South Ayrshire Health and Social Care Partnership

REPORT

<table>
<thead>
<tr>
<th>Meeting of South Ayrshire Health and Social Care Partnership</th>
<th>Integration Joint Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Held on</td>
<td>15 September 2016</td>
</tr>
<tr>
<td>Agenda Item</td>
<td>8</td>
</tr>
<tr>
<td>Title</td>
<td>Ayrshire &amp; Arran Joint Health Protection Plan (JHPP) 2016 - 2018</td>
</tr>
<tr>
<td>Summary:</td>
<td>The purpose of this report is to highlight the new Ayrshire &amp; Arran Joint Health Protection Plan (JHPP) 2016-2018 to the Integrated Joint Board.</td>
</tr>
<tr>
<td>Presented by</td>
<td>Tim Eltringham, Director of Health &amp; Social Care</td>
</tr>
<tr>
<td>Action required:</td>
<td>It is recommended that the Integration Joint Board notes the Ayrshire and Arran Joint Health Protection Plan (JHPP) 2016 – 2018.</td>
</tr>
</tbody>
</table>

Implications checklist – check box if applicable and include detail in report

<table>
<thead>
<tr>
<th>Financial</th>
<th>HR</th>
<th>Legal</th>
<th>Equalities</th>
<th>Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>ICT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ayrshire & Arran Joint Health Protection Plan (JHPP) 2016 - 2018

1. PURPOSE OF REPORT

1.1 The purpose of this report is to highlight the new Ayrshire & Arran Joint Health Protection Plan (JHPP) 2016-2018 (Appendix 1) to the Integrated Joint Board.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board notes the Ayrshire and Arran Joint Health Protection Plan (JHPP) 2016 – 2018.

3. BACKGROUND INFORMATION

3.1 The Public Health etc. (Scotland) Act 2008 requires health boards to prepare such plans relating to the protection of public health in its area as the board considers appropriate. The plan is to be known as the Joint Health Protection Plan (JHPP) and is required to be updated every 2 years. The attached Plan has been considered and approved at the Healthcare Governance Committee meeting of the NHS Board on 18 April 2016 and at the Ayrshire & Arran NHS Board meeting on 23 May 2016.

3.2 The Ayrshire and Arran Joint Health Protection Plan (JHPP) 2016 – 2018 has been produced by the Joint Health Protection Planning Group (JHPPG) comprising of representatives from NHS Ayrshire & Arran (Health Protection and Resilience), the three Ayrshire Local Authorities (Environmental Health Services) and the Ayrshire Civil Contingencies Team.

4. REPORT

4.1 The Plan:
- Provides an overview of health protection responsibilities, priorities, provision and preparedness within Ayrshire and Arran.
- Describes how NHS Ayrshire & Arran and the three Local Authorities work jointly to protect public health across a range of health protection topics.
- Provides a summary of the key health protection priorities and related joint working planned for 2016 – 2018.

5. STRATEGIC CONTEXT

5.1 This Joint Health Protection Plan is a requirement of The Public Health etc. (Scotland) Act 2008.

5.2 The Act requires health boards to prepare such plans relating to the protection of public health in its area as the board considers appropriate.
6. **RESOURCE IMPLICATIONS**

6.1 **Financial Implications**  
There are no financial implications for the IJB arising from the consideration of this report.

6.2 **Human Resource Implications**  
There are no human resource implications for the IJB arising from the consideration of this report.

6.3 **Legal Implications**

6.3.1 The Joint Health Protection Plan is a requirement of Public Health etc. (Scotland) Act 2008.

6.3.2 There are no direct risks as a result of the production of this plan. Any risks associated with the content of this plan are covered by NHS Ayrshire & Arran’s risk management arrangements and will be managed through the Public Health Governance Group and the Corporate Management Team and thereafter overseen by the Healthcare Governance Committee.

7. **CONSULTATION AND PARTNERSHIP WORKING**

7.1 The Ayrshire & Arran Joint Health Protection Plan (JHPP) 2016-2018 has been produced by the Joint Health Protection Planning Group (JHPPG) comprising of representatives from NHS Ayrshire & Arran (Health Protection and Resilience), the three Ayrshire Local Authorities (Environmental Health Services) and the Ayrshire Civil Contingencies Team.

8. **EQUALITIES IMPLICATIONS**

8.1 An Equality and Diversity Impact Assessment has been undertaken through NHS Ayrshire & Arran and no adverse impacts were identified.

9. **SUSTAINABILITY IMPLICATIONS**

9.1 There are no sustainability implications for the IJB arising from the consideration of this report.

**REPORT AUTHOR AND PERSON TO CONTACT**

Name: Dr Elvira Garcia, Consultant Public Health Medicine, NHS Ayrshire & Arran  
Phone number: 01292 885858  
Email address: Elvira.Garcia@aapct.scot.nhs.uk

**BACKGROUND PAPERS**

Appendix 1 - Ayrshire & Arran Joint Health Protection Plan (JHPP) 2016-2018

20<sup>th</sup> July 2016
Ayrshire and Arran
Joint Health Protection Plan
2016 – 2018
Foreword

The Public Health etc. (Scotland) Act 2008\(^1\) requires NHS Boards, in conjunction with Local Authorities to co-operate with each other and with other relevant persons in exercising the functions conferred on them by the Act. This includes the protection of public health in the context of new health challenges which have arisen with modern living; for example new or emerging infectious diseases such as MERS-CoV, Ebola, Zika, Pandemic Flu and the modern environmental hazards and nuisances.

Protecting public health means the protection of the community from infectious diseases, contamination or other hazards which constitute a danger to health. The front line officers within Local Authorities and NHS Boards who must meet these challenges are Environmental Health professionals in Local Authorities and the professionals within the Health Boards’ Public Health Departments. Under the legislation Local Authorities and NHS Boards must designate sufficient numbers of competent persons, officers and other staff for the purposes of carrying out the functions of the Act.

A major joint initiative for Local Authorities and the NHS Boards is to produce a Joint Health Protection Plan (JHPP) providing an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area. Guidance on the content of joint health protection plans has been published by the Scottish Government\(^2\).

The Scottish Government has recently published a Review of Public Health in Scotland. The annex F of the review\(^3\) indicates that the public health input into Health and Social Care Partnerships and Community Planning Partnerships in relation to health protection includes the joint planning of health protection to ensure resilience of health protection function, and the maintenance of local links and delivery of local health protection priorities through the Joint Health Protection Plan. The Public Health Review also mentions that the current organisational arrangements for Public Health in Scotland should be reviewed, and that the Health Protection Oversight Group and the Scottish Government should build on the creation of the Health Protection Network to ensure effective leadership and coordination for health protection in Scotland. This review may have future implications for the organisation of Health Protection in Scotland.
This plan has been produced by the Joint Health Protection Planning Group (JHPPG) comprising of representatives from NHS Ayrshire & Arran, the three Ayrshire Local Authorities (Environmental Health Services) and the Ayrshire Civil Contingencies Team (ACCT).

This plan covers the period from 1 April 2016 to 31 March 2018. It will be reviewed regularly by the group throughout its duration to ensure the contents remain relevant and appropriate. Further plans will be published every two years.

The JHPP is a public document available on the websites of NHS Ayrshire & Arran and the three Local Authorities and on request from the Director of Public Health or the Heads of Environmental Health at each of the Local Authorities.

3 http://www.gov.scot/Publications/2016/02/8475/10
5 Director of Public Health, NHS Ayrshire & Arran, Afton House, Ailsa Hospital, Dalmellington Road, Ayr KA6 6AB
Regulatory Services Manager, East Ayrshire Council (EAC), Environmental Health and Trading Standards, Civic Centre South, 16 John Dickie Street, Kilmarnock, KA1 1HW
Senior Manager (Protective Services), Economy and Communities, North Ayrshire Council (NAC), Cunninghame House, Irvine KA12 8EE
Trading Standards and Environmental Health Manager, South Ayrshire Council (SAC), Burns House, 16 Burns Statue Square, Ayr KA7 1UT
Signatories

NHS Ayrshire & Arran
Name: Dr Carol Davidson
Designation: Director of Public Health
Signature: ..............................................................

East Ayrshire Council
Name: Paul Todd
Designation: Regulatory Services Manager
Signature: ..............................................................

North Ayrshire Council
Name: Scott McKenzie
Designation: Senior Manager (Protective Services), Economy & Communities
Signature: ..............................................................

South Ayrshire Council
Name: David Thomson
Designation: Trading Standards and Environmental Health Manager
Signature: ..............................................................
Ayrshire and Arran Joint Health Protection Plan: 2016 - 2018

Version No: Version 1.0

Prepared by
Dr Elvira Garcia, Consultant in Public Health Medicine, NHS Ayrshire & Arran;
Ms Hazel Henderson, Consultant in Public Health; NHS Ayrshire & Arran;
Mr Hugh McGhee, North Ayrshire Council,
Mr Paul Todd, East Ayrshire Council;
Mr Brian Lawrie, South Ayrshire Council;
Mrs Lorette Dunlop, Head of Resilience, NHS Ayrshire & Arran;
Ms Hope Thomas, Ayrshire Civil Contingencies Officer

Effective from 01/04/2016
Review Date 31/03/2018
Lead reviewer Dr Carol Davidson
(Director of Public Health)

Dissemination Arrangements NHS Ayrshire & Arran Board
Committees of East, North and South Ayrshire Councils

Amendment record

<table>
<thead>
<tr>
<th>Review date</th>
<th>Comments</th>
<th>Date of next review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>ACCT</td>
<td>Ayrshire Civil Contingencies Team</td>
<td></td>
</tr>
<tr>
<td>ADOC</td>
<td>Ayrshire Doctors On Call</td>
<td></td>
</tr>
<tr>
<td>ADPs</td>
<td>Alcohol &amp; Drug Partnerships</td>
<td></td>
</tr>
<tr>
<td>ADTC</td>
<td>Area Drugs &amp; Therapeutics Committee</td>
<td></td>
</tr>
<tr>
<td>AHVLA</td>
<td>Animal Health and Veterinary Laboratories Agency</td>
<td></td>
</tr>
<tr>
<td>ALRP</td>
<td>Ayrshire Local Resilience Partnership</td>
<td></td>
</tr>
<tr>
<td>AMT</td>
<td>Antimicrobial Management Team</td>
<td></td>
</tr>
<tr>
<td>BBV</td>
<td>Blood Borne Virus</td>
<td></td>
</tr>
<tr>
<td>CCA</td>
<td>Civil Contingencies Act</td>
<td></td>
</tr>
<tr>
<td>CMO</td>
<td>Chief Medical Officer</td>
<td></td>
</tr>
<tr>
<td>COMAH</td>
<td>Control of Major Accident Hazards</td>
<td></td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
<td></td>
</tr>
<tr>
<td>CPH</td>
<td>Consultant in Public Health</td>
<td></td>
</tr>
<tr>
<td>CPHM</td>
<td>Consultant in Public Health Medicine</td>
<td></td>
</tr>
<tr>
<td>DMB</td>
<td>Defence Munitions Beith</td>
<td></td>
</tr>
<tr>
<td>EAC</td>
<td>East Ayrshire Council</td>
<td></td>
</tr>
<tr>
<td>ECOSS</td>
<td>Electronic Communication of Surveillance in Scotland</td>
<td></td>
</tr>
<tr>
<td>EHO</td>
<td>Environmental Health Officer</td>
<td></td>
</tr>
<tr>
<td>EPH</td>
<td>Environmental Public Health</td>
<td></td>
</tr>
<tr>
<td>ESA</td>
<td>Employment and Support Allowance</td>
<td></td>
</tr>
<tr>
<td>FSA</td>
<td>Food Standards Agency</td>
<td></td>
</tr>
<tr>
<td>FSS</td>
<td>Food Standards Scotland</td>
<td></td>
</tr>
<tr>
<td>GDC</td>
<td>General Dental Council</td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
<td></td>
</tr>
<tr>
<td>GSS</td>
<td>Glasgow Scientific Services</td>
<td></td>
</tr>
<tr>
<td>HAI</td>
<td>Healthcare Associated Infection</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
<td></td>
</tr>
<tr>
<td>HPN</td>
<td>Health Protection Nurse</td>
<td></td>
</tr>
<tr>
<td>HPNS</td>
<td>Health Protection Nurse Specialist</td>
<td></td>
</tr>
<tr>
<td>HPS</td>
<td>Health Protection Scotland</td>
<td></td>
</tr>
<tr>
<td>HPT</td>
<td>Health Protection Team</td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td>Human Papilloma Virus</td>
<td></td>
</tr>
<tr>
<td>IB</td>
<td>Incapacity Benefit</td>
<td></td>
</tr>
<tr>
<td>ICM</td>
<td>Infection Control Manager</td>
<td></td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>IMT</td>
<td>Incident Management Team</td>
<td></td>
</tr>
<tr>
<td>IPCT</td>
<td>Infection Prevention &amp; Control Team</td>
<td></td>
</tr>
<tr>
<td>ISD</td>
<td>Information Services Division</td>
<td></td>
</tr>
<tr>
<td>JCVI</td>
<td>Joint Committee on Vaccination and Immunisation</td>
<td></td>
</tr>
<tr>
<td>JHPP</td>
<td>Joint Health Protection Plan</td>
<td></td>
</tr>
<tr>
<td>JHPPG</td>
<td>Joint Health Protection Planning Group</td>
<td></td>
</tr>
<tr>
<td>LE</td>
<td>Life Expectancy</td>
<td></td>
</tr>
<tr>
<td>MACR</td>
<td>Major Accident Control Regulations</td>
<td></td>
</tr>
<tr>
<td>MCN</td>
<td>Managed Care Network</td>
<td></td>
</tr>
<tr>
<td>MDT</td>
<td>Multi Disciplinary Team</td>
<td></td>
</tr>
<tr>
<td>MIP</td>
<td>Major Incident Plan</td>
<td></td>
</tr>
<tr>
<td>MIST</td>
<td>Major Incident Support Team</td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
<td></td>
</tr>
<tr>
<td>NAC</td>
<td>North Ayrshire Council</td>
<td></td>
</tr>
<tr>
<td>PAG</td>
<td>Problem Assessment Group</td>
<td></td>
</tr>
<tr>
<td>PCOIC</td>
<td>Prevention &amp; Control of Infection Committee</td>
<td></td>
</tr>
<tr>
<td>REPPIR</td>
<td>Radiation Emergency Preparedness and Public Information Regulations</td>
<td></td>
</tr>
<tr>
<td>SAC</td>
<td>South Ayrshire Council</td>
<td></td>
</tr>
<tr>
<td>SDA</td>
<td>Severe Disablement Allowance</td>
<td></td>
</tr>
<tr>
<td>SEPA</td>
<td>Scottish Environment Protection Agency</td>
<td></td>
</tr>
<tr>
<td>SEISS</td>
<td>Scottish Environmental Incident Surveillance System</td>
<td></td>
</tr>
<tr>
<td>SHPIR</td>
<td>Scottish Health Protection Information Resource</td>
<td></td>
</tr>
<tr>
<td>SHPN</td>
<td>Scottish Health Protection Network</td>
<td></td>
</tr>
<tr>
<td>SHPN-GIZ</td>
<td>Scottish Health Protection Network – Gastrointestinal Infections &amp; Zoonoses</td>
<td></td>
</tr>
<tr>
<td>SIDSS</td>
<td>Scottish Infectious Disease Surveillance System</td>
<td></td>
</tr>
<tr>
<td>SIMD</td>
<td>Scottish Index of Multiple Deprivation</td>
<td></td>
</tr>
<tr>
<td>SOPs</td>
<td>Standing Operating Procedures</td>
<td></td>
</tr>
<tr>
<td>STAC</td>
<td>Scientific and Technical Advice Cell</td>
<td></td>
</tr>
<tr>
<td>SW</td>
<td>Scottish Water</td>
<td></td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
<td></td>
</tr>
<tr>
<td>WTW</td>
<td>Water Treatment Works</td>
<td></td>
</tr>
<tr>
<td>Contents</td>
<td>Page number</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>1 Overview of Ayrshire and Arran</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>1.1 Demography and geography of the population</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>1.2 Minority ethnic population</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>1.3 Deprivation in Ayrshire and Arran</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>2 Health protection planning infrastructure</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>2.1 Remit of agencies</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>2.2 Multi-agency planning infrastructure</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>2.3 Civil contingency plans</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>3 Priorities for health protection, including emerging issues</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>3.1 National priorities</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>3.2 Local priorities</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>3.2.1 Pandemic influenza</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>3.2.2 Healthcare associated infection (HAI) and antimicrobial resistance</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>3.2.3 Vaccine preventable diseases and their impact on current and planned immunisation programmes</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>3.2.4 Environmental exposures which have an adverse impact on health</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>3.2.5 Gastro-intestinal and zoonotic infections</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>3.2.6 Other priority areas</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>3.2.6.1 Blood borne viruses (BBV)</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>3.2.6.2 Tuberculosis (TB)</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>3.2.6.3 Other emerging issues</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>4 Civil protection risks</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>4.1 Ayrshire risk registers</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>4.2 Off site contingency plans</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>5 Significant Events (1 January 2014 – 31 December 2015)</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>6 Health protection: resources and operational arrangements</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>6.1 Resources</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>6.2 Organisational arrangements to facilitate collaborative working</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>6.3 Arrangements to respond in office hours and out-of-hours</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>6.4 Arrangements for reviewing health protection Standing Operating Procedures (SOPs) and guidance</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>6.5 Corporate arrangements for the maintenance of knowledge, skills and competencies of staff with health protection duties</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>7 Health protection services: capacity and resilience</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>7.1 Assessment</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>7.2 Mutual aid arrangements</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>8 Public involvement in the planning and delivery of health protection services</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>9 Summary and actions</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>Annex A Contingency plans for incidents within Ayrshire and Arran</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Annex B Health protection: staffing levels (as at 1 April 2016)</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Annex C Information and communications technology resources available in NHS Ayrshire and Arran and the three Local Authorities</td>
<td>51</td>
<td></td>
</tr>
</tbody>
</table>
1 Overview of Ayrshire and Arran

1.1 Demography and geography of the population

Ayrshire and Arran consists of three coterminous local authority areas - East Ayrshire, North Ayrshire and South Ayrshire. It is located in the south west of Scotland bounded by Inverclyde, Renfrewshire and East Renfrewshire to the north, Lanarkshire to the east and Dumfries and Galloway to the south. It covers an area of 3,369 square kilometres and is a mix of rural and urban developments. (http://www.scotlandsensus.gov.uk).
Table 1 shows the population in each of the three local authority areas and the change in population between the 2001 and 2014 population estimates. The population estimate in NHS Ayrshire & Arran has decreased slightly between 2001 and 2014. The population in East and North Ayrshire has increased slightly over the last ten years. However, all are below the Scottish average increase and the population increase has stopped in the last few years.

**Table 1**: Populations of East, North and South Ayrshire compared to Scotland, 2001, 2011 and 2014

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td>5,062,000</td>
<td>5,295,400</td>
<td>5,347,600</td>
</tr>
<tr>
<td>East Ayrshire</td>
<td>120,200</td>
<td>122,700</td>
<td>122,150</td>
</tr>
<tr>
<td>North Ayrshire</td>
<td>135,800</td>
<td>138,200</td>
<td>136,450</td>
</tr>
<tr>
<td>South Ayrshire</td>
<td>112,100</td>
<td>112,800</td>
<td>112,510</td>
</tr>
<tr>
<td>NHS Ayrshire and Arran</td>
<td>368,100</td>
<td>373,700</td>
<td>371,110</td>
</tr>
</tbody>
</table>


(1 &2) Population data are rounded to the nearest hundred.

According to the mid-2014 population estimate NHS Ayrshire & Arran has had the smallest increase in population in the last 10 years compared to all other boards (see figure).
East Ayrshire covers an area of 1,262 square kilometres from Lugton in the north to Loch Doon in the south. It has an estimated population of 122,150 people living in urban, rural and isolated communities, with a population density of 97 persons per square kilometre (Scottish average=69).

North Ayrshire is situated around 25 miles south-west of Glasgow. Its total area is some 885 square kilometres (441 sq km mainland, 444 sq km islands) with a total coastline of 140 miles (42 miles mainland, 98 miles islands). A high percentage (85%) of the area is classified as rural. North Ayrshire has a total estimated population of 136,450. Its population density is 154 persons per square kilometre which is above the Scottish average but below that of nearby Glasgow City (3,433).

South Ayrshire has an extensive coastline and covers an area of 1,222 square kilometres. The north-west part of South Ayrshire is the most densely populated. South Ayrshire has a total estimated population of 112,510. The five main towns of South Ayrshire make up approximately 80% of the total population. Overall population density is 92 persons per square kilometre.
1.2 Minority ethnic population

Table 2 provides an overview of ethnicity in Ayrshire and Arran. The 2011 Census grouped information on ethnicity into two broad categories: White ethnic groups and Minority ethnic groups.

**Table 2: Overview of ethnicity in Ayrshire and Arran compared to Scotland, 2011 Census**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Ayrshire &amp; Arran</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>All people</td>
<td>373,712</td>
<td>100.0%</td>
</tr>
<tr>
<td>White – ethnic groups</td>
<td>369,392</td>
<td>98.8%</td>
</tr>
<tr>
<td>Minority – ethnic groups</td>
<td>4,320</td>
<td>1.15%</td>
</tr>
</tbody>
</table>


Minority ethnic groups make up 1.15% of the Ayrshire and Arran population; this is relatively small compared to 3.9% across Scotland. The Asian population is the
largest minority ethnic group at 0.7% however this is a relatively small proportion compared to the national figure of 3% (**Table 3**).

**Table 3:** Minority ethnic groups in Ayrshire and Arran, population numbers and percentages 2011 Census

<table>
<thead>
<tr>
<th>Minority ethnic group</th>
<th>Asian, Asian Scottish or Asian British</th>
<th>African or Black</th>
<th>Caribbean or Black</th>
<th>Other ethnic groups</th>
<th>Mixed or multiple ethnic groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>2,752</td>
<td>253</td>
<td>181</td>
<td>280</td>
<td>854</td>
</tr>
<tr>
<td>Percentage</td>
<td>0.7</td>
<td>0.1</td>
<td>0.0</td>
<td>0.1</td>
<td>0.2</td>
</tr>
</tbody>
</table>


As per 2011 census, only 1.5% of the population of Ayrshire & Arran have their country of birth outside the EU (4% in Scotland).

1.3 **Deprivation in Ayrshire and Arran**

The Scottish Index of Multiple Deprivation 2012 (SIMD) indicates that there are significant differences in socio-economic status and deprivation levels across Ayrshire, and that there are areas with high multiple deprivation adjacent to areas with low multiple deprivation. SIMD 2012 data ranks the 6,505 data zones in Scotland from 1 - most deprived to 6,505 - least deprived. Ayrshire and Arran has 480 data zones and 95 of these are within the 15% most deprived areas in Scotland. Ayrshire and Arran has the second highest proportion of data zones within the 15% most deprived category, behind Greater Glasgow and Clyde.

The most deprived data zone in Ayrshire and Arran is in the Ardrossan Central intermediate zone in North Ayrshire, ranked 21st in Scotland. The least deprived data zone is in the Stewarton East intermediate zone in East Ayrshire, ranked 6,446th in Scotland. Levels of income deprivation in East and North Ayrshire are higher than Scotland as a whole and in South Ayrshire they are lower. In 2013 15.9% of the population were income deprived, with 19.0% of children living in poverty, and 5.5% of adults claiming Incapacity Benefit (IB)/Severe Disability Allowance (SDA)/Employment & Support Allowance (ESA) (income-replacement disability

---

4 Source: [www.scotland.gov.uk/Topics/Statistics/SIMD](http://www.scotland.gov.uk/Topics/Statistics/SIMD)
benefits). Life expectancy (LE) for males in Ayrshire & Arran in 2011 was 76.5 years, and for females it was 80.7, both of which are close to the Scottish average (Ref: ScotPHO Health and Wellbeing Profiles 2015).

This data is also available for the individual local authorities (table 4).

**Table 4: Overview of deprivation in Ayrshire and Arran compared to Scotland, SIMD 2012**

<table>
<thead>
<tr>
<th>Area</th>
<th>Male LE (years)</th>
<th>Female LE (years)</th>
<th>Income deprived</th>
<th>Children living in poverty</th>
<th>Adults claiming IB/SDA/ESA</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Ayrshire</td>
<td>76.1</td>
<td>80.2</td>
<td>16.4%</td>
<td>19.4%</td>
<td>5.7%</td>
</tr>
<tr>
<td>North Ayrshire</td>
<td>76.0</td>
<td>80.7</td>
<td>17.7%</td>
<td>21.5%</td>
<td>5.9%</td>
</tr>
<tr>
<td>South Ayrshire</td>
<td>77.3</td>
<td>81.2</td>
<td>13.1%</td>
<td>15.4%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

Source: [www.scotland.gov.uk/Topics/Statistics/SIMD](www.scotland.gov.uk/Topics/Statistics/SIMD)
2 Health protection planning infrastructure

2.1 Remit of agencies

NHS Ayrshire & Arran

The health protection remit for NHS Boards is described in the letter of 2 February 2007 from the Chief Medical Officer\(^5\) (CMO) and has been further clarified by the Public Health etc (Scotland) Act 2008. NHS Ayrshire & Arran delegates this responsibility to the Director of Public Health with work carried out by the Health Protection Team (HPT). This team comprises of Consultant in Public Health Medicine (CPHM), Consultant in Public Health (CPH), Associate Specialist in Public Health Medicine, Health Protection Nurse Specialists (HPNS), Health Protection Nurse (HPN) and support staff. Their health protection remit relates to communicable diseases, environmental hazards and the deliberate release of biological, chemical, radiological and nuclear hazards. The remit is delivered through the key functions of:

- surveillance
- investigation
- risk assessment
- risk management
- communication
- emergency response and management
- audit, evaluation, education, training and research.

North, South & East Ayrshire Councils

The health protection remit lies within the Environmental Health and Trading Standards Services of North, South & East Ayrshire Councils and includes communicable disease, air quality, food safety and standards, occupational health and safety, pollution control, public health, private water supplies, pest control, animal health, tobacco control, the enforcement of the Smoking in Public Places legislation and the built environment (the condition of Housing), with Port Health included in the north and south of the area. In the main, this is statute-led and includes monitoring, inspection, surveillance, sampling, investigation and resolution of enquiries and complaints.

The Public Health etc (Scotland) Act 2008 has placed particular responsibilities on Local Authorities, in the area of mortuaries and the disposal of bodies, it enables Scottish Port Health Authorities to implement the International Health Regulations at ports, makes provision relating to the use of sun-beds and amends the law on statutory nuisances to include insect infestations, artificial light nuisance and water on land. It enables Local Authorities to offer fixed penalties, as an alternative to prosecution, to persons who fail to comply with abatement notices.

2.2 **Multi-agency planning infrastructure**

The NHS and the Local Authorities are an integral part of the West of Scotland Regional Resilience Partnership. It is through this forum that civil contingency (emergency planning) issues are addressed across the wider partner organisations, including the emergency services, military and the voluntary organisations.

2.3 **Civil contingency plans**

There are a number of key plans within Ayrshire and Arran on which the NHS and the Local Authorities either individually or jointly lead. A full list of plans including review and exercise dates and access details are shown at Annex A.
3. Priorities for health protection, including emerging issues

3.1 National priorities

The CMO issued a letter on 31 January 2008 detailing the main priorities for health protection in Scotland. These were:

- Pandemic influenza planning
- Healthcare associated infections (HAI) and antimicrobial resistance
- Vaccine preventable diseases and the impact on them of current and planned immunisation programmes
- Environmental exposures which have an adverse impact on health
- Gastro-intestinal and zoonotic infections.

In more recent years, new national guidance / action plans have been issued in relation to a number of areas of health protection, these include:

- UK Pandemic Influenza Preparedness Strategy. Department of Health 2011
- Guidelines on the roles and responsibilities of agencies involved in the Investigation and Management of Zoonotic Disease in Scotland 2014
- The Vale of Leven Hospital Inquiry Report 2014: Lessons learned about C Dif Infection
- Guideline on Management of Legionella Incidents, Outbreaks and Clusters in the Community 2014
- Food (Scotland) Act 2015
- Electronic cigarettes and strengthening tobacco control 2015
- A Guide to Environmental Incident Response for NHS Boards 2015

These areas form important aspects of health protection work locally, details of which are given in Section 3.2.
3.2 Local priorities

3.2.1 Pandemic influenza

Local pandemic influenza plans have been updated in line with the new national guidance issued in November 2011 and informed by lessons learned during the 2009 influenza A (H1N1) pandemic.

The Scottish Government, in partnership with Resilience Partnerships, Health Boards and other partners, delivered a programme of events, to exercise Scotland’s response to a Pandemic Influenza outbreak, during the period May to November 2015. This will inform the update of our local pandemic influenza plans that will need to reflect organisational changes and integration in the Health and Social Care Partnerships.

Local health protection teams remain vigilant to the possibility of imported respiratory infections such as infection from Avian Flu or the Middle East Respiratory Syndrome – Novel Coronavirus (MERS-CoV).

3.2.2 Healthcare associated infections (HAI) and antimicrobial resistance

The Nurse Director is the executive lead for the prevention and control of infection within NHS Ayrshire & Arran. The Infection Control Manager (ICM) is the “Designated Senior Manager” required under HDL (2001)10 to deliver the corporate accountabilities of the NHS Board, Chief Executive and Medical Director. The Prevention & Control of Infection Committee (PCOIC) reports to the NHS Ayrshire & Arran Healthcare Governance Committee.

The Infection Prevention & Control Team (IPCT) provides a service to all directly managed NHS Ayrshire & Arran services, including acute, continuing care and mental health services in the hospital and community settings.

There is close liaison between the IPCT and Public Health Department’s HPT. A CPHM and a HPN are members of the PCOIC. The HPT may provide expert advice and guidance to care homes in relation to HAI and the prevention and control of infection.

The NHS Ayrshire & Arran Antimicrobial Management Team (AMT) is charged with ensuring a robust programme of antimicrobial stewardship in primary and secondary care. The AMT
reports to the Antimicrobial Management Group which is chaired by the Medical Director and is a sub-group of the Area Drugs & Therapeutics Committee (ADTC).

The Vale of Level Hospital Inquiry Report – lessons about Clostridium Difficile infection and the National Infection Prevention and Control Manual are relevant documents that may be used in community settings.

3.2.3 Vaccine preventable diseases and their impact on current and planned immunisation programmes

The implementation and monitoring of immunisation programmes in Ayrshire & Arran is overseen by the NHS Ayrshire & Arran Immunisation Steering Group. This is a multi-disciplinary group which is chaired by a CPHM, who is also the Immunisation Coordinator for NHS Ayrshire & Arran.

In addition to the established routine childhood and seasonal flu immunisation programmes, four new vaccination programmes were implemented across the UK from 2013 onwards. This represented a major expansion to immunisation programmes in Scotland. These programmes were:

- Rotavirus immunisation
  This immunisation programme was introduced on 1st July 2013 and is now part of the routine childhood immunisation programme. The oral vaccine is given to all babies at age 2 and 3 months of age alongside the other routine immunisations given at this age. This programme has been fully implemented.

  Quarterly uptake rates for two doses of rotavirus vaccine from July to September was 92.8% (93% Scotland), April to June 2015 were 94.8% in NHS Ayrshire & Arran (93.2% Scotland). Monitoring of the impact of the programme suggests the vaccine has had an early impact with a reduction in laboratory confirmed cases, General Practitioner (GP) consultations and hospital admissions for gastrointestinal infections. However further seasons of rotavirus infection are needed to fully assess the impact of the immunisation programme.

• **Varicella Zoster (Shingles immunisation)**

The Joint Committee on Vaccination and Immunisation (JCVI) recommended the introduction of routine varicella-zoster immunisation for the prevention of shingles for individuals aged 70 with a catch-up programme for 71 to 79 year olds to be phased in over several years. The programme commenced on 1\(^{st}\) September 2013 when the catch-up programme offered the vaccine to those who were aged 79 years old while in year 2 (2014/15) the vaccine was offered to those aged 78 years and 79 years of age (aged 77 and 78 years of age in September 2013). In year 3 the catch-up vaccine was initially offered to 78 years old but from February 2016 it was extended to those aged 76 and 77 as defined by their age on 1 September 2015 (so it was offered to those who were aged 74, 75 and 76 in September 2013).

It is expected that the catch-up programme will be extended to those who were aged 71, 72 and 73 in September 2013.

In 2014/15 uptake in the routine programme for 70 year olds in NHS Ayrshire & Arran was 52.2%, below the Scottish average of 58.7%. A lower uptake was also observed for the catch-up cohorts (50.6% for those aged 78 years and 48.4% for those aged 79 years). Practice level uptake was analysed and showed considerable variation in practice uptake. Those practices with below average uptake were contacted during the year and reminded to contact patients for vaccination. Further work is underway to examine what factors may be contributing to this variation in uptake.

The programme is delivered primarily in GP practices with patients in care homes, nursing homes and long stay wards in the eligible age groups offered the vaccine.

• **Extension of seasonal flu vaccine to children**

This extension to the seasonal flu programme was to be implemented in a phased manner over a few years. In year 1 of the programme (2013/14) vaccination was offered to all children aged 2 and 3 years on 1\(^{st}\) September 2013, and to all children in primary 6 and 7 classes. In year 2 (2014/15) the programme was extended to all preschool children aged 2 to 5 years and all primary school children. The timing of the planned extension to all pupils in secondary schools has yet to be clarified. Delivery of this programme will continue to present considerable challenges, particularly in relation to staffing.
In 2015/16, the third year of the childhood flu programme, the uptake in the preschool programme (2 to 5 year olds) was 59.2% in NHS Ayrshire & Arran, which is above the Scottish average of 55.5% (week ending 24th January 2016), a slight increase from uptake in 2014-15 of 58.6% (56.4% Scotland).

Uptake among at risk children aged 2 and 3 years is much higher than in the overall cohort of 2 and 3 year olds (67.2% compared to 53%). This higher uptake was one of the expected benefits of extending the seasonal flu programme to all children. Prior to the extension of the programme to all children, uptake of flu vaccine in at-risk children aged 2 to 16 years in 2012-13 was 36.5% in Ayrshire & Arran according to figures from Information Services Division (ISD) Scotland.

In the schools programme in 2015/16, uptake in NHS Ayrshire & Arran was 76.2%, which is above the target of 75% and the Scottish average of 71.1%. Uptake of flu vaccine in at risk primary school aged children by contrast is lower than the overall primary school cohort. Preliminary data at the end of January for the 2015/16 season suggests that this uptake is 53.4%.

- Meningitis C (MenC) booster immunisation for adolescents
A teenage booster dose of MenC vaccine was introduced to pupils in S3 in 2013/14 as it was shown that protection conferred by vaccination given at 12 months of age wanes by the teenage years. In addition, from mid-August 2014, there was a catch-up programme of limited duration to offer the vaccine to first-time university entrants.

Initial uptake rates for the school leaving booster and MenC booster immunisation for 2014/15 were published at the end of December 2015. Uptake in NHS Ayrshire & Arran was above the Scottish average at 84.4% for the teenage booster (82.0% Scotland) and 84.4% for the MenC booster (81.9% Scotland).

- Other recent changes to Meningococcal Immunisation programme
In March 2014, the JCVI recommended that Meningitis B immunisation be introduced into the routine infant schedule with two doses given at ages 2 and 4 months of age with a booster dose given at age 12 months, provided a cost effective vaccine can be purchased. At the end of March 2015 a start date of 1st September 2015 was announced. Eligible children were babies born on or after 1st May 2015.
In late 2014/early 2015, epidemiological surveillance of meningococcal disease noted a steep rise in the number of cases of meningococcal disease caused by the W strain across the United Kingdom. As this affected mainly adolescents and young adults the JCVI recommended an urgent catch-up programme for all 14 to 18 year olds to commence when sufficient supplies of the quadrivalent vaccine MenACWY became available. This commenced in August 2015 with vaccination of school leavers and university freshers followed by a school-based vaccination programme for S3 to S6 pupils commencing in January 2016. The MenACWY vaccine will replace the MenC vaccine in the first-time university entrant’s programme and in the routine adolescent programme for S3 students.

Human Papilloma Virus (HPV) vaccination for Men who have Sex with Men (MSM) and Human Immunodeficiency Virus (HIV) positive patients
The JCVI has recommended the introduction of HPV vaccination to higher risk groups such as MSM via sexual health clinics and for people who are HIV positive through existing services. Working groups have been set up to plan the implementation of this programme. The JCVI will review evidence on the cost-effectiveness of introducing HPV vaccination to teenage boys.

Other possible immunisation programmes
The JCVI has recommended the introduction of universal hepatitis B immunisation for all infants. This would be introduced as part of a 6 in 1 infant vaccine to replace the current 5 in 1 vaccine once the next vaccine procurement contract is due. This may be in 2017-18.

3.2.4 Environmental exposures which have an adverse impact on health

Environmental exposures currently recognised as impacting on health range from the beneficial impact of green space on mental wellbeing to the way in which environmental exposures determine the expression of genes.

Health Protection work in this area includes responses to acute incidents and chronic contamination resulting in human exposures to physical (e.g. ionising and non-ionising radiation, respirable particulates), and chemical hazards, whether by inhalation, ingestion, or direct exposure and contact.

The recently published Guide to Environmental Incident Response for NHS Boards (2015) will help NHS Public Health / Health Protection staff in responding to
environmental incidents. It sets out processes to assess the type of incident and to decide the appropriate level of NHS Health Protection response.

A further aspect of Environmental Public Health (EPH) is the assessment of proposed policy changes and infrastructure developments in order to mitigate adverse health impacts, and to promote beneficial influences on health such as assessments of developments involving hazardous emissions to air.

The three Local Authorities liaise closely with the NHS and work on a number of areas relating to environmental exposures which have an adverse impact on health.

These include:

- Air quality monitoring - provision of automatic air sampling equipment which provides continuous monitoring at locations throughout the area including particulate monitoring/investigation
- Private water supplies - monitoring, advice and inspection of private water supplies including sampling
- Health improvement measures - food hygiene and safety, food standards, infectious disease investigation, diet and nutrition advice, and healthy eating campaigns (for example salt and fat content in food)
- Smoking prohibition checks and checks on the sale of tobacco products to under 18s
- Health and wellbeing campaigns, for example noise control and antisocial noise control relative to mental health and wellbeing
- Healthy Working Lives - health and safety inspections and advice visits, accident investigations and participation in campaigns such as prevention of accidents from slips, trips and falls and working at heights
- Improving the built environment, for example identifying houses below the tolerable standard and using statutory nuisance powers to seek resolution; identifying unlicensed houses in multiple occupation and houses rented by unregistered landlords in partnership with other council services to provide accommodation that is fit for purpose
- Contaminated land use, identification and remediation strategies
- Regulation of the use of sunbeds
- Regulation of skin piercers and tattooists
- General public health issues - pest control and dog warden, litter, fly tipping control and dog fouling campaigns / enforcement, nuisance control and abatement
- Animal Health issues: including rabies, anthrax, TB

Emerging issues that can be considered include:
- Risks of exposure of workers and members of the public to carbon monoxide from solid fuel equipment in commercial catering establishments.
- Roadside emissions testing of vehicles (especially particulates from diesels) by Environmental Health Officer's (EHO) in conjunction with the police.
- Proliferation of solid fuel stoves and biomass heating plants.
- The Food Scotland Act 2015 set up Food Standards Scotland (FSS) and conferred powers against contravention of food information law. This included the emergence of food fraud as an activity where further surveillance is required.
- Air Quality – Local Authorities contingency plans, including generic contingency plan and specific emergency plans for hazardous sites. This included the new standards for air quality and the impact that may have on monitoring processes.
- Electronic cigarettes as they may contribute to levels of indoor air pollution and second hand vapour inhalation.

Joint working that has been undertaken recently in relation to environmental exposures that could have an impact to health include:
- **Radon Gas Monitoring** - work with the Scottish Government in Ayrshire to identify and reduce levels of radon gas in homes susceptible to the problem.
- **Private Water Supplies** - Arrangements between NHS Ayrshire & Arran and the three Local Authority Environmental Health Services regarding private water supplies have been reviewed and formalised.

3.2.5 **Gastro-intestinal and zoonotic infections**

Environmental health and public health are members of the Scottish Health Protection Network (SHPN) Gastrointestinal Infections and Zoonoses (GIZ) Group. SHPN-GIZ is part of the Scottish Health Protection Network and supports and co-ordinates a multidisciplinary considered approach to the methodology, evidence and responses to gastrointestinal and zoonotic disease threats in Scotland.
One of the most common health protection issues managed on a daily basis is gastrointestinal infections. These are investigated and managed jointly by the HPT and the three Local Authorities to control the infections and reduce the risk of further spread. In addition, where there is any indication of an outbreak, a multi-disciplinary, multi-agency meeting convened by a CPH or CPHM will manage any incident.

In November 2013, the Scottish Government published the VTEC / E coli O157 Action Plan for Scotland 2013 – 17. The Ayrshire & Arran response to the action plan has been agreed and is being taken forward. The national group is working on the action plan and will cascade to public health and environmental health once finished.

The HPT and the three Local Authority Environmental Health Services have agreed and implemented a joint protocol for the investigation and management of cases of gastrointestinal disease. This needs to be reviewed and updated.

3.2.6 Other priority areas

3.2.6.1 Blood borne viruses (BBV)

The risks to health arising from infection from blood borne viruses are significant and pose major public health challenges. In 2011, the Scottish Government published the Sexual Health and Blood Borne Virus (BBV) Framework (2011-15) which brings together national policy on HIV, hepatitis B, hepatitis C and sexual health for the first time.

The framework continues to focus on hepatitis C and sexual health. It also includes a renewed focus on HIV and also establishes a context through the inclusion of hepatitis B. The outcomes to be delivered by the framework include:

- Fewer newly acquired BBV infections
- Reduction in health inequalities associated with BBVs
- People affected by BBVs leading longer, healthier lives
- A society whereby the attitudes of individuals, the public, professionals and the media towards BBVs are positive, non-stigmatising and supportive.

An integrated and multi-agency approach is required to deliver these outcomes. Whilst the NHS has a critical role in preventing, diagnosing and treating infection, there is a vital role to be played by local authorities and the third sector (e.g. voluntary bodies). This is particularly important in relation to the links with other public health and health protection concerns such as drug misuse and excessive alcohol consumption.

The BBV Managed Care Network (MCN) is the local structure that has been established to support a multi-agency, collaborative approach, encouraging participation of all partners, including people living with BBVs.

NHS Ayrshire & Arran, Public Health Department leads a multi-agency and multidisciplinary team (MDT), which is responsible for delivery of the Sexual Health & BBV Outcomes Framework. An annual workplan is agreed which builds on existing achievements, enhances partnership collaboration and embeds continuous quality improvement processes within the service delivery of all partner organisations and agencies.

3.2.6.2 Tuberculosis

The complex nature of TB requires a multidisciplinary approach from respiratory nurses, clinical teams in primary and secondary care, microbiology and public health to prevent the spread of TB, and to reduce the burden of disease. NHS Ayrshire and Arran is implementing the TB Action Plan for Scotland which was published in 2011. Since late 2011, quarterly multidisciplinary (MDT) TB meetings have been initiated to review all TB cases. The MDT is developing local TB guidelines. A local initiative to improve case-finding for latent TB infection in new entrants was established, however this has been paused owing to staffing and resource issues.

The public health department has been engaging with Alcohol and Drug Partnerships (ADPs) to highlight the increased risk of TB amongst heavy alcohol users. This started with a joint ADP and Public Health led awareness building exercise. Following this, Public Health is producing TB information leaflets for partnership workers, to encourage symptom identification and support early referral of symptomatic individuals.
The three Local Authority Environmental Health Services continue to work in partnership with Animal Health and Veterinary Laboratories Agency (AHVLA) to prevent milk from TB reactor animals being used in unpasteurised dairy products. The rise of artisan cheesemakers in Ayrshire has increased our surveillance although the risk to health remains low.

3.2.6.3 Other emerging issues

The HPT, in conjunction with the three Local Authorities will co-operate with each other to respond to new health challenges as needed; for example, significant joint work may be undertaken to ensure preparedness for situations that could have an impact in the public health such as Ebola and Zika Virus.

Trading Standards will continue to seek to work even more closely with health partners across the full range of health-related legislation they enforce. Particularly, in respect of the spread of animal disease, age-restricted sales (Tobacco / Solvents) and the abuse of products (New Psychoactive Substances). The collaborative work with the Ayrshire Tobacco Control Group continues to support the joint work in addressing tobacco related health issues (including e-cigarettes, smoking ban enforcement, counterfeit tobacco controls and age related sales).
4. Civil protection risks

Procedures for responding to public health incidents at seaports were reviewed and updated.

4.1 Ayrshire risk registers

The Ayrshire Local Resilience Partnership (ALRP), Community Risk Register\(^8\) has been compiled in accordance with the Civil Contingencies Act 2004 (CCA) and its associated Regulations and Guidance as outlined in the Scottish Government document *Preparing Scotland*\(^9\).

This register has been created to provide public information about the hazards that exist within the Ayrshire area and the control measures in place to mitigate their impact. These hazards do not represent forecast or predictions relating to particular incidents or sites but rather indicate the scale of potential problems relating to that type of hazard and for which relevant services and agencies may be expected to plan.

4.2 Off site contingency plans

Within Ayrshire there are four top tier sites as defined by the Control of Major Accident Hazard Regulations 1999 (COMAH sites), two sites covered by the Radiation Emergency Preparedness and Public information Regulations 2001 (REPPIR sites) and one site covered by the Major Accident Control Regulations (MACR).

COMAH sites:

- Chivas Bros Ltd, Balgray Bonded Warehouse, Beith
- Chivas Bros Ltd, Willowyard Bonded Warehouse, Beith
- William Grant & Sons – Distillery and Maturation Warehouse, Girvan.
- DSM Nutritional Products Ltd – manufacture of vitamins, Dalry

---

\(^8\) See [www.firescotland.gov.uk/your-area/west/local-senior-officers.aspx](http://www.firescotland.gov.uk/your-area/west/local-senior-officers.aspx)

\(^9\) See [www.scotland.gov.uk/Publications/2012/03/2940](http://www.scotland.gov.uk/Publications/2012/03/2940)
REPPIR sites:
Hunterston A, West Kilbride – decommissioning site
Hunterston B, West Kilbride – civil nuclear power station used to generate electricity

MACR site:
Defence Munitions Beith (DMB) - maintenance and storage facility.
5. **Significant events (1 January 2014 - 31 December 2015)**

The table below contains examples of incidents dealt with jointly by NHS Ayrshire & Arran and the Environmental Health Services of East, South and North Ayrshire Councils which have been significant and / or where lessons have been learned together with improvements made over the period.

<table>
<thead>
<tr>
<th>Date</th>
<th>Incident / outbreak</th>
<th>Key points, learning points and improvements made to plans and services</th>
</tr>
</thead>
</table>
| 2013-2014 | Dental notification exercise | A large patient notification exercise was undertaken in Ayrshire following alleged infection control breaches in two dental practices. An Incident Management Team (IMT) was called to examine the alleged breaches in order to assess any risk to patients. A variety of information was gathered from the practice to inform the risk assessment. In response to the findings, control measures were put in place and 5,100 patients were informed by letter that risk of infection was very low and testing was not recommended. A patient helpline was set up. In response to this notification exercise more allegations emerged from another source. A further risk assessment was carried out using the new information. Patients were informed by letter again. Although risk was still very low, BBV testing was offered as a precaution. A patient helpline was set up. Approximately 2,250 tests were carried out. No HIV or hepatitis B cases were identified. Less than five new cases of hepatitis C were identified. There is no evidence indicating that a dental patient who underwent BBV testing as part of the patient notification exercise, acquired a BBV in the dental practice. However, BBV transmission within the dental practice cannot be ruled out. A hearing was held by the GDC (General Dental Council).

Lessons learned that are being disseminated include:
There are concerns about the ability to assure infection control standards are being met within dental practices. Patient notification exercises can have an adverse impact on patients. The benefits of patient notification are unclear in instances such as this, where risk to patients is very low. The financial cost (and opportunity cost) was substantial.

Jun-14 | Preparedness for the Glasgow Commonwealth Games 2014 | Regular joint meetings were held ahead of and during the Commonwealth Games. Information on local training camps, team accommodation at Ayrshire and Arran and event venues were shared with updates from the HPT and the three Local Authority Environmental Health Teams. The meetings also discussed communicable disease surveillance, healthcare provision for teams, transport and reporting arrangements. Environmental Health Officers (EHOs) conducted inspections of relevant accommodation. Emails were circulated to local GPs asking for heightened awareness for potential communicable
disease outbreaks. The HPT were also involved with regular national teleconferences hosted by Health Protection Scotland (HPS). Coordination among agencies ahead of situations like this was found to be particularly helpful.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Details</th>
</tr>
</thead>
</table>
| Jul-14 | National Salmonella outbreak | Following notification of three cases of Salmonella from the same geographical area over the course of one week, a Problem Assessment Group (PAG) meeting was convened to investigate. The PAG involved NHS Ayrshire & Arran HPT, NAC Environmental Health Service and HPS. Testing revealed that the cases were infected with an indistinguishable strain of Salmonella Typhimurium. All cases had eaten at the same restaurant in North Ayrshire. However, this strain of salmonella was indistinguishable from recent cases associated with a Glasgow restaurant.

A second PAG was held, chaired by HPS, and with additional involvement of NHS Greater Glasgow & Clyde HPT, Glasgow City Council Environmental Health and the Food Standards Agency (FSA). Further investigations of the supply chains to the two restaurants were conducted. Two further outbreak control meetings were chaired by HPS. Investigations revealed seven confirmed cases, four were Ayrshire residents. All cases had eaten salad.

Dates of onset suggested a once-off event associated with a supplier.

Other health boards were alerted and an ECDC enquiry was made. |
| Sep-14 | Coagulation failure at Bradan WTW | Coagulation failure for 15 hours at water treatment works (WTW) in Ayrshire resulting in discoloured water and decreased chlorine levels. Samples taken by Scottish Water (SW) at a number of locations across the distribution area and checks carried out at service reservoirs. PAG held by teleconference with Scottish Water, NHS Ayrshire & Arran HPT, SAC environmental health service, EAC environmental health service, NAC environmental health service and HPS. Risk assessment of potential health risks including cryptosporidium assessed as low. Hospital supply chlorine levels normal but discoloration noted in some areas the following day. No microbiological failures in all water samples tested.

There were delays in the information provided by SW regarding the size and location of the population served by the water treatment works, the names of hospitals served by the water treatment works, the estimated turnover time of water within the distribution, information about the catchment area of the water treatment works. As a result of this incident, SW is working to have this information pre-prepared for each of their water treatment works to be used in future incidents. |
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Details and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-14</td>
<td>E.Coli O157 cases with links to farm park</td>
<td>Ayrshire and Grampian cases of E.Coli O157 both reported to have visited Ayrshire farm park within their incubation period. Two family clusters, total of 7 confirmed cases, some of which were through secondary spread. PAG held to discuss cases with NHS Ayrshire &amp; Arran HPT, SAC environmental health services, EAC environmental health services, NHS Grampian HPT, E.Coli O157 reference lab and HPS in attendance. Control measures included closure of animal feeding area within farm park, new hand-washing facilities and signage installed, and increased supervision of animal feeding area. Liaison with farm park on appropriate measures is key to ensure that appropriate advice was provided to visitors.</td>
</tr>
<tr>
<td>Nov-14</td>
<td>Norovirus outbreak at Inverclyde Sports Centre, Largs during the Commonwealth Fencing Championships</td>
<td>Ten individuals involved with an international sporting event hosted in Ayrshire were reported to have symptoms of diarrhoea and vomiting over a 48 hour period with similar dates of onset. Cases were residents from a wide-range of countries and staying in a number of different Ayrshire hotels. An IMT was held with representation from NHS Ayrshire &amp; Arran HPT, SAC environmental health service, EAC environmental health service, NAC environmental health service, HPS and the event organisers. Initial investigations carried out by the HPT and EHOs reviewed cases and relevant venues. An information letter was prepared for event participants, staff and volunteers and the HPT liaised with the venue medical centre. There was potential for significant media interest and as such communication with NHS 24, local GP services, Scottish Government and other NHS boards was initiated at an early stage. No common food source was identified amongst cases. Two further IMT meetings were held; agreed control measures included enhanced cleaning of hotel rooms to reduce the risk of transmission to new arrivals with the arrival of further competitors at a second stage of the event, along with written advice for new arrivals. Despite written advice to competitors it emerged that some symptomatic individuals continued to participate in the event and not self-isolated until 48 hours clear of symptoms. Samples were arranged from symptomatic cases and confirmed norovirus infection. Following this incident EHOs wrote to all hotels involved advising they should have formal norovirus protocols in place.</td>
</tr>
<tr>
<td>Dec-14</td>
<td>Health concerns related to the scrap yard and the seaport at the Newton area of Ayr</td>
<td>Health concerns regarding cancer incidence and mortality in area close to metal recycling scrap-yard at the dockside in Ayr. Analyses of dust content, soil samples, monitoring of noise levels, and local cancer epidemiology conducted. Three reports assessing the situation were developed. 2 PAG meetings held with NHS Ayrshire &amp; Arran HPT, SAC Environmental Health Services and HPS. Several meetings with residents and elected members.</td>
</tr>
<tr>
<td>Apr-15</td>
<td>Elevated levels of phytoplankton</td>
<td>In April 2015, FSS reported that there were elevated levels of toxin-producing plankton in shellfish samples taken from Prestwick Bay and Barassie Bay. SAC placed closure notices,</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td>Details</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Jun-15</td>
<td>Norovirus outbreak with links to restaurant</td>
<td>Nineteen individuals out of 40-50 people who attended a function at a hotel in Ayrshire were reported to have symptoms of diarrhoea and/or vomiting. Environmental Health Officers visited the hotel to initiate investigations and implement immediate control measures. An IMT with representation from NHS Ayrshire &amp; Arran, SAC Environmental Health Service, and HPS was convened. Following detailed investigation, including inspection of procedures in place at the hotel and examining the food histories of affected and unaffected guests, the IMT concluded that this outbreak was most likely the result of person-to-person spread and that there was no indication that food was the source of infection. The outbreak was later confirmed as being due to norovirus infection. This outbreak demonstrated the transmissibility and high attack rate associated with norovirus infection. The outbreak was limited to a single group of guests using the hotel on a single day; this may have been due to the timely response of SAC Environmental Health Services and the HPT, and prompt implementation of control measures by the hotel. Coordination among agencies is essential to ensure that information is shared consistently to communicate with members of the public.</td>
</tr>
<tr>
<td>2014-2015</td>
<td>Local response to Ebola outbreak in West Africa</td>
<td>Local Ebola guidance produced. Need to inform EHO if appropriate (e.g. likelihood of local community concern, need for decontamination in community, involvement of community setting e.g. school, care home).</td>
</tr>
<tr>
<td>Sep-15</td>
<td>Diarrhoea and vomiting outbreak at school</td>
<td>A large number of pupils at a primary school in East Ayrshire reported symptoms of diarrhoea and/or vomiting. Initial infection control advice was given. Numbers steadily increased to a total of 44% of pupils and 43% of staff. The primary school shared facilities with the secondary school, therefore the sharing of facilities was postponed where possible to try and limit the affected children. An IMT with representation from NHS Ayrshire &amp; Arran, EAC Environmental Health Service, and HPS was convened. Control measures were agreed including taking the opportunity to deep clean the affected primary school and early years centre during a planned holiday. Further to this significant outbreak, an informal debrief meeting was held with EAC Environmental Health Service and NHS Ayrshire &amp; Arran HPT where it was agreed that there should be a review of guidance on the management of Norovirus for schools across Ayrshire &amp;</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td>Details</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sep-15</td>
<td>Skin infection associated with hot tub</td>
<td>During September 2015 The HPT received a report from Ayrshire Doctors On Call (ADOC) of mild skin infections identified in eight patients who had used a hot tub at a hotel. Initial follow up of the situation and contact with cases was carried out by the CPHM. Investigation of the hot tub was carried out by Environmental Health. The HPT worked closely with environmental health and communicated with HPS and NHS Ayrshire and Arran Communications departments regarding the situation. A total of eighteen potentially exposed people were identified. All of the eighteen were informed and advised.</td>
</tr>
<tr>
<td>Oct-15</td>
<td>Investigation of Giardia cases living in same area</td>
<td>Giardia infection is a gastrointestinal infection often causing diarrhoea and abdominal cramps in affected individuals. It is a relatively uncommon infection among Ayrshire residents. During 2015, the HPT worked closely with the Environmental Health department of NAC and HPS to investigate a small cluster of Giardia cases reported from the same geographical area in North Ayrshire. Following extensive investigation and enhanced surveillance it was concluded that there was no common source for the infections identified.</td>
</tr>
<tr>
<td>Sep-15</td>
<td>National outbreak of E. Coli O157</td>
<td>During 2015 a national outbreak of E.coli O157 infection associated with the consumption of venison products was confirmed by HPS. As there were a small number of associated cases in an Ayrshire family, the HPT worked closely with the Environmental Health department of SAC and HPS to investigate further. A national multidisciplinary IMT led by HPS was established and the HPT and EHOs participated in IMT meetings. This outbreak resulted in FSS reviewing current guidance on the handling and preparation of venison products.</td>
</tr>
<tr>
<td>2014-2015</td>
<td>Several family outbreaks of E. Coli O157</td>
<td>During 2014 there were two family outbreaks of E.coli O157, and four family outbreaks in 2015. The HPT worked closely with Environmental Health Departments, microbiology and reference laboratories as well as HPTs in other Board areas. In order to prevent spread to others, the complicated follow up process of the family and investigation into each case took several weeks. To maintain close contact, frequent telephone communication with the cases and their families was required.</td>
</tr>
</tbody>
</table>
6. Health protection: resources and operational arrangements

6.1 Resources

Staffing information, including a note of designated competent persons, can be found at Annex B.

The availability of adequate information and communications technology is essential for the day-to-day work of health protection and is detailed at Annex C.

During a larger incident or outbreak there may be a decision taken to activate the NHS Control Centre. The control centre is resourced with telephones, computers, printers and a fax machine. The computers have internet access to allow access to specialist information. Facilities are also available for video and teleconferencing.

Where required during an incident, a dedicated helpline for the public can be provided by NHS 24.

6.2 Organisational arrangements to facilitate collaborative working

Organisational arrangements for collaborative working are in place between NHS Ayrshire & Arran, EAC, NAC, SAC and other health protection agencies.

These are:

- The JHPPG. This group provides strategic oversight and is responsible for agreeing and setting joint priorities for health protection activity in Ayrshire & Arran.
- The Ayrshire and Arran Water Liaison Group. This is a subgroup of the JHPPG and has representation from NHS Ayrshire & Arran HPT, the three Local Authority Environmental Health services, Scottish Water, SEPA and HPS. The group meets 6 monthly to discuss water-related issues in Ayrshire and Arran, to share learning, and take forward any joint pieces of work.

A number of other formal and informal arrangements are in place to facilitate good collaborative working including ad hoc meetings, phone calls and emails. There are also arrangements in place within EAC, NAC and SAC to ensure appropriate sharing of information and learning across teams and departments. In addition, Glasgow
Scientific Services (GSS) provides specialist assistance to each of the three Local Authorities.

Joint exercises also contribute to building and maintaining good working relationships. Recently tested exercise scenarios include an incident on the Arran ferry, large crowd event, pandemic flu and an incident in the prison. Debriefs are held following every exercise and are used to identify areas of both good practice and areas for improvement to inform changes in practice, plans and procedures.

6.3 Arrangements to respond in office hours and out-of-hours

In NHS Ayrshire & Arran, a Consultant in Public Health is always available out-of-hours through Crosshouse Hospital switchboard. There is a one in five consultant-led rota for health protection. The NHS also operates a strategic directors’ rota to support both the duty managers and health protection rota.

The NHS Ayrshire & Arran HPT can be contacted by phoning 01292 885858 during office hours.

The three councils have staffing levels to deliver the full Environmental Health and Trading Standards remit. Team Leaders have responsibility for Food / Health and Safety enforcement or Public Health / Pollution or Trading Standards

Contact during office hours:-
North Ayrshire Council
Office hours number is 01294 324339

East Ayrshire Council
Office hours number is 01563 553538 / 553520

South Ayrshire Council
Office number is 03001230900

Ayrshire Civil Contingencies Team
Single contact number is 07659183863

6.4 Arrangements for reviewing health protection Standard Operating Procedures (SOPs) and guidance
NHS Guidance and SOPs have been developed locally and are subject to regular review. These documents are contained in the HPT shared drive available in the office and out of the office through remote access enabled laptops.

Other guidance and information documents can be accessed through the Scottish Health Protection Information Resource (SHPIR) website provided by HPS. SHPIR is an on-line resource which provides NHS board health protection teams with access to the most up to date and relevant guidance which can be used in an outbreak or incident situation.

From 2014, HP Zone Scotland – a health protection information and case management IT system – has been implemented by all health protection teams across Scotland. Work to ensure that this system is adapted to our local arrangements is ongoing.

The three Local Authorities have SOPs and guidance covering food, occupational health and safety, animal health and public health enforcement activities. These have been developed based on national frameworks and adapted for local circumstances. They are subject to review and audit.

6.5 Corporate arrangements for the maintenance of knowledge, skills and competencies of staff with health protection duties

Within NHS Ayrshire & Arran there is an annual cycle of personal development planning and review and performance appraisal for all staff.

In addition to annual performance appraisal, medical staff are required to undertake annual consultant appraisal. All staff registered with the Faculty of Public Health are required to demonstrate their maintenance of Continuing Professional Development (CPD) records.

Under the Public Health etc (Scotland) Act 2008, NHS Ayrshire & Arran must designate a sufficient numbers of competent persons for the purposes of carrying out the functions of the Act (see Annex B).

In each of the three Councils there is an annual professional development review process based on a competency framework for officers within Environmental Health. This ensures that technical and personal development objectives are agreed to maintain the necessary competencies. The process is recorded formally.
FSS also carries out periodic audits of Food Safety / Food Standards Inspections and Enforcement carried out by this service. This provides feedback on the maintenance of standards by the Environmental Health services.

In terms of The Public Health etc (Scotland) Act 2008, Local Authorities must designate sufficient numbers of EHOs for the purposes of carrying out the functions of the Act. This list has to be kept updated and staff numbers adequate (see appendix B).
7    Health protection services: capacity and resilience

7.1    Assessment

There are no nationally set levels of staffing for health protection services in either the NHS or local authorities. Within NHS Ayrshire & Arran the capacity of the HPT to deal with service requirements is subject to ongoing assessment.

There has also been an ongoing focus on building resilience across the Department of Public Health with both formal and informal training. In exceptional circumstances, staff from across NHS Ayrshire & Arran will also assist in a variety of capacities, dependent on their skills.

7.2    Mutual aid arrangements

A memorandum of understanding exists between the West of Scotland NHS Boards (NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Forth Valley, NHS Greater Glasgow & Clyde and NHS Lanarkshire) to provide mutual aid in public health emergency situations. In addition, NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Greater Glasgow & Clyde and NHS Lanarkshire have agreed to work together to provide appropriate personnel to form a Scientific and Technical Advice Cell (STAC) to advise the West of Scotland Regional Resilience Partnership in emergency situations.

A similar memorandum of understanding exists between the thirteen Local Authorities of the West of Scotland Regional Resilience Partnership. This enables councils to support each other during emergencies if required.
8 Public involvement in the planning and delivery of health protection services

There is public representation on the PCOIC, the BBV MCN, the Immunisation Steering Group, and the Public Health Communications Group.

Day to day work of the HPT involves contact with the public on a regular basis, and this in turn informs the planning process.

The three Local Authorities consult and engage with the public in a number of ways including by telephone or written questionnaire enquiry on various topics, including the use of resident’s panel, internal processes of each council or feedback for businesses and customers.
9 Summary and actions

This plan gives an overview of health protection responsibilities and priorities, provision and preparedness within Ayrshire and Arran and describes how the Board and the Local Authorities deal with the range of health protection topics.

Working together, the Board and Local Authorities will continue to:

- Review the joint health protection planning process and mechanisms required to support this work
- Review organisational arrangements for collaborative working
- Consolidate and continue to review joint priorities for 2016/7 and for 2017/8.

Joint actions identified by the JHPPG for the period 2016/18 are as follows:

- **Pandemic Influenza** - Update of the Local Pandemic Influenza Plan
- **HPZone** – Adaptation to local arrangements and SOPs.
- **TB** – Review process for screening of new entrants.
- **Ayrshire and Arran Blue/Green Algae plan** - Plan to be reviewed and updated.
- **Legionella** – A joint learning event on Legionella to be arranged.
- **Ayrshire & Arran Incident Management Plan** – A training exercise to be held.
- **Ayrshire & Arran Gastro-Intestinal protocol** – to be reviewed and updated
- **Air Quality** – Local Authorities contingency plans including new standards.

Many of the planned actions depend on joint working with other agencies or Departments. Health Protection local priorities could change as a result of a significant incident or a change in national priorities. Implementation of new areas of work would depend of the provision of adequate resources.
Annex A  Contingency plans for incidents within Ayrshire and Arran

NHS Ayrshire & Arran Major Incident Plan (MIP)

<table>
<thead>
<tr>
<th>(A) Plan</th>
<th>(B) Date of last review</th>
<th>(C) Scheduled date for next review</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Ayrshire &amp; Arran MIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part 1 – Background</td>
<td>March 2014</td>
<td>March 2017</td>
</tr>
<tr>
<td>Part 2 – NHS response</td>
<td>April 2010</td>
<td>Currently under review</td>
</tr>
<tr>
<td>Scene</td>
<td>February 2012</td>
<td>Currently under review</td>
</tr>
<tr>
<td>Part 3a - Crosshouse</td>
<td>February 2012</td>
<td>Currently under review</td>
</tr>
<tr>
<td>Part 3b - Ayr</td>
<td>February 2012</td>
<td>Currently under review</td>
</tr>
<tr>
<td>Part 3c - Procedures for decontamination</td>
<td>January 2013</td>
<td>Currently under review</td>
</tr>
<tr>
<td>Part 3d – Procedures for self presenters “white powder”</td>
<td>February 2012</td>
<td>Currently under review</td>
</tr>
<tr>
<td>Part 3e – CT response plan</td>
<td>March 2014</td>
<td>March 2017</td>
</tr>
<tr>
<td>Part 4 – Hazardous sites in Ayrshire</td>
<td>March 2014</td>
<td>March 2017</td>
</tr>
<tr>
<td>Part 5 – MIST</td>
<td>March 2014</td>
<td>March 2017</td>
</tr>
<tr>
<td>Part 6 – CBRN</td>
<td>March 2014</td>
<td>March 2017</td>
</tr>
<tr>
<td>Part 7 – Incident Management Plan</td>
<td>March 2014</td>
<td>March 2017</td>
</tr>
<tr>
<td>Part 8 – NHS Control Centres</td>
<td>April 2013</td>
<td>April 2016</td>
</tr>
<tr>
<td>Pandemic Influenza Plan</td>
<td>August 2012</td>
<td>August 2015</td>
</tr>
</tbody>
</table>

These plans are available by writing to the Director of Public Health, NHS Ayrshire & Arran, Afton House, Ailsa Hospital, Dalmellington Road, Ayr KA6 6AB or by emailing carol.davidson@aapct.scot.nhs.uk

Ayrshire Civil Contingencies Team led Plans
<table>
<thead>
<tr>
<th>Plan</th>
<th>Date of last Review</th>
<th>Scheduled date for next review</th>
<th>Date of last test</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAC Civil Contingencies Response and Recovery Plan</td>
<td>November 2015</td>
<td>June 2017</td>
<td>August 2013</td>
</tr>
<tr>
<td>SAC Civil Contingencies Response and Recovery Plan</td>
<td>November 2015</td>
<td>June 2017</td>
<td>March 2013</td>
</tr>
<tr>
<td>EAC Civil Contingencies Response and Recovery Plan</td>
<td>November 2015</td>
<td>June 2017</td>
<td>January 2013</td>
</tr>
<tr>
<td>NAC Flood Response Plan</td>
<td>June 2013</td>
<td>April 2016</td>
<td>December 2013</td>
</tr>
<tr>
<td>SAC Flood Response Plan</td>
<td>July 2013</td>
<td>April 2016</td>
<td>December 2013</td>
</tr>
<tr>
<td>EAC Flood Response Plan</td>
<td>September 2015</td>
<td>September 2018</td>
<td>December 2013</td>
</tr>
</tbody>
</table>

These plans are available by writing to Ayrshire Civil Contingencies Coordinator, ACCT, Building 372, Alpha Freight Area, Robertson Road, Glasgow Prestwick International Airport, Prestwick, KA9 2PL or by emailing acct@south-ayrshire.gov.uk
Multi agency Contingency Plans:

<table>
<thead>
<tr>
<th>(A) Plan</th>
<th>(B) Date of last review</th>
<th>(C) Scheduled date for next review</th>
<th>(D) Date of last test</th>
<th>(E) Scheduled date for next test</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMAH Plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chivas Bros, Balgray, Beith</td>
<td>November 2014</td>
<td>November 2017</td>
<td>November 2014</td>
<td>November 2017</td>
<td></td>
</tr>
<tr>
<td>DSM, Dalry</td>
<td>May 2015</td>
<td>January 2016</td>
<td>February 2013</td>
<td>April 2016</td>
<td>COMAH plans are subject to a review every three years</td>
</tr>
<tr>
<td>William Grant &amp; Sons, Girvan</td>
<td>January 2015</td>
<td>January 2018</td>
<td>January 2015</td>
<td>January 2018</td>
<td></td>
</tr>
<tr>
<td>REPPIR Plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hunterston B Power Station</td>
<td>Currently under review</td>
<td>September 2016</td>
<td>September 2013</td>
<td>September 2016</td>
<td>Annual review</td>
</tr>
<tr>
<td>MACR Plans</td>
<td>review</td>
<td>for next review</td>
<td>test</td>
<td>for next test</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------</td>
<td>-----------------</td>
<td>------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Defence Munitions Beith (DMB)</td>
<td>Currently under review</td>
<td>May 2016</td>
<td>May 2013</td>
<td>May 2016</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Port Plans</th>
<th>review</th>
<th>for next review</th>
<th>test</th>
<th>for next test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayr Harbour – (ABP)</td>
<td>Currently under review</td>
<td>December 2016</td>
<td>May 2013</td>
<td>May 2016</td>
</tr>
<tr>
<td>Troon Harbour – (ABP)</td>
<td>Currently under review</td>
<td>December 2016</td>
<td>May 2013</td>
<td>May 2016</td>
</tr>
</tbody>
</table>
Annex B  Health protection: staffing levels (as at 1st April 2016)

NHS Ayrshire & Arran Health Protection Team

<table>
<thead>
<tr>
<th>Position</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant in Public Health Medicine</td>
<td>1.0</td>
</tr>
<tr>
<td>Consultant in Public Health</td>
<td>0.8</td>
</tr>
<tr>
<td>Associate Specialist Public Health Medicine</td>
<td>0.4</td>
</tr>
<tr>
<td>Health Protection Nurse Specialist</td>
<td>2.0</td>
</tr>
<tr>
<td>Health Protection Nurse</td>
<td>1.0</td>
</tr>
<tr>
<td>Secretary</td>
<td>1.0</td>
</tr>
</tbody>
</table>

In addition, at times of high demand, support from other staff in the Department of Public Health can be obtained by releasing them temporarily from non-essential duties. During significant public health incidents, staff from the wider NHS can also provide support if required.

Ayrshire and Arran Designated Competent Persons

<table>
<thead>
<tr>
<th>Designated competent persons</th>
<th>NHS</th>
<th>EAC</th>
<th>NAC</th>
<th>SAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant in Public Health</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Protection Nurse Specialist</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Health Officers (EHO)</td>
<td>8</td>
<td>9.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Leaders</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Environmental Health &amp; Trading Standards Manager</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Local Authority staffing

<table>
<thead>
<tr>
<th>Local Authority management, technical and professional staff not included above</th>
<th>EAC</th>
<th>NAC</th>
<th>SAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Health Manager</td>
<td></td>
<td></td>
<td>0.5</td>
</tr>
<tr>
<td>EHOs (food, health, safety and pollution control)</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Contaminated land officer</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Food Safety Officers</td>
<td>1</td>
<td>1</td>
<td>3.5</td>
</tr>
<tr>
<td>Health and safety technical staff</td>
<td>0.5</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Environmental Health Technical Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pollution control technical staff</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate Enforcement Unit Staff</td>
<td>4</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Pest control/dog warden staff</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Enforcement Officer</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
Annex C  Information and communications technology resources available in NHS Ayrshire and Arran and the three Local Authorities

<table>
<thead>
<tr>
<th></th>
<th>NHS</th>
<th>EAC</th>
<th>NAC</th>
<th>SAC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hardware</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desktop and laptop computers</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Printers (black and white and colour)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Photocopiers</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Fax machines</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Office and mobile telephones</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Blackberry / Smartphone available</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Single page scanner</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Document feed scanner</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mobile broadband access – for Specialist Registrars in Public Health</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VPN token</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pagers (with text screen)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio-teleconferencing equipment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Video-conferencing equipment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>On-call laptops with access to public health drive</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td>NHS</td>
<td>EAC</td>
<td>NAC</td>
<td>SAC</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>MS Office (Word, Excel, PowerPoint, Access)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>E-mail</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dictaphone</td>
<td>✓</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>SIDSS (Scottish Infectious Disease Surveillance System)</td>
<td>✓</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Access to local computer networks and to the internet</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Access to electronic information resources and databases –</td>
<td>✓</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>HPZone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECOSS (Electronic Communication of Surveillance in Scotland)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCI Store (to access laboratory results)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCI Gateway</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHPIR (Scottish Health Protection Information Resource)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>TRAVAX (travel advice)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toxbase (toxicology database)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEISS (Scottish Environmental Incident Surveillance System)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>NHS Scotland e-library</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>NHS Education for Scotland</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to resources provided by NHS24</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M3 Northgate system</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>FLARE system to record details of all food businesses along with enforcement actions.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>IDOX UNI-form EH Management System</td>
<td>—</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

Wszystkie nasze publikacje są dostępne w różnych językach, dużym drukiem, brajlem (tylko w wersji angielskiej), na taśmie dźwiękowej lub w innym formacie Twojego wyboru.

我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

Tha gach sgriobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip claistinn no rìochd elle a tha sibh airson a thaghadh.

हमारे सब प्रकाशण अनेक भाषाओं, बड़े अक्षरों की छवी, ब्रेल (केवल अंग्रेजी), सूनने वाली कसेट या आपकी पसंदनुसार किसी अन्य फॉर्मेट (आराम) में भी उपलब्ध हैं।

我们所有的印刷品均有不同语言版本、大字体版本、盲文（仅有英文）、录音带版本或你想要的另外形式供选择。

یہ تمام اطلاعات مختلف زبانوں، بے حد اخشن کی چھوٹی، بریل (صرف انگریزی)، سنائی کے لئے کسٹوم کیں کئے نہیں?

0800 169 1441

Tell us what you think...
If you would like to comment on any issues raised by this document, please complete this form and return it to: Communications Department, 28 Lister Street, Crosshouse Hospital, Crosshouse KA2 0BB. You can also email us at: comms@aaht.scot.nhs.uk or comms@apact.scot.nhs.uk. If you provide your contact details, we will acknowledge your comments and pass them to the appropriate departments for a response.

Name

Address

Comment