. (Scotland) Act 2008 are carried out by Health Boards and local authorities. Guidance on preparing the plan requires it to cover working arrangements and priorities for the protection of public health. For Highland Council the plan is developed in conjunction with Argyll and Bute Council and NHS Highland.
- 5.2 Health Protection is the branch of public health which seeks to protect the public from being exposed to hazards which damage their health and to limit any impact on health when such exposures cannot be avoided. This includes the prevention, investigation and control of communicable diseases and environmental hazards.

 Many of the areas covered by the plan match the statutory duties of the Environmental Health team.

- The JHPP supports the existing close working relationships which exist between the three bodies and helps ensure that we are able to respond effectively to a public health incident or outbreak (e.g., E.coli 0157 outbreak, norovirus in the community, water and air quality issues). The plan also identifies national and local health protection priorities.
- 5.4 The Scottish Government and Cosla strategy 'Public Health Priorities for Scotland' emphasises the essential role of health protection work and workforce planning including environmental health is being taken forward at a national level.

6 Joint Health Protection Plan 2025-2027

- The proposed plan is detailed in **Appendix 2.** This is the sixth Highland JHPP, with the first plan being published in 2010.
- 6.2 Section 1.2 of the plan provides background on health protection and trends on communicable disease. Sections 1.4 and 1.5 details the challenges of providing health protection over the areas given geography and the specific challenges to environmental health teams in workforce planning and prioritising existing resources on areas of greatest public health significance.
- The national and local priorities identified for the period are given in Table 2 in the middle of the plan. These have been developed by the three bodies to ensure key health protection priorities are addressed. As stated in the plan, the local priorities recognise the work undertaken by the environmental health teams in the following areas of responsibility and service delivery:-
 - protecting public health;
 - preventing the spread of communicable diseases in the community;
 - improving standards of food safety;
 - ensuring safe and potable drinking water supplies;
 - improving standards of workplace health and safety standard;
 - promoting a safe environment and protecting the public from environmental hazard;
 - providing safe private and short term let accommodation; and
 - ensuring adequate plans are in place to respond to incidents and emergencies
- 6.4 Section 3 of the plan provides an overview of the work undertaken by the partners over the period of the last plan, 2023-2025. The plan notes that progress has been made against almost all of the national and local priorities.

The established working arrangements, promoted through this plan, proved to be effective in responding to communicable disease outbreaks and general incident management (e.g., blue-green algae and drinking water incidents). Some priorities have not been fully addressed due to new or emerging priorities or resourcing issues. These have been reviewed and where appropriate and relevant, are included in the 2025-27 JHPP. The programme to review joint procedures was not progressed, as planned, due to lack of available resources across all three agencies. On reflection, the lack of having an agreed timetable over the duration of the plan, resulted in these reviews being delayed.

- 6.5 Actions have been identified to improve delivery of the plan in the future:-
 - 1. Provide a more structured timetable for the review of joint procedures. This provides a focus, supports resource deployment, and aids monitoring of the plan. It is proposed that all agencies meet on approval of the Plan, to implement this approach.
 - 2. To re-establish the multiagency agency Environmental Health Liaison Group. This will build relationships with other agencies, support learning and sharing best practice, and delivery of the JHPP.
 - 3. Regular meetings will be arranged to focus solely on delivering the Plan. This will review progress, revise priorities and consider emerging issues.
- In line with national guidance, the plan concludes by providing information on the operational arrangements of the teams including specific health protection response plans, staff resources, details of designated staff under the Public Health Act, mutual aid arrangements, and out of hours arrangements.
- 6.7 The plan will be published following approval by all three partners and will provide key information to the public on the work being done to protect the health of the people who live, visit and work in the Highlands and Argyll & Bute.

Designation: Assistant Chief Executive - Place

Date: 24 September 2025

Author: Alan Yates, Strategic Lead

(Environmental Health and Bereavement Services)

Background Papers: The Scottish Government - Scotland's Public Health

Priorities

Appendices: Appendix 1 – Integrated Impact Assessment

Appendix 2 - Joint Health Protection Plan 2025-2027

Integrated Impact Assessment Screening

Joint Health Protection Plan 2025-2027

High level summary of the proposal: Committee report to approve the latest version of the Joint Health Protection Plan and approve a review of the previous plan. The statutory plan is developed jointly by the Highland Council, Argyll and Bute Council and NHS Highland.

Who may be affected by the proposal? all THC residents

1. Equality - Protected characteristics - No impact

2. Poverty and socio-economic

Prospects and opportunities: Positive

Places: Positive Financial: No impact

Poverty and socio-economic impact details: Health Protection is the branch of public health which seeks to protect the public from being exposed to hazards which damage their health and to limit any impact on health when such exposures cannot be avoided. This includes the prevention, investigation and control of communicable diseases and environmental hazards.

- 3. Human rights no impact
- 4. Children's rights and wellbeing no impact
- **5. Data protection** no impact
- **6.** Island and mainland rural communities no impact

7. Climate change

Does the proposal involve activities that could impact on greenhouse gas emissions (CO2e)? Yes

Does the proposal have the potential to affect the environment, wildlife or biodiversity? No

Does the proposal have the potential to influence resilience to extreme weather or changing climate? Yes

Provide information regarding your selection above: The Joint Health Protection Plan is prepared to ensure the requirements of the Public Health etc. (Scotland) Act 2008 are carried out by Health Boards and local authorities. This includes preparations to respond effectively to incidents related to climate change e.g. flooding or water scarcity.







NHS Highland Joint Health Protection Plan (JHPP) 2025-2027

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

September 2025 – December 2027

Issued 19/9/25 v1.0

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Introduction

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

This is the sixth Highland JHPP, with the first plan being published in 2010. This updated plan covers the period September 2025 to December 2027. It is a public document and is available to members of the public on the NHS Highland website and on request. We hope that you will find this plan to be of interest, and of value, and that its production will contribute to protecting the health of the people who live, visit and work in the Highlands and Argyll & Bute.

Signed:
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Section 1: Overview

1.1 The Joint Health Protection Plan

This plan has been created following the requirements set out in the Public Health etc. (Scotland) Act 2008. NHS Highland, Argyll and Bute Council and Highland Council have prepared this plan in collaboration and consultation. This plan is herewith referred to as the Joint Health Protection Plan (JHPP). This updated plan relates to the period September 2025 to December 2027.

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

The purposes of the plan are:

- To provide an overview of health protection priorities, provision and preparedness for NHS Highland, Highland Council and Argyll & Bute Council.
- To outline the joint arrangements which Argyll and Bute Council, Highland Council and NHS Highland have in place for the protection of public health.
- To improve the level of preparedness to respond effectively to a health protection incident and emergency.
- To clarify the priorities for the period of the plan 2025 2027 and to summarise the outputs of the previous JHPP.
- To identify the resources which are required to meet the plan.
- To detail the liaison arrangements between NHS Highland, the two Local Authorities and other Agencies (e.g. Scottish Water, SEPA etc.).
- To develop learning across the agencies.
- To provide a mechanism for reviewing and recording outcomes and achievements.

The delivery of the plan will be subject to review at regular meetings. These meetings will review progress, revise priorities and consider emerging issues. Minor changes may be made to the plan as required without reference to the NHS Highland Board and the appropriate Committees of each of the local authorities. The plan and its delivery will be formally reviewed and updated every two years in accordance with the legislation.

1.2 Current context

1.2.1 Background

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

Health Protection Teams (HPTs) within NHS Health Boards, work in partnership with Environmental Health teams and other partners to support this area of work. The strong working relationships have been fostered through many years of partnership working and evidenced through the development of previous Joint Health Protection Plans which demonstrates the effectiveness and importance of this JHPP process and document as part of routine working but also as part of preparedness activity.

1.2.2 Recent activity

Over the period of this JHPP, in addition to expected trends in infections, we have seen exceptional levels of some infections as detailed below.

Respiratory infections and vaccine preventable diseases:

From a respiratory perspective, the incidence of influenza reached exceptional levels during the 2024/25 season which led to very high levels of hospitalisations secondary to influenza. In addition to the impact on hospitalisation rates, the increased incidence also impacted on our most vulnerable settings with outbreaks of infection affecting our care homes. There is ongoing infection prevention and control education and training being undertaken to support care home staff and care at home staff from an infection, prevention and control perspective.

Over the course of the plan, an increase has been seen with respect to the incidence of highly pathogenic avian influenza (HPAI) with devastating effects on our wild bird populations in 2023. Whilst we managed many potential exposures to avian influenza, we did not identify any human cases of avian influenza. The three agencies have worked closely in conjunction with other partners to increase our preparedness to respond to a suspected or confirmed case(s), support both the response to detections of HPAI in wild birds the safe removal of bird carcasses where applicable, and ensuring that poultry keepers recognise the importance of having good biosecurity measures in place and other legislative measures

Although discrete cases of meningococcal infection and invasive group A streptococcal infection have been identified, we have not identified any clusters or outbreaks over the period of the plan.

Whilst cases of measles have been very rarely notified across Scotland in recent years, the number of cases and outbreaks has increased significantly across parts of the UK over the past couple of years. The increased incidence over 2024 was principally seen in areas of England with almost 3,000 cases notified (n=2,911 laboratory confirmed cases). Across Scotland, there were 24 laboratory confirmed cases in 2024 and one case in 2023. Thus far this year in Scotland there have been 28 laboratory confirmed cases of measles (as of 27th August). Whilst the incidence across Scotland has increased this year, the increase has been driven by a number of clusters. This increased incidence of measles is in the context of an increased incidence and outbreaks globally compounded by declining vaccination uptake rates. This necessitates ongoing vigilance and preparedness given the potential for importation of infection and the need to prevent a resurgence of measles locally. Considerable work has been undertaken from a preparedness perspective although an area necessitating further work is that of supporting MMR uptake.

It has been recognised that the pandemic disrupted established infection trends. After a period of low incidence during and following the pandemic, there was a significant increase in pertussis (whooping cough) seen from late 2023. This continued into 2024 with over 7,000 laboratory-confirmed cases of pertussis across Scotland in 2024 (n=7,051). This was higher than the annual case numbers associated with the last significant outbreak of pertussis in Scotland in 2012/13 with 1,896 and 1,188 laboratory-confirmed cases in 2012 and 2013 respectively.⁴

Gastrointestinal infections:

Over the period of the plan, we have not identified any local outbreaks of infection and the notifications of salmonellosis, cryptosporidiosis and Shiga Toxin-producing *Escherichia Coli* (STEC) have been within seasonally expected trends. There continues to be close partnership working across the agencies in response to cases of infection to support source investigation and the prevention of further cases.

Bloodborne viruses including hepatitis C (HCV):

Within Scotland, the Scottish Government made a commitment to treat more people with hepatitis C with the aim of eliminating HCV infection and HCV related severe disease and death as a major public health concern in Scotland by the end of the 2024 financial year. This was an ambitious target which sought to achieve elimination six years ahead of the target set by the World Health Organisation.

Despite the ever-expanding treatment options, a significant proportion of HCV cases remain undiagnosed. The high proportion of undiagnosed cases, combined with the increasing range of HCV therapeutics underlies the need for effective approaches to awareness raising, HCV case-finding, re-engagement and scale-up of treatment and care. This work is being coordinated through the NHS Highland BBV Managed Clinical Network.

National treatment targets have been set by Scottish Government for NHS Boards. The HCV treatment target for 2024/25 for NHS Highland was 67 based on a national target of 2,500. Whilst we did not meet our treatment target, we did achieve a significant increase in annual initiates compared to 2023/24. For 2024/25, we achieved a total of 61 initiates which equates to 91% of our board treatment target. The elimination goal for Scotland as a whole was not met but that the progress for Highland was very positive when compared across boards.

In order to support elimination locally, the MCN is progressing a range of actions pertaining to case-finding, testing, awareness-raising, access to care and research and monitoring. One of the projects we implemented to support an increase in testing was a pilot project of opt-out blood borne virus testing in the emergency department. This was undertaken at Raigmore Hospital Emergency Department. This project was enabled through additional funding received from Scottish Government following a successful bid for funding. The aim of the project was to increase our case-finding activity for all three BBVs through an increase in testing. A further benefit is that testing on an opt-out basis in an Emergency Department setting would also provide more information in relation to how prevalent these infections are in addition to raising awareness of BBVs with staff and the public. As part of this project, everyone aged 16 and older who had a blood test performed as part of their assessment in the Raigmore Emergency Department received a test for Hepatitis B, Hepatitis C and HIV unless they opted-out. This project has been completed and is currently being evaluated.

The MCN is committed to supporting elimination of BBVs going forwards and will continue to progress actions to increase testing, promote case-finding and to support patients into care.

Local Authority Environmental Health

Local authorities have seen an increase in statutory work to be carried out, resulting in new demands/pressures on existing resources. Workload has required to be reprioritised according to risk. This additional work includes short-term let licensing and enforcement, animal welfare licensing, additional responsibilities for health and safety enforcement in care homes, and responding to incidents including weather/storm/wildfire related incidents or formal enforcement activities

1.3 Health Protection Planning

The prevention, investigation and control of communicable diseases and environmental hazards require specialist knowledge and skills. These include risk assessment, risk management and risk communication amongst others. These specialist skills and knowledge are applicable to a wide range of potential incidents or scenarios and are often facilitated by the existence of agreed plans and procedures for specific diseases or situations. There are many such national and local plans.

Effective working arrangements are in place to support partnership working between NHS Highland and the environmental health services within Argyll and Bute Council and Highland Council. This is evidenced through work undertaken to develop common plans to ensure a systematic and consistent approach to tackling common public health issues and learning from best practice in both local authority areas and has been demonstrated through the approach taken to the pandemic response.

A list of the plans which are common to all three agencies is included within **appendix** 1.

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

1.4 Risks and Challenges

The geographical profile of the area presents several challenges to effective and timely management of a health protection incident. This poses a risk to the delivery of the service and further emphasises the importance of local knowledge and effective working relationships to an incident response. From an NHS Board perspective, the NHS Highland Board is the largest board in Scotland covering an area of 32,560km² and accounting for 42% of Scotland's land mass. This vast geographical area means that travelling arrangements must be factored into the planning of a response to an incident. This is particularly the case for island communities where access is dependent on ferries. There are 36 inhabited islands across both council areas. Many communities are remote and can be isolated, particularly during periods of adverse weather or, secondary to more limited transport such as a result of breakdowns or availability of ferries. The maps of the area are provided in **Appendix 3**.

All three agencies are heavily dependent on effective telecommunications systems and a poor telephone network coverage is a problem in some remote areas and some island communities although this is improving. The response to a public health incident could be compromised in the event of a significant failure of the telecommunications system although MS teams is increasingly used to support communications. It is important to note that a significant failure of the telecommunications system would have far-reaching consequences across organisations and would not be limited to health protection and is addressed within business continuity planning.

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

Collection and analysis of samples form a key step in the management of a disease outbreak. The specimens are routinely delivered to the regional or national laboratories by road/ferry or air. Meeting the turnaround time from submitting the sample to analysis can be challenging particularly microbiological samples. In some more urgent circumstances couriers and specialist transport including air transport should be used to reduce sample transit time.

NHS Highland collates the surveillance data and information relating to disease outbreaks and environmental incidents and contributes to national surveillance work. Local Authorities have systems in place for the investigating reported cases and for the recording of investigative/monitoring work associated with health protection. These systems include in-house case management systems and also include the use of the Scottish Food Sampling Database (SFSD). The teams may also utilise Geographical Information Management Systems (GIS). NHS Boards use HPZone, an online system, which provides a standardised Health Protection IT system for national surveillance and managing cases and incidents across the country. Developments are planned to enable access to local authority environmental health teams to support joint investigations going forwards.

The 2025 <u>National Risk Register</u> includes information on 89 risks that would have a substantial impact on the UK's safety, security and/or critical systems at a national level. A number of these are relevant for the JHPP including water supply incidents, food contamination, poor air quality incidents, pandemic, outbreak of an emerging infectious disease, outbreak of highly pathogenic avian influenza.

All three organisations have local risk registers. These highlight specific high-risk facilities, events or scenarios within each area and are also available through the Regional and Local Resilience Partnerships – West of Scotland Regional Resilience Partnership (RRP), Argyll and Bute Resilience Group, the Highlands and Islands Local Resilience Partnership (HILRP) and the North of Scotland RRP.

As identified in the latest Climate Change Risk Assessment (CCRA3)⁵ there are increasing risks posed by climate change with an increased risk of morbidity and mortality from extreme weather events, possible changes in indoor and outdoor air quality, vector-borne disease and an increased incidence of food poisoning and water-borne infections. There are also increasing issues arising from wildfires, water scarcity issues affecting private water supplies and supporting communities who may be affected by landslides, flooding, power outages, or other weather-related incidents

The NHS Highland board area has one of the highest proportions of Private Water Supplies (PWS) with over a quarter (n=6,161; 27%) of the total number of registered PWS in Scotland occurring in the area.⁶ When compared to the mains supply, the health risks from the consumption of water from a PWS are higher with an increased risk of infections such as cryptosporidiosis and Shiga toxin-producing Escherichia coli (STEC). The climate change predictions of drier summers interspersed with heavy rain are likely to increase the risk of raw water contamination and increase the risk to human health of water-borne infections, or lead to water scarcity issues. Both Local Authorities have arrangements in place to support domestic users of private water supplies

1.5 Capacity and Resilience

1.5.1 Staffing

Capacity and resilience continue to be ongoing challenges, particularly in response to the current pressure on all services to reduce expenditure. Human resource capacity of specialist health protection skills in NHSH, Argyll and Bute Council and Highland Council is limited although there was a temporary expansion as a result of the pandemic response. The expanded health protection function has been retained in NHS Highland although not at the same levels as that experienced during the pandemic.

Appendix 2 lists the designated competent persons in terms of the Act. NHSH services are located in Inverness although cover the whole board area. The local authorities deliver their services from a number of geographical centres. This approach within each of the local authorities is an efficient use of limited human resources. However, this also creates small teams where the absence of an individual staff member stretches the resources available to respond to an incident. Whilst the likelihood is extremely low, the occurrence of two or more simultaneous incidents in different parts of the board area would present significant challenges. However, the pandemic demonstrated the success of all three services to redirect resources to critical areas of activity, and for other work to be paused meantime, based on a public health/health protection assessment

There are particularly significant issues affecting local authorities, namely:

There is a national shortage of qualified Environmental Health Officers and whilst this is being discussed nationally, the situation has led to resourcing difficulties in many local authorities. The academic route to qualify as an EHO is currently very difficult with no method of new entrants training to become an EHO in Scotland. Although a replacement course is being planned, coupled with an aging profile, this is extremely challenging situation to sustain the workforce.

Argyll and Bute have long-term EHO vacancies and whilst new career pathways have been developed enabling progression from authorised officer to EHO, this impacts directly on resilience and capacity of environmental health services. Accordingly, the challenge is to direct local authority resources to priority areas, at the expense of low risk statutory activities.

Similarly, in Highland, the team have completed a workforce planning review in 2025 to improve career pathways and provide a sustainable structure. In Highland three existing technical officers are training to be EHOs with one student to qualify in 2026, and two qualifying in 2027. Two Food Safety Officers have recently completed their training and have successfully passed their professional qualifications.

An increasing workload with higher demands and expectations of customers and other agencies. This includes new legislative duties which included animal welfare licensing, short term let licensing in the last two years, and new duties proposed including non-cosmetic procedures

Argyll and Bute Councils Regulatory Services carried out a service review in 2024 to align it to current and emerging work and challenges,

Public Services financial pressures continue to be challenging and impact directly on service provision and priorities.

1.5.2 Risk and mitigation

The nature of smaller teams in our smaller board areas is not unique to health protection nor to the three respective agencies within this plan. Staff from the wider department of public health are utilised as required in a large incident in addition to staff from other teams/departments in NHS Highland as needed. Formal arrangements for mutual aid with other NHS Boards in the North of Scotland and also NHS Greater Glasgow and Clyde are in place and reviewed through the resilience procedures. Informal arrangements for mutual aid exist within the local authorities and act to support the provision of the service in remote and isolated areas.

There is enhanced risk that low risk activities and businesses may become a higher risk to public health through inadequate management etc., and that these will not be

identified and corrected via routine inspections by environmental health services. There are a number of other preventative measures in place to mitigate this risk through:

- Provision of advice and guidance to business and individuals
- Targeted, intelligence led interventions, and liaison with other partner agencies

Notwithstanding this increased risk, priority will always be given to responding to public health incidents and cases of suspected or confirmed communicable disease, by redirecting resources to these investigations.

1.6 Supporting information

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

- Health Protection definitions
- Overview of NHS Highland and its local authority partners
- Resources and operational arrangements for Health Protection
- Emergency Planning and Business Continuity
- Inter-organisation collaboration and mutual aid
- Out-of Hours arrangements
- Maintenance of competencies for Health Protection staff
- Public Feedback

Section 2: National and local Health Protection priorities

2.1 Scotland's Public Health priorities

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

Table 1: Scotland's Public Health priorities

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

It is acknowledged that the priorities do not reflect all of the activities that contribute to the health of Scotland's communities and that many activities are included in the broader public health reform work but not explicitly reflected. The report⁷ on Scotland's six public health priorities states how, 'our work to protect the health of the population from serious risks and infectious diseases through vaccination, infection control and incident response (health protection), will continue to be an essential public health function and must be maintained. We will not compromise our existing, high-quality protections and our ability to respond to emerging threats.'

2.2 Scotland's Population Health Framework

In recognition of the need for a renewed and long-term focus on prevention across all areas that affect health, Scotland's Population Health Framework has been developed. This sets out the collective approach to improving health and reducing health

inequalities which emphasises the shift towards prevention and early intervention. Initial actions from a health protection perspective include:

Housing	Support the contribution of better housing to health.
Climate Change and Nature	Maximise efforts to tackle the climate and nature emergencies given the close links between environmental and human health.
Vaccination and Immunisation	Deliver the actions of the Scottish Vaccination and Immunisation Programme (SVIP) 5 Year Framework and Delivery Plan (2025-2030).
Health Protection	Support better health protection in Scotland.
Sexual Health and Blood Borne	Progress delivery of improvements to sexual
Viruses	health and wellbeing.

2.3 Scottish Health Protection Network (SHPN)

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

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

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

2.4 Horizon scanning

It is vital that we take a horizon-scanning approach to ensure that we are well prepared for likely future threats or areas of increasing workload. Areas that will require further work in future years include:

 Preparedness in relation to vector-borne diseases (VBDs): The epidemiology of vector-borne diseases is evolving across the world, including the UK and Europe, in the context of climate change which has expanded the geographic range of environments suitable for mosquito and tick populations. From a UK perspective, the bacteria causing Lyme disease and the virus causing Tick-borne encephalitis (TBE) are now endemic in ticks and Usutu virus (USUV) is endemic in mosquitoes. In addition, there is some evidence of West Nile Virus (WNV) detection in mosquitoes in the UK. Whilst the risk posed by VBDs to human health in Europe and the UK is difficult to accurately ascertain, evidence supports an increasing risk to human health from vector-borne diseases.

- Increasing globalisation and international travel has led to an increase in the risk
 of imported diseases such as Middle East Respiratory Syndrome Coronavirus
 (MERS-CoV) and Viral Haemorrhagic Fevers (VHFs) such as Ebola. This risk is
 likely to increase in the future.
- Re-emergence of 'eliminated' diseases as seen with the outbreak of measles seen across parts of England in recent years.
- Climate change is likely to result in more frequent and intense extreme weather events in addition to the impacts of water scarcity.
- Declining vaccination rates and a rise in risk from the global 'anti-vaccination' movement which the World Health Organisation listed as one of its top ten threats for 2019 and which continues to pose a threat to health.
- Following the COVID-19 pandemic, we know that the world will face another pandemic. What we don't know is when this will be and how severe it would be which necessitates ongoing pandemic preparedness across organisations.
- Regulation of non-surgical cosmetic procedures which is an industry which has
 expanded significantly in recent years. There is currently no regulation of nonsurgical cosmetic procedures although Scottish Government recently undertook
 a further consultation on the licensing and regulation. This has resulted in
 proposed legislation with implementation being explored.
- Food Safety. Food Standards Scotland are leading the SAFER project to develop a new approach to food enforcement in Scotland whilst ensuring that food safety and public health is protected.
- Housing proposed legislation to improve energy efficiency in the private rented sector (Minimum Energy Efficiency standards (MEES)
- Utilising digital technologies, including a pilot to extend the use of HPZone, an online system, which provides a standardised Health Protection IT system for national surveillance to local authority environmental health teams. This will support joint investigations.

2.2 Local Priorities

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

- Protecting public health;
- Preventing the spread of communicable diseases in the community;
- Improving standards of food safety;
- Ensuring safe and potable drinking water supplies;
- Improving standards of workplace health and safety standards;
- Promoting a safe environment and protecting the public from environmental hazards;
- Providing safe private and short term let accommodation;
- Ensuring adequate plans are in place to respond to incidents and emergencies.

In addition, a number of local health protection priorities requiring joint action have been identified which also acknowledge the need to address the current national health protection priorities.

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

It has also been recognised that there is a need to increase the visibility of health protection and the impact that the function has to support wider awareness raising with stakeholders. In light of the current financial challenges, there is also a need to better demonstrate the return on investment provided by the work of the service. This is a shared priority across each of the three agencies and will be progressed within the time-frame of the plan.

Table 2: National and Local Priorities

	Source	Outcome	Work plan	Agencies Involved
1.	National priority	Support the contribution of better housing to health	 Utilise Private Landlord Registration scheme to assist with improving housing conditions in the private rented sector and reducing antisocial behaviour. Continue working on strategies to improve housing conditions including licensing of HMOs and residential mobile home sites. Ensure that properties provided for short-term let are safe for use, have adequate facilities and do not adversely impact on communities. Engage on proposed legislation to improve energy efficiency in the private rented sector (Minimum Energy Efficiency standards (MEES) 	Highland Council Argyll & Bute Council
2.	National priority	Maximise efforts to tackle the climate and nature emergencies given the close links between environmental and human health.	 Work together to mitigate the effects of climate change. Some of the specific examples include supporting the response to water scarcity events in addition to supporting the public health response to wildfires. Continue to support the implementation of renewable energy installations and the response to concerns regarding health impacts of developments., including windfarms and battery storage sites 	NHS Highland Highland Council Argyll & Bute Council
3.	National priority	Reduce Vaccine Preventable Diseases	The delivery within NHS Highland contributes to Scotland's Vaccination and Immunisation Programme (SVIP) and Scotland's over-arching mission to deliver a world-leading, person-centred and public health led vaccination and immunisation service. Our local objectives align to the goals set out within Scotland's 5-year vaccination and immunisation framework and the vaccination standards set for NHS Boards as part of the Annual Delivery Plan. There are recognised inequalities with respect to immunisation programmes with uptake rates lower in more deprived communities with reducing inequalities a key aim for all involved in immunisation programmes. • Ensure models of delivery are targeted to support increased uptake across our hard-to-reach groups and underserved populations in order to address existing health inequalities • Deliver the Vaccination Transformation Programme by implementing models of delivery that fit a rural area and ensure continued high levels of vaccine uptake in all childhood and adult programmes. • Develop and implement a local plan for delivery of the SVIP Five Year Vaccination and Immunisation Framework • Implement the national childhood schedule change at a local level.	NHS Highland Highland Council Argyll & Bute Council

4.	National priority	Progress action towards elimination of Hepatitis C (HCV), Hepatitis B (HBV) and HIV	As detailed earlier, the Scottish Government has made a commitment to treat more people with hepatitis C with the aim of eliminating HCV infection and HCV related severe disease and death as a major public health concern in Scotland. The high proportion of undiagnosed cases, combined with the increasing range of HCV therapeutics underlies the need for effective approaches to awareness raising, HCV case-finding, reengagement and scale-up of treatment and care. This work is being coordinated through the NHS Highland BBV Managed Clinical Network. National treatment targets have been set by Scottish Government for NHS Boards. The HCV stretch target for 2025/26 for NHS Highland is 67. Coordinate actions to support the achievement of NHS Highland's stretch target for HCV. Finalise the draft local strategy and action plan for the elimination of hepatitis. Implement actions to support HIV transmission elimination.	NHS Highland Highland Council Argyll & Bute Council
5.	National priority	Reduce the incidence of tuberculosis (TB)	The Scottish Government has commissioned a review of TB services in Scotland which has been delivered by the Royal National Orthopaedic Getting It Right First Time Projects Directorate (RNOH/GIRFT). The core principle of the programme is a clinically led, peer-to-peer review, data driven approach to healthcare improvement. Information from each TB service provider, through completion of an in-depth survey, has been collected to enable an analysis of the service provision in Scotland. This was collated and analysed alongside the TB surveillance data. Following this, a data-pack was developed and used to support a deep dive visit locally. This was very positive and a report has been developed for NHS Highland. • Consider the recommendations of the local report in the context of the national recommendations and develop an implementation plan.	NHS Highland
6.	National priority	Support better health protection in Scotland	A group has been convened to develop a consensus position statement for health protection which will include the key areas for priority action going forwards. This is in the context of the publication of the population health framework. The group is a multidisciplinary group with input from HPTs, EHOs, PHS and DsPH with geographical representation included. • Support the implementation of any recommendations of the position statement.	NHS Highland Highland Council Argyll & Bute Council
7.	National priority	Addressing health inequalities (in addition to actions within other priority areas)	 Review approaches to incivilities to identify good practice and specific projects to implement. Incivilities can include issues such as vandalism, graffiti, litter, dog-fouling and fly-tipping. Implement short term let licensing regimes with the aim of securing safety within premises used for this purpose and safeguarding communities Support Resettlement Programs to ensure that accommodation provided is safe and has adequate facilities and services. Support the empty homes strategy aimed at encouraging improvements to properties in order to bring them back into housing use. 	Highland Council Argyll & Bute Council

8.	National priority	Monitoring and Improving drinking water quality	 Collaboration between all three agencies and Scottish Water in the monitoring and improvement of public and private water supplies. Work with DWQR to deliver the requirements on Private Water Supplies. Deliver a joint training day between all three agencies and Scottish Water to support the education and training of all stakeholders. Work with stakeholders to implement the DWQR requirements in relation to perfluoroalkyl and polyfluoroalkyl substances (PFAS) 	NHS Highland Highland Council Argyll & Bute Council
9.	National priority	Food control	 Ensure effective communication routes of communication for rapid dissemination of alerts regarding food-borne infections Continue to raise awareness of the health implications of glycerol and to ensure that businesses are aware of the FSS guidance. Reinstate food control enforcement services and deliver a range of food interventions in respect of the national Food Safety Code of Practice. Working with FSS, develop a new approach to food enforcement in Scotland (SAFER) whilst ensuring that food safety and public health is protected. Continue to contribute to and support both national and local food surveillance programmes 	NHS Highland Highland Council Argyll & Bute Council
10	National and local	Public Analysts Services	Monitor the Improvement Services review of Scottish Local Authority Public Analyst Services and consider the impact to local authority service provision	Highland Council Argyll & Bute Council
11	National and local	Regulation of non-cosmetic procedures	Scottish Government propose to issue legislation to regulate this sector, with responsibility for specific sectors falling to local authorities. Councils require to implement these new licencing and enforcement regimens	Highland Council Argyll & Bute Council
12.	National priority	Control Environmental exposures which have an adverse impact on health	 Tackle the effects of antisocial or excessive noise in the community. Deliver on air quality standards within each local authority area. Review approaches to swimming pools and spas to ensure appropriate controls are in place regarding infection control. Blue-green algae - Promotion of safe usage of recreational waters where there is a risk of BGA, implementation of permanent signage and responding to incidents that occur. Progress Contaminated Land strategies and ensure land is made suitable for use through development management. Monitoring of bathing water quality (designated beaches/lochs) with SEPA. Apply the regulations for legionella safety in public buildings. 	NHS Highland Highland Council Argyll & Bute Council

			Monitor the levels of lead in private water supplies and assist properties on mains supplies to encourage owners/users to carryout repairs to remove/reduce the lead contamination risks and improve water quality.	
13.	Local priority	Resilience to respond to pandemics through effective multi-agency response	 Implement the ongoing learning from the pandemic as this is developed. Review business continuity plans and pandemic plans in light of the learning from the COVID-19 pandemic 	NHS Highland Highland Council Argyll & Bute Council
14.	Local priority	Effective sea and airport health plans to provide adequate disease control measures	 Review existing sea and airport health plans across Argyll and Bute Council and Highland Council to include arrangements for any imported disease. Hold a desktop exercise to test these plans. 	NHS Highland Highland Council Argyll & Bute Council
15.	Local priority	Enhance recovery planning for a major incident	 Review and further develop the generic Recovery Plan outlining multi-agency responses. Exercise recovery plan for major flood or events. Contribute to Regional Resilience Partnerships. Continue implementation of Care for People guidance. 	NHS Highland Highland Council Argyll & Bute Council
16.	Local priority	Ensure effective surveillance is in place which supports local and national needs	 Develop and circulate a survey for stakeholders with respect to surveillance needs to ensure that these are best met for ongoing surveillance and monitoring of communicable diseases Continue to monitor the performance of current surveillance and reporting activity. 	NHS Highland
17.	Local priority	Effective and proportionate arrangements in place to protect public health	 Revise joint health protection policies and procedures between all three parties as appropriate. Review existing arrangements/plans as a routine part of each incident that occurs. Undertake specific exercises for the purposes of training and evaluation of contingency plans relating to water and waste-water incidents and the recovery phase following a radionuclide incident. Consider key performance standards for the response, investigation and actions for public health incidents Joint training in managing incidents/outbreaks and chairing these meetings such as STAC. To investigate and take appropriate action in response to service requests which have the potential to impact adversely on the environment or to public health. Joint protocol to be devised to manage vulnerable individuals displaying hoarding behaviour or whose lifestyle behaviour affects others. Collate the objectives underpinning the workplan to support joint monitoring across the agencies. 	NHS Highland Highland Council Argyll & Bute Council

18.	Local priority	Minimise the risk to the public from Lyme Disease and other vector-borne diseases	 Assist with ongoing research and reviews. Continue to raise public awareness. Review and develop websites/links to provide suitable information. 	NHS Highland Highland Council Argyll & Bute Council
19.	Local priority	Reducing the impact of tobacco, alcohol and other harmful substances on public health	 Continued regulation of the smoking ban in enclosed and public places including NHS premises. Continued work with licensed trade in respect of responsible drinking and minimum pricing. Continue regulatory work on age-related sales activity of cigarettes, and other products. Promotional campaign targeted at reducing the under-age sale of tobacco and vaping products to children and young adults. Joint working with the police relating to the sale of Novel Psychoactive Substances (NPS). 	NHS Highland Highland Council Argyll & Bute Council
21	Local priority	Strong and Safe Communities	 To investigate and implement effective controls to minimise the spread of suspected and confirmed cases of communicable and notifiable diseases in the community. The protection of the vulnerable in communities from the impact of cold calling and rogue traders. 	NHS Highland Highland Council Argyll & Bute Council
21.	Local priority	Radon protection	 Ensure that the public in radon affected areas are provided with adequate information relating to the risks of radon and the mitigation measures which can be taken to reduce the risk. Raising awareness of radon monitoring responsibilities to employers and landlords. Produce a Radon Strategy for ABC to include council owned property and rented property. Ensure Radon awareness through development management. 	NHS Highland Highland Council Argyll & Bute Council
22.	Local priority	Education and advice programme	 Develop a communications calendar which includes communication drafts and templates which can be used at different points in the year to raise public and professional awareness of hazards and preventative actions to take Raising awareness of the Outdoor Code and communicable disease and controls through improved public information. Development and review of existing information leaflets and improvements to website. Increase awareness of health protection issues with local businesses through use of alternative enforcement plans. 	NHS Highland Highland Council Argyll & Bute Council

23.	Local priority	Preventing and minimising the spread of infection	 Investigation of suspected and confirmed cases of communicable disease and implementation of appropriate controls to prevent further spread. Monitoring trends by enhanced surveillance and reporting. Implement the national microbiology strategy locally and ensure appropriate access to testing in the public analyst labs. Ensure public health actions are taken to minimise risks from zoonotic infections reported by Scottish Veterinary Service (SVS). Ensure animal related visitor attractions present safe environments for all visitors 	NHS Highland Highland Council Argyll & Bute Council
24.	Local priority	Food safety priorities	 Ensure animal related visitor attractions present sale environments for all visitors To undertake the duties as statutory Food Authority in protecting food safety in the food industry and deliver the Councils' Food Safety Law Enforcement Work plan. Work with FSS and other partners to develop a new approach to food control enforcement in Scotland (SAFER) whilst ensuring that food safety and public health is protected. Work nationally with relevant LA partners and the FSS to ensure FBOs manufacturing unpasteurised cheese are safe to do so considering the E.Coli STEC & L. monocytogenes risks. Continue to work with the FSS/SFELC and relevant LA partners to improve the verification of FCMs in FBOs who manufacture cold smoked fish contributing to national response to the UK wide outbreak 	Highland Council Argyll & Bute Council
25.	Local priority	Health and safety at work initiatives	To complete the Councils' Health and Safety at Work Law Enforcement Plan.	Highland Council Argyll & Bute Council
27	Local priority	Horizon Scanning and Emerging Infections	 Be aware of new and emerging infections and plan how to minimise their impact locally. Implement the forthcoming legislation of non-surgical cosmetic procedures. 	NHS Highland Highland Council Argyll & Bute Council
28.	Local Priority	Animal health and zoonoses	 Respond to current and emerging diseases such as the risks from avian influenza. Deal with the illegal import of animals. Carry out animal health and welfare enforcement activities in accordance with Framework Agreements. Improve preparedness to deal with animal health disease outbreaks. Work with PHS to implement the Q-fever SOP and deliver additional education to support this locally. 	NHS Highland Highland Council Argyll & Bute Council
29.	Local	Workforce planning and resilience	 Training and support in incident management and response including STAC Support the development of Environmental Health Officers and other professional staff within Council services as part of our workforce strategy, to provide adequate capacity and resilience 	NHS Highland Highland Council Argyll & Bute Council
30.	Local	Water safety plans	 Promote water safety through Water Safety Partnerships with other agencies Review water based activities to promote safety for all involved. 	NHS Highland Highland Council Argyll & Bute Council

Classification: OFFICIAL

31.	Local	Coordinated approach to public health	 Progress proposal to pilot Epi-Q on HPZone Actively participate in the national Scottish Health Protection Network and associated governance groups to promote a coordinated approach to protecting public health and developing new guidance and systems. 	NHS Highland Highland Council Argyll & Bute Council
32.	National/L ocal	Housing Emergency	Delivery of Housing Emergency Action plans	Argyll & Bute Council
33	National and local	Serious and Organised Crime	Work with other regulators to target activity to detect and disrupt organised crime and risks to public health/health protection	Highland Council Argyll & Bute Council

Section 3: Review

3.1 Review of Joint Health Protection Plan 2023-25

In preparing the JHPP 2025-27, we have considered the findings of the review of the previous JHPP. This review identified that work has progressed well against the plan with good progress noted against almost all of the national and local priorities.

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

Some priorities have not been fully addressed due to new or emerging priorities or resourcing issues. These have been reviewed and whether appropriate and relevant, are included in the 2025-27 Joint Health Protection Plan.

The program to review joint policies and procedures was not progressed, as planned, due to lack of available resources across all three agencies. On refection, the lack of having an agreed timetable over the duration of the plan, resulted in these reviews being delayed

In reviewing the 23-25 plan and achievements, a number of actions were identified to how we deliver the plan in the future.

- Provide a more structured timetable for the review of joint procedures. This provides a focus, supports resource deployment; and aids monitoring of the plan. It is proposed that all agencies meet on approval of the Plan, to implement this approach
- o To re-establish the multiagency agency Environmental Health Liaison Group. This will build relationships with other agencies, support learning and sharing best practice, and delivery of the Joint Health Protection Plan
- Regular meetings to focus solely on delivering the Plan. This will review progress, revise priorities and consider emerging issues

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
Reduce Vaccine Preventable Diseases	Deliver the Vaccination Transformation Programme by implementing models of delivery that fit a rural area and ensure continued high levels of vaccine uptake in all childhood and adult programmes.	-	-	A process of significant service redesign is being undertaken to develop a collaborative hybrid model in Highland HSCP. This will involve a collaborative delivery model with input from general practice and vaccination teams. A review of existing flexibility is also being undertaken in A&B HSCP.	A
Reduce the incidence of tuberculosis (TB)	Implement the actions within the Scottish Tuberculosis (TB) Framework including that of the development of an overarching policy for the management of latent tuberculosis.	-		Scottish Government commissioned a review of TB services in Scotland using the Getting It Right First Time (GIRFT). The review was very positive for NHS Highland with excellent feedback in addition to recommendations for further consideration. In addition, a business case has been developed nationally and submitted to Scottish Government in relation to screening for latent tuberculosis.	G
Progress action towards Hepatitis C (HCV) elimination	Implement any actions and recommendations developed as part of national SHBBV policy. One specific area of work will be updating NHS Highland's HCV Elimination Plan.	-	-	Funding was successfully secured to implement a blood-borne virus (BBV) opt-out testing pilot in the Emergency Department. In terms of progress against our treatment targets NHS Highland was joint top with	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
				91% of our treatment initiate target achieved. NHS Highland also achieved the highest proportion of admissions tested in prisons when compared across all prisons in Scotland.	
Addressing health inequalities	Utilise Private Landlord Registration scheme to assist with improving housing conditions in the private rented sector and reducing antisocial behaviour.	Delivery of statutory work associated with landlord registration scheme Successful recruitment of Private Landlord Registration team to ensure suitable and continued implementation of the Private Landlord Registration scheme.	Private Landlord Registration scheme well established in Highland	-	G
	Continue working on strategies to improve housing conditions including licensing of HMOs and residential mobile home sites.	Service requests continue to be investigated, which can involve investigation of statutory nuisance complaints. Processing of residential caravan site and HMO licence applications. Argyll and Bute Council also declared a "Housing emergency" in June 2023 due to "consistent reduction in the supply of housing, a steady increase in demand for housing across all tenures and increasing levels of un-affordability".	Work ongoing to improve housing conditions, monitor HMOs and licence residential caravan sites. Highland Council declared a Housing Challenge and agreed a number of strategic objectives in June 2024. A Housing summit was held with partners in October 2024.	-	G
	Review approaches to incivilities to identify good practice and specific projects to implement. Incivilities can include issues such as vandalism, graffiti, litter, dog-fouling and fly-tipping.	LEAMS surveys completed monthly of street condition and cleanliness and these submitted to "Keep Scotland Beautiful".	Dog fouling and litter patrols regularly undertaken to target worst affected areas in Highland. Use of mobile CCTV for fly-tipping being	-	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
		Vandalism – targeted specific areas and have deployment of mobile CCTV. Dog fouling –ongoing promotion of responsible dog ownership and targeted enforcement.	reviewed. Joint working with DVLA to target abandoned & nuisance vehicles.		
	Implement short term let licensing regimes with the aim of securing safety within premises used for this purpose and safeguarding communities	Short-term let licensing in place at 3064 licences issued. Policies revised to implement changes to legislation or improvements to the scheme	In Highland over 8500 licence applications have been processed. The implementation of the scheme will continue to be a priority and requires significant resource going forward to conduct compliance monitoring, complaint investigation and licence renewals.	-	G
	Support the Ukrainian Resettlement Program and ensure that accommodation provided is safe and has adequate facilities and services.	181 property inspections completed Council wide, to ensure that properties used for the Ukrainian Resettlement program met requirements	Environmental Health support the on-going Ukrainian resettlement team in conducting property inspections.	-	G
	Support the empty homes strategy aimed at encouraging improvements to properties in order to bring them back into housing use.	First Council to announce Housing Emergency and action plan in place. Award winning Empty Homes team	Environmental Health support the Council's Empty Homes team	-	G
Minimise the risk to the public from Shiga toxin-producing <i>E. coli</i> (STEC) infection	Implement any outstanding recommendations within the VTEC Action Plan for Scotland.	The guidance for STEC has been implemented and is mainstreamed into operational work.	The guidance for STEC has been implemented and is mainstreamed into operational work.	The guidance for STEC has been updated nationally and implemented locally.	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
	Improve the safety of private water supplies and ensure that public health interventions are taken for any failing drinking water supplies, whether public or private.	Risk assessments completed, "boil notice" applied as immediate intervention, investigations completed following adequate remedial action by clients. Carried out routine compliance sampling and resampling as per monitoring programme.	Incident procedures in place and routine compliance sampling and resampling as per monitoring programme.	Continued collaborative working to ensure potable water supplies and timely response to water quality failures.	G
	Promotion of safe practices and procedures where there is contact with livestock at animal parks and farms	Advice available on the procedures to be adopted where there is contact with livestock at farms and animal parks. Complaints were investigated and action taken.	Advice available on the procedures to be adopted where there is contact with livestock at farms and animal parks. Complaints were investigated and action taken.	-	G
	Implement recommendations on the safe use of agricultural ground for recreational events.	Safe use of agricultural ground for recreational events is implemented across Argyll and Bute for all events including agricultural shows, Highland Games and other festival events.	Recommendations implemented.	-	G
	Investigations of cases of STEC and implementation of appropriate control measures.	All cases which are notified are investigated by EH as routine workload.	All cases which are notified are investigated by EH as routine workload.	-	G
Food control	Reinstate food control enforcement services and deliver a range of food interventions in respect of the national Food Safety Code of Practice.	Inspection programme of food businesses serving vulnerable groups and programme of random sample of food businesses commenced. Small team of officers focus on Approved premises, to encourage detailed knowledge of high risk products.	Inspection programme in place focussed on high risk premises.	-	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
	Working with FSS, develop a new approach to food enforcement in Scotland (SAFER) whilst ensuring that food safety and public health is protected.	Engagement with FSS but national programme has been delayed	Engagement with FSS but national programme has been delayed	-	Α
Scottish Veterinary Service review	Participating in the national program relating to the creation of a Scottish Veterinary Service, and the impact on local authority animal health and welfare services.	Creation of Scottish SVS has been put on hold pending identification of any funding streams, meaning the formation id currently unlikely.	-	-	G
	Managing the risk relating to the possible transfer of AHW services from local authorities which will impact adversely on other statutory services relating to environmental health and trading standards.	The Local Authority SVS Steering Group developed an AHW Improvement Plan which was delivered through the Animal Health and Welfare Strategy Group.			G
Monitoring and Improving drinking water quality	Collaboration between all three agencies and Scottish Water in the monitoring and improvement of public water supplies.	Continued collaborative working to ensure potable water supplies and timely response to water quality failures.	Continued collaborative working to ensure potable water supplies and timely response to water quality failures.	Continued collaborative working to ensure potable water supplies and timely response to water quality failures.	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
	Work with DWQR to deliver the	Private water supply grant	Programme of sampling	Continued collaborative	
	requirements on Private Water	scheme in place and being	and risk assessment in	working to ensure potable	
	Supplies.	delivered in Argyll and Bute.	place and underway.	water supplies and timely	
		Since its inception, £2.27	Highland has 1209	response to water quality	
		million has been provided to	commercial supplies and	failures.	
		improve private water supplies.	1676 domestic supplies.		
		Participation in the working			
		group for the new lead in water	Environmental Health		
		guidance ("Public health	continue to support the		
		management of elevated lead	Scottish Government		
		levels in drinking water	water Scarcity Scheme		
		guidance") with SHPN	and seeing an increase in		
		Water scarcity plan and	demand for emergency		
		actions – Council participation	bottled water in specific		
		in Scottish Government	geographical areas.		
		Scarcity Scheme in 2023,			
		2024 and 2025. Water	796 commercial supplies		
		provided to seven supplies in	and 76 domestic supplies		
		2025 during the May dry	sampled. 155		G
		period.	investigations undertaken		
			following initial failure of		
		1277 commercial supplies	supplies.		
		sampled as required from the	05		
		monitoring programme. 162	35 grants for private water		
		investigations undertaken	supply improvements		
		following initial "failure" of	were approved with an		
		supplies.	expenditure of £42,842.90		
		Private water supply	Highland Council's private		
		Improvement Grants for	water supply grant policy		
		supplies: 16 grant applications	was reviewed in 2023 and		
		paid in the period, issuing	enhanced grant funding is		
		£29,029.05 in funds for these	available to eligible		
		works.	persons for carrying out		
		WOINS.	improvements to their		
		Works are going to extend	supplies, including the		
		grant availability for	removal of lead and		
		determined criteria of lead in	increasing supply		

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
		water, increasing supply resilience and supplies requiring additional "complex" chemistry treatment to be installed. This would enable	resilience. Two enhanced grants have been awarded for resilience improvements.		
		additional monies to be issued for private water supply users. Proposals in draft for this.	556 private water supply risk assessments of commercial supplies have not been completed. This accounts for 46% of the		
		148 Private Water Supply Risk assessments completed.	commercial supply register. Resources continue to be focused on the risk assessment programme		
Control Environmental exposures which have an adverse	Tackle the effects of antisocial or excessive noise in the community.	Work ongoing at operational level across all areas	Work ongoing at operational level across all areas		G
impact on health	Deliver on air quality standards within each local authority area.	Local Air Quality in Argyll and Bute is good and well below national standards for all the prescribed pollutants.	Regular Air Quality report submitted and approved by Scottish Government. Following review and noted improvement in air quality in Inverness City Centre, the Air Quality management Area was revoked in May 2025.	Continued collaborative working to support effective responses to poor air quality.	G
	Review approaches to swimming pools and spas to ensure appropriate controls are in place regarding infection control.	Assessed during inspections and other investigations	Assessed during inspections and other investigations	-	А
	Blue-green algae - Promotion of safe usage of recreational waters where there is a risk of BGA, implementation of permanent	Blue-green algae – Officers have assessed waters and identified where to erect permanent signage advising of	Specific risk assessments completed. Permanent signage being reviewed.	Timely response to incidents involving blue-green algae.	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
	signage and responding to incidents that occur.	the risks and measures to take where algae growth is noted. Specific risk assessments completed			
	Progress Contaminated Land strategies and ensure land is made suitable for use through development management.	New charging regime being piloted for site investigation reports (historic industrial uses) Lead levels in public buildings-reactive approach in place	Ongoing work through development control process	-	G
	Monitoring of bathing water quality (designated beaches/lochs) with SEPA.	Liaison with SEPA and action as appropriate	Work ongoing at operational level across all areas	-	G
	Apply the regulations for legionella safety in public buildings.	Mainstreamed into Health and safety regulation	Mainstreamed into Health and safety regulation	-	G
	Monitor the levels of lead in drinking water in public buildings especially schools and in relevant private establishments such as nurseries.	Designated officers receive the Scottish Water "Initial Drinking Water Quality Notification Report for Event" emails and subsequent follow up to these with progress made. Contact can be made to Environmental Health service with established email channel, as with incident in October 2024, requiring Environmental Health to investigate.	Team are participating and undertaking relevant work	-	G
	Control Environmental exposures which have an adverse impact on health	Incidents - Participation in oil spill event whereby major oil pipeline leaked into local area served by private water supplies, with remediation work monitoring and PWS	Procedures in place for significant incidents	-	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
		requiring protection throughout period – now resolved.			
		Reacted to a number of boat sinking/abandonment issues requiring action to prevent public exposure and/or food chain exposure			
Resilience to respond to pandemics through effective multiagency response	Review business continuity plans and Pandemic plans in light of the learning from the COVID-19 pandemic	Business continuity plans have been updated along with teams and departments across the organisation.	Business continuity plans have been updated along with teams and departments across the organisation.	Business continuity plans have been updated along with teams and departments across the organisation.	G
Effective sea and airport health plans to provide adequate disease control measures	Review existing sea and airport health plans across Argyll and Bute Council and Highland Council to include arrangements for any imported disease e.g. Viral Haemorrhagic Fever	Outstanding and to be included for action in 2025-27 plans	Outstanding and to be included for action in 2025-27 plans	-	Α
	Hold a desktop exercise to test these plans.	Outstanding and to be included for action in 2025-27 plans	Outstanding and to be included for action in 2025-27 plans	Contribution to the national cruise ship exercise along with national and local agencies plus cruise ship operators.	Α
	Review the current situation concerning Port Health and identify whether Argyll and Bute should become a designated Port Health Authority.	Outstanding and to be included for action in 2025-27 plans	-	-	А
Enhance recovery planning for a major incident	Review and further develop the generic Recovery Plan outlining multi-agency responses.	Radiation incident exercised at HMNB Clyde as per cyclical requirements	Exercises held covering recovery including radiation incidents	-	G
	Exercise recovery plan for major flood or events.	Desktop exercise ("Hawaii of The North") for the Tiree Music Festival successfully held in Oban in March 2025. Exercise	Environmental Health regularly involved in Safety Advisory Group meetings to ensure a	-	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
		was designed and co- ordinated by Environmental Health and the Tiree Music Festival to test the event safety plans, emergency plans and the contingency and capacities of those in attendance to respond to emergency incidents. The Environmental Health service organise regular Safety Advisory Group meetings to ensure a multi-agency input to safety consideration of public events.	multi-agency input to safety consideration of public events.		
	Contribute to Regional Resilience Partnerships.	Council responded to a number of incidents which required the implementation of the incident response and recovery. This included landslides where communities were isolated, road closures, storms (Storm Eowyn etc) and power outages.	Ongoing contributions to the RRPs	Ongoing contributions to the RRPs across all three agencies.	G
	Continue implementation of Care for People guidance	Guidance followed as part of major event preparations	Guidance followed as part of major event preparations	Guidance followed as part of major event preparations	G
	Specific training in respect of Scientific and Technical Advisory Committees (STAC) to NHS and LA staff	Specific STAC training provided to appropriate agencies as part of preparations for exercising the Offsite Plan for Faslane		STAC training has been held through UKHSA.	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
Effective and proportionate arrangements in place to protect public health	Revise joint health protection policies and procedures between all three parties.	EH operational work ongoing and demand reduction exercises ongoing to ensure the effective use of resources.	Routine procedures in place but need for review	Routine procedures in place but need for review	A
	Review existing arrangements/plans as a routine part of each incident that occurs.	Briefing and implementation of learning is a standard part of incident management.	Briefing and implementation of learning is a standard part of incident management.	Briefing and implementation of learning is a standard part of incident management.	
	Undertake specific exercises for the purposes of training and evaluation of contingency plans relating to water and waste-water incidents and the recovery phase following a radionuclide incident.	Radionuclide incidents exercised but exercises for water and waste-water incidents not undertaken	Radionuclide incidents exercised but exercises for water and waste-water incidents not undertaken	It was not possible to deliver the exercise within the time-frames of the plan but there is an exercise being planned in relation to water and waste-water incidents.	A
	Consider key performance standards for the response, investigation and actions for public health incidents	Key performance standards for the response, investigation and actions for public health incidents not progressed	Key performance standards for the response, investigation and actions for public health incidents not progressed	Key performance standards for the response, investigation and actions for public health incidents not progressed	R
	Joint training in managing incidents/outbreaks and chairing these meetings such as STAC.	Joint STAC Training provided by NHS Highland	Joint STAC Training provided by NHS Highland	Joint STAC Training provided by NHS Highland	G
	To investigate and take appropriate action in response to service requests which have the potential to impact adversely on the environment or to public health	Response to service requests requiring investigation by Officers. Officers authorised to act and undertake interventions as and when required.	Response to service requests requiring investigation by officers, with resources focussed on cases with significant public health risks	-	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
	Joint protocol to be devised to manage vulnerable individuals displaying hoarding behaviour or whose lifestyle behaviour affects others.	Hoarding cases investigated following guidance but Joint protocol not progressed	Hoarding cases investigated following guidance but Joint protocol not progressed	Joint protocol not progressed	Α
Minimise the risk to the public from Lyme Disease	Assist with ongoing research and reviews. Continue to raise public awareness. Review and develop websites/links to provide suitable information.	Information on Ticks and Lyme disease promoted.	Information on Ticks and Lyme disease promoted.		G
Reducing the impact of tobacco, alcohol and other harmful substances on public health	Continued regulation of the smoking ban in enclosed and public places including NHS premises.	Ongoing arrangements in place with NHS for them to manage their premises - no proactive enforcement from Council regarding smoking on NHS premises Smoke free premises — workplaces and public areas. Six complaints investigated relating specifically to cigarette smoking, either inside a workplace, outside a workplace or at premises entrance to premises e.g. doorway.	Ongoing arrangements in place with NHS for them to manage their premises	-	G
	Continued work with licensed trade in respect of responsible drinking and minimum pricing.	Part of the annual programme of inspections throughout the area completed Licencing Standards. This is completed either virtually, through a self-assessment or a physical visit. During this, premises are educated, encouraged and inspected to ensure compliance with the mentioned responsible drinking and minimum pricing requirements.	Part of the annual programme of inspections throughout the area is completed by Licencing Standards.	-	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
	Continue regulatory work on agerelated sales activity of cigarettes and other products. Promotional campaign targeted at reducing the under-age sale of tobacco and vaping products to children and young adults.	Trading Standards participate in the Enhanced Tobacco Sales Enforcement Programme (ETSP). This involves taking test purchases of tobacco and NVPs (vapes) in 10% of registered premises in Argyll and Bute. Make advice visits to 20% of registered premises in Argyll and Bute. TS active in underage sales work and new single vape legislation	TS active in under-age sales work and new single vape legislation and committed to meeting all targets in the ETSEP programme	-	G
	Joint working with the police relating to the sale of Novel Psychoactive Substances (NPS).	NPS enforcement is a Police matter – regulation changes more enforced by Police Scotland.	-	-	G
	Continue to review and consider possible health issues related to ecigarettes.				G
Strong and Safe Communities	To investigate and implement effective controls to minimise the spread of suspected and confirmed cases of communicable and notifiable diseases in the community.	332 recorded 'infectious diseases' notifications, each investigated and assessed by Environmental Health staff, with the relevant interventions then taken.	Cases investigated and assessed by Environmental Health team, with the relevant interventions then taken.	Enhanced performance management in place with respect to the monitoring of key performance indicators relating to the management of cases of notifiable infections.	G
	The protection of the vulnerable in communities from the impact of cold calling and rogue traders.	Argyll and Bute Council webpage "Council issues rogue traders warning" issued in April 2024 following "reports of rogue traders operating in	Trading Standards active campaigns on rogue traders and scammers.	-	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
		and around Oban and Dalmally". Use of Trading Standards Facebook page for spreading the word about local issues or concerns which have been raised to the service. Install "TrueCall" blockers in vulnerable persons properties. Provide stickers which can be located on the front window / door to dissuade visitors / cold			
Radon protection	Ensure that the public in radon affected areas are provided with adequate information relating to the risks of radon and the mitigation measures which can be taken to reduce the risk	callers. Use of third-party monitoring by public encouraged where enquiries made	Advice available to public on radon risks	-	G
	Raising awareness of radon monitoring responsibilities to employers and landlords.	PWS assessed and where appropriate monitored with respect of Radon in drinking water	PWS assessed and where appropriate monitored with respect of Radon in drinking water	-	G
	Produce a Radon Strategy for ABC to include council owned property and rented property.	Radon strategy in place for Council properties.	Radon strategy in place for Council properties.	-	G
	Ensure Radon awareness through development management.	Radon mitigation practices considered as part of Building Warrant approval	Radon mitigation practices considered as part of Building Warrant approval	-	G
Education and advice programme	Raising awareness of the Outdoor Code and communicable disease and controls through improved public information.	Argyll and Bute Council webpage "Ticks and Lyme Disease". webpage 'Outdoor access rights and responsibilities' to provide	Advice available	The website has been updated to reflect current circumstances.	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
		information to residents and visitors on how to "enjoy the countryside responsibly".			
	Development and review of existing information leaflets and improvements to website.	Delivered through social media and websites	Delivered through social media and websites	Delivered through social media and websites	G
	Where possible, consider and coordinate seasonal promotions and awareness raising campaigns e.g. a summer campaign highlighting the risks of ticks and barbecues.	Argyll and Bute Council webpage provides guidance notes for the public and businesses in relation to the control of Legionella and the safe use of Spa Pools. Further guidance covers the safe use of Scandinavian hot tubs and outdoor baths. Argyll & Bute Council webpage also provides Legionella risk assessment template for landlords and spa pool self-assessment form. Argyll & Bute Council guidance on Non-Surgical Cosmetic Procedures published August 2025.	Limited work undertaken using social media.	The development of a calendar of communications has been carried forward into the next plan.	A
	Increase awareness of health protection issues with local businesses through use of alternative enforcement plans.	Major issues are addressed through national campaigns and specific local campaigns (e.g slushies, blue-green algae, etc)	Major issues are addressed through national campaigns and specific local campaigns (e.g slushies, blue-green algae, etc)	Major issues are addressed through national campaigns and specific local campaigns (e.g slushies, blue-green algae, etc)	G
	Investigation of suspected and confirmed cases of communicable disease and implementation of	All cases of ID reviewed and investigated by EH staff with follow up actions taken as	All cases of ID reviewed and investigated by EH staff with follow up actions taken as required.	Timely investigation and management of cases of communicable disease.	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
	appropriate controls to prevent further spread.	required. Monitoring of performance in place.	Monitoring of performance in place.		
	Monitoring trends by enhanced surveillance and reporting.	Use of Uniform ID module enables monitoring of trends	Case management system Civica APP used to monitor trends	Enhanced surveillance in place with new performance management processes in place.	G
	Implement the national microbiology strategy locally and ensure appropriate access to testing in the public analyst labs.	Actioned by Local Authority analytical services	Actioned by Local Authority analytical services	-	G
	Ensure public health actions are taken to minimise risks from zoonotic infections reported by Scottish Veterinary Service (SVS).	public health actions taken to minimise risks from zoonotic infections	public health actions taken to minimise risks from zoonotic infections	public health actions taken to minimise risks from zoonotic infections	G
Food safety priorities	To undertake the duties as statutory Food Authority in protecting food safety in the food industry, and deliver the Councils' Food Safety Law Enforcement Work plan.	Mainstreamed and targeted based on available resource. Priority given to approved premises sector and higher risk premises	Mainstreamed and targeted based on available resource. Priority given to approved premises sector and higher risk premises	-	G
	Work with other agencies to reduce the impact of illegal shellfish harvesting and distribution.	On-going liaison with FSS Food Crime Unit	On-going liaison with FSS Food Crime Unit	-	G
Health and safety at work initiatives	To complete the Councils' Health and Safety at Work Law Enforcement Plan.	Planned work interruptions ongoing due to 3 current fatality investigations. Investigation findings inform local priority initiatives for care/nursing homes and for swimming pools. Intelligence	Ongoing work in response to accidents and fatalities.	-	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
		and service requests also determine potential health and safety initiatives.			
Horizon Scanning and Emerging Infections	Be aware of new and emerging infections and plan how to minimise their impact locally e.g. Mpox	Liaised with NHS Highland	Liaised with NHS Highland	Preparedness work undertaken in relation to mpox and HCID more generally in addition to the re-emergence of measles.	G
Minimise the adverse impact of climate change	Work together to mitigate the effects of climate change.	Water Scarcity support arrangements in place for domestic properties on private water supplies Reactive response to incidents relating to weather, storms, landslides.	Water Scarcity support arrangements in place for domestic properties on private water supplies	Alert shared in relation to the risk of vector-borne diseases. Reactive response to incidents such as wildfires along with partner agencies.	G
Animal health and zoonoses	Respond to current and emerging diseases such as the risks from avian influenza.	Ongoing reactive response to emergent infections such as the increased incidence of avian influenza seen in 2023. Reviewed preparedness and plans to respond to avian influenza case(s) Ongoing engagement with poultry keepers through Council website. Promotion of Scottish Kept Bird Register to enable direct information provision as appropriate.	Ongoing reactive response to emergent infections such as the increased incidence of avian influenza	Ongoing reactive response to emergent infections such as the increased incidence of avian influenza seen in 2023.	G
	Deal with the illegal import of animals.	Any cases reported are investigated	Any cases reported are investigated	-	G
	Carry out animal health and welfare enforcement activities in accordance with Framework Agreements.	Animal Health and Welfare Framework document in place and agreed by Council. Focus of operational enforcement	Animal Health and Welfare Framework document in place and agreed by Council	-	G

Outcome	Work plan	Argyll & Bute Council actions/comments	Highland Council actions/comments	NHS Highland actions/comments	RAG Status
		work on livestock markets and high-risk premises, service complaints and joint working with Animal Health and Plant Agency and other partners			
	Improve preparedness to deal with animal health disease outbreaks.	Revised and implemented that specific disease control plans developed by the West of Scotland Regional Residence Groups	Team engages with local and national animal health forums	-	G
Workforce planning and resilience	Training and support in incident management and response including STAC training.	STAC training undertaken through UKHSA by new officers to enhance resilience across the service	STAC training undertaken	STAC training undertaken through UKHSA.	G
	Workforce planning and resilience	Service redesign undertaken and implemented. Resourcing issues are being addressed and new "career pathway" posts created due to EHO shortage across Scotland. Appointment of Trainee Graduate Food Safety Officer.	Workforce planning ongoing to encourage career development. Redesign underway in 2025		Α
Water safety plans	Develop water safety plans.	Delayed due to resourcing – carry forward to 2025-27 plan	Delayed due to resourcing – carry forward		Α
	Review of boat hirers arrangements.	Delayed due to resourcing – carry forward to 2025-27 plan	Delayed due to resourcing – carry forward		Α
Coordinated approach to public health	Actively participate in the national Scottish Health Protection Network and associated governance groups to promote a coordinated approach to protecting public health and developing new guidance and systems.	Continued involvement in the SHPN topic groups and guidance development groups. Participation in Investigation of elevated levels of lead in drinking water guidance, due to be published October 2025	Senior EHOs actively involved in national groups	Continued involvement in the SHPN topic groups and guidance development groups.	G

3.2 Review of Standard Operating Procedures, Protocols and Plans

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

The Environmental Health Liaison Group provides an opportunity for members to highlight policies that may require revision in light of new evidence or legislation and to discuss issues of common interest. This is being reconvened along with the national drinking water meeting organised by Scottish Water. A survey is planned to best understand the needs of stakeholders and partner agencies to support development.

Section 4: Appendices

4.1 Appendix 1: List of joint NHS/Council Plans

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

Some key examples are:

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

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

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

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

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

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

Argyll & Bute Council Environmental health			
Lead Local Authority competent person:	Alan Morrison, Senior Manager- Regulatory		
	Services and Building Standards		
Depute Local Authority competent	Jacqui Middleton, Environmental Health		
persons:	Manager (West)		
Depute Local Authority competent	Mary Watt, Environmental Health Manager		
persons:	(East)		
Depute Local Authority competent	Mark Parry, Principal EHO (Public Health)		
persons:			
Competent persons	Professional staff are authorised by the		
	Senior Manager - Regulatory Services and		
	Building Standards Manager according to		
	competency and experience. At the time of		
	developing the plan, those EHO's are:		

Pamela Fraser, Cameron McAuley, Richard	
Gorman, Anthony Carson, Martin MacNiven,	
Nicole Hamilton, Jo Rains, Sue Stefek,	
Pauline Varley, Conor Brolly, and Andy	
MacLeod	

4.3 Appendix 3: Supporting information

4.3.1 Health Protection

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

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

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

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

Environmental Health is the branch of Public Health that is concerned with all aspects of the natural and built environment that may affect human health. This remit is delivered within local authorities. The Environmental Health Service has a lead role in Health Protection through its regulatory core functions of Food Safety, Health and Safety at Work, Communicable Disease control, Public and Private Water Supplies, Monitoring bathing water quality, Contaminated Land, Air Quality, Noise control, Nuisance abatement, Smoking Enforcement, and prevention and control of Zoonotic diseases. The Trading Standards Service performs the Council's Consumer protection function, which includes tobacco controls; product and consumer safety; licensing of persons, explosive and petroleum; feeding stuffs and fertilisers; age related sales and weights and measures.

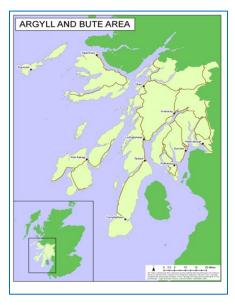
4.3.2. Overview of NHS Highland and its Local Authority partners

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



NHS Highland Area Map

Argyll and Bute Council Area Map



Highland Council Area Map



The resident population is estimated to be 324,980 according to the latest population estimates.⁸ The population is ageing, this profile is increased by the

large number of young people leaving to continue education or seek employment in other urban settlements. The territorial area covers 32,560 km² which represents approximately 42% of the Scottish land surface. It extends across the most northerly and westerly fringes of the Scottish mainland and includes 36 inhabited islands. A large proportion of the population lives in remote rural towns and settlements. Transport infrastructure across much of the Highlands and Argyll and Bute consists of single road or rail networks. Island communities are reliant on ferries with few inter island connections.

A large number of tourists visit the area throughout the year pursuing a variety of activities. This influx, particularly to remote and rural areas, increases demands on both health and local authority services. In order to facilitate trade and tourism, the area contains several air and sea ports providing local and international connections.

4.3.3 Resources and Operational Arrangements for Health Protection

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

Table 3: NHS Highland Health Protection Team

Job Title	Role and Responsibility	WTE
Director of Public Health	Strategic and Operational Lead for Public Health activities in NHS Highland.	1
Consultant in Public Health Medicine (Health Protection)	Provide leadership and strategic oversight for health protection development and implementation in NHS Highland. To co-ordinate the provision of an effective service for the control of communicable diseases and environmental health hazards on a 24/7 basis.	
Health Protection Nurse Specialists	Coordinate, lead and deliver activities surrounding the prevention, investigation and control of communicable diseases.	6.1
TB Liaison Nurse	Coordinate the contact tracing for TB cases/contacts	0.4
Public Health Surveillance Officer	Responsible for disease surveillance records and reports.	0.2
Administration and secretarial support	Provision of administrative and secretarial support.	3

Table 4: Argyll and Bute Council

Job Title	Role and Responsibility	WTE
Senior Manager- Regulatory Services and Building Standard	Strategic and operational management of environmental health, animal health, short-term let and building standards Delivery of effective health protection interventions. Lead and support the development of staff. Effective management of resources. Council's Head of Food Safety and Lead competent Public Health Officer.	1
Environmental Health Managers	Management and delivery of the environmental health service within a geographical area of Argyll and Bute – east and west regions	2
Principal Environmental Health Officer (Food Control and Service Support)	Provide specialist food safety advice and expertise within Argyll and Bute Council. Provides specific advice and supports the development of protocols, service plans and ensure that they are in line with current legislation. The inspection of high risk and EC approved food premises.	1
Principal Environmental Health Officer (Health and Safety and Service Support)	Provide specialist health and safety advice and expertise within Argyll and Bute Council. Provides specific advice and supports the development of protocols, service plans and ensure that they are in line with current legislation.	
Principal Environmental Health Officer (Public Health and Housing)	Provide specialist public health advice and expertise within Argyll and Bute Council. Provides specific advice and supports the development of protocols, service plans relating to private water supply regulation, private landlord registration including houses of multiple occupation and public health.	1
Environmental Health Officers	Full range of environmental health duties including public health, food safety, environmental protection and health and safety.	9 (3 vacant)
Environmental Protection Officer	Carrying out the Council's statutory duty to identify contaminated land and local air quality. To deal with historic contamination under the planning process and by programmed inspection; to carry out risk assessments in accordance with legislation, statutory guidance and the Council's published Strategy.	1

Pogulator:	To undertake a appositio range of anyiranmental bealth	2
Regulatory	To undertake a specific range of environmental health	2
Services Officers	duties principally in food safety.	
(EH)		
Regulatory	To undertake specific duties relating to private water	4 (0.6
Services Officers	supply risk assessment and PWS grants	FTE
(PWS)		vacancy)
Graduate Trainee	To support food safety enforcement activity and	1
Food Safety	undertake training/developmenet program to attain	
Officer	Higher Certificate in Food Control	
Technical	To support the environmental health service and	5.2
assistants/	undertake environmental sampling and monitoring	
Sampling Officers	programmes.	
Senior Animal	To supervise the delivery of animal health and welfare	0.6
Health and	service. To undertake programmed visits relating to	0.0
Welfare	animal health and welfare and primary food production.	
VVCIIAIC	Investigate all cases of notifiable animal disease	
A : -	including zoonotic diseases.	0.0
Animal Health	To undertake programmed visits relating to animal	8.0
and Welfare	health, welfare and primary food production. Investigate	
Officer	all cases of notifiable animal disease including zoonotic	
	disease	
Trainee Animal	Undertake work under supervision and complete	0.6
Health and	training program. Career development post from	
Welfare Officer	Trainee to Authorised Officer to AHW Officer	
Short-term let	Delivery the operational work associated with the short-	4
Licensing lead	term let licensing scheme	1
Short-term let	Enforcement and administrative staff delivering STL	6
licensing team	scheme	
Private landlord	Deliver private landlord registration scheme in Argyll	2
registration team	and Bute	
Civil	Ensuring Argyll & Bute Council is prepared for a major	1
Contingencies	incident.	
Manager	moldoni.	
Civil		
	Ensuring Argyll & Bute Council is prepared for a major	1
Contingencies	incident.	1
Officer		
Liquor Licensing	Focused on compliance, mediation and support relating	2
Officers	to Liquor Licensing (Scotland) Act	
Trading	Manage, co-ordinate, lead and support activities	_
Standards	surrounding Trading Standards. Develop protocols,	1
Manager	service plans in line with current legislation.	

Trading	Carry out Trading Standards interventions in	
Standards	accordance with current plans, protocols and legislation	
Officers and		4
Regulatory		
Services Officers		

Table 5: Highland Council

Job Title	Role and Responsibility	FTE
Strategic Lead -	Strategic and Operational Lead for Environmental	1
Environmental Health	Health and Public Health activities in Highland	
& Bereavement	Council.	
Services		
Area Environmental	Strategic and Operational managers for	2
Health Mangers	Environmental Health	
Senior EHOs	Operational Lead in respective areas for	8
	Environmental Health and Public Health activities.	
Environmental Health	Carry out Environmental Health and Public	17 (inc. 2
Officers	Health interventions and inspections in	trainee
Onlocis	accordance with current plans, protocols and	posts)
	legislation.	postoj
Environmental Health	To undertake a specific range of environmental	20
Technical Officers	health duties principally in food safety and Health	
	& Safety, pollution, licensing and housing.	
Technical Assistants/	To support the environmental health service and	6
Sampling Officers	undertake water sampling and monitoring	
	programmes.	
Assistant Community	To support the environmental health service and	8
Works Officer	undertake dog control, litter, fly-tipping, pest	
	control	
Scientific Officer	Carrying out the Council's statutory duty to	1.91
(Contaminated Land)	identify contaminated land.	
Information Technician	Maintenance of the Council's contaminated land	2
& system administrator	information records & IT functions.	
Animal Health &	Carry out Council's statutory duty in relation to	3
Welfare Officer	Animal Health and Welfare.	
Trading Standards	Strategic and Operational Lead for Trading	1
Manager	Standards.	
Trading Standards	Coordinate, lead and support activities	1
Team Leader	surrounding Trading Standards.	

Trading Standards Officers, Assistant Trading Standards Officers, Senior Enforcement Officers & Enforcement	Carry out Trading Standards interventions in accordance with current plans, protocols and legislation.	12
Officers		
Liquor Licensing Standards Officers	Carry out work with the licensed trade in respect of responsible drinking and minimum pricing.	2

4.3.4 Laboratory Services

Arrangements to access laboratory facilities vary across the two local authorities. Argyll and Bute Coucnil have a Service Levels Agreement in place with Glasgow Scientific Services for the provision of the analytical servuces (to UKAS accreditation standards) together with the statutory appointments of Public Analyst, Food and Agricultural Examiner. Highland use Edinburgh Public Analyst and Scottish Water. The HPT utilise NHS clinical laboratories.

4.3.5 Emergency Planning and Service Continuity

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

Governance for this function is through the NHS Highland Resilience Committee and this group support the development of incident response and continuity plans across the Board.

Highland Council and NHS Highland are members of the North Regional Resilience Partnership. Argyll & Bute Council and NHS Highland are members of the West Regional Resilience Partnership. In addition, there is the Highland & Islands Local Resilience Partnership and various locality groups as well. Argyll and Bute has its own Local Resilience Group with partner agencies.

4.3.6 Inter-organisational collaboration

An updated approach to the feedback on disease surveillance collected as part of routine and statutory monitoring is being explored.

Following the pandemic, meetings are held on a two-weekly basis between environmental health and health protection to discuss shared issues. In addition, the Environmental Health Liaison Group is being re-convened and will meet twice per year. This will provide an opportunity to share key issues for which wider partnership working would be beneficial and to evaluate the management of significant incidents. Lessons learnt can be shared and disseminated within each partner agency.

Following a significant incident, debriefing is organised routinely for the involved agencies. This provides an opportunity for those involved operationally and strategically to evaluate the management of the incident and provides a forum for critical reflection. A final incident report should be produced within six weeks of the debrief.

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

Table 6: Inter-organisational collaboration

4.3.7 Mutual Aid

Due to the vast geography of NHS Highland, it has been necessary to develop arrangements with NHS Greater Glasgow and Clyde in relation to the initial response to major incidents occurring within Argyll and Bute. In particular, there are specific arrangements written into the HM Naval Base Clyde Off-Site Contingency Plan which is designed to cover radiation emergencies at HM Naval Base Clyde. While NHS Highland retains overall responsibility for the NHS response, they would be assisted, particularly in the initial stages, by personnel from NHS Greater Glasgow and Clyde (NHS GGC), with staff from both boards being deployed to manage the incident from the Clyde Off-Site Centre. Additionally, depending on the extent and volume of casualties, designated receiving hospitals would be nominated within NHS GGC for the reception of casualties.

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

4.3.8 Out-of-hours arrangements

NHS Highland

A senior member of public health staff is available 24 hours a day 7 days a week. Outside of office hours, this service is provided by public health consultants, health protection nurses and public health specialists, as well as training grade specialty registrars. The service can be accessed through the Raigmore hospital switchboard on 01463 704000. Raigmore laboratory provides a microbiology service out of hours. Urgent sample requests can be performed for some diseases following discussion with the on call microbiology team. National Reference laboratories will also perform analysis of urgent specimens following discussion of their appropriateness.

Highland Council

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

Argyll and Bute Council

No on-call service is provided by the Council, however there are out-of-hours arrangements in place to access the service in case of emergency. This can be done through the Regulatory Services Manager or the Civil Contingencies Manager through the following number: 01436 658988. Similar arrangements are in place to access laboratory services out with normal hours.

4.3.9 Maintenance of Competencies for Health Protection Staff

NHS Highland

NHS Highland staff undergo an annual appraisal to ensure their knowledge and skills remain up to date. The health protection team run regular update sessions for on call colleagues out with the HPT. Staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development (CPD) activities. Nursing staff meet the requirements of the Knowledge and Skills Framework and the revalidation requirements of The Code (NMC).

Highland Council

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

Argyll and Bute Council

Argyll and Bute Council has a corporate performance and development review process with its entire staff. Appraisals are carried out on an annual basis. Details of this are held centrally on a register which managers review at regular intervals and as part of the employee appraisal process. The individual learning needs of each member of staff can be identified and targeted through this mechanism. Within Regulatory Services, professional and technical officers are required to meet the continued development requirements in the Royal Environmental Health Institute of Scotland's CPD scheme.

4.3.10 Public Feedback

NHS Highland

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

Argyll and Bute Council

Customer and business surveys are regularly undertaken as part of the customer engagement strategy. Whilst not specific to health protection, these surveys provide useful information about the service provided and are used to inform improvements and developments. Recent surveys have indicated that on average 94% of customers are satisfied with the service provided to them.

Highland Council

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

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