



JOINT HEALTH PROTECTION PLAN

NHS Borders
&
Scottish Borders Council
2023-2025



Department of Public Health, NHS Borders

NHS Borders	Joint Health Protection Plan		Page 1 of 32
		Revision due: 2023-2025	

Table of Contents

1. Preface	3
1.1 Geographical extent of Plan	3
1.2 Statutory responsibility	3
1.3 Authors	3
1.4 Governance arrangements	3
1.5 Status	3
2. Overview of the Borders	4
3. The Public Health Act 2008	5
4. Control of Communicable Disease in the Borders	5
5. Health Protection Planning Infrastructure	6
6. Emergency Planning	6
7. Collaborative arrangements	6
8. Resources and Operational Arrangements	8
8.1 Staffing	8
8.2 IT and Communications Technology	10
8.2.1 IT and Communications Technology available to NHS Borders	10
8.2.2 IT developments	11
8.2.3 IT and Communications Technology available to Scottish Borders Council	12
8.3 Out of hours response arrangements	12
8.3.1 NHS Borders	12
8.3.2 Scottish Borders Council	12
8.4 Reviewing Health Protection Standard Operating Procedures (SOP) or guidance.	13
8.5 Staff knowledge, skills and training	13
8.5.1 NHS Borders	13
8.5.2 Scottish Borders Council	13
9. Capacity and Resilience	14
9.1 NHS Borders	14
9.2 Scottish Borders Council	14
10. Public Involvement, Communications and Feedback	15
10.1 NHS Borders	15
10.2 Scottish Borders Council:	15
11. Joint Health Protection Plan Action Plan	16
Appendices	24

1. Preface

This Joint Health Protection Plan (JHPP) for NHS Borders and Scottish Borders Council has been produced in accordance with the part 1 guidance for the new Public Health (Scotland) Act 2008. The main purpose of the JHPP is to provide an overview of health protection priorities, provision, preparedness and to support the collaborative arrangements that exist between NHS Borders and the Scottish Borders Council (SBC).

1.1 Geographical extent of Plan

This Plan covers NHS Borders Health Board area which is co-terminus with SBC.

1.2 Statutory responsibility

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

1.3 Authors

The Plan has been produced by the NHS Borders Public Health Department Team and SBC Regulatory Services.

1.4 Governance arrangements

This JHPP will be shared for approval of the Board Executive Team of NHS Borders and the Corporate Management Team of SBC.

1.5 Status

This Plan covers the period April 2023 to March 2025 and will be reviewed on a two-yearly basis. It will be available to the public on the NHS Borders and SBC websites and in other formats on request.

NHS Borders	Joint Health Protection Plan		Page 3 of 32
		Revision due: 2023-2025	

2. Overview of the Borders

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

The Scottish Borders consists of one local authority area. It is located in the southeast of Scotland bounded by Lothian, Dumfries and Galloway and South Lanarkshire to the West, Cumbria and Northumberland to the South. It covers an area of 4,732 square kilometres and is a mix of mainly rural developments.¹

According to the mid-2021 population estimate, the Scottish Borders will have a population of 116,020. This is an increase of 0.7% from 115,240 in 2020 over the same period in Scotland the population increased by 0.3%.²

Between 2001 and 2021 the 25-44 group saw the largest percentage decrease (-22.9%). The 65-74 age group saw the largest percentage increase (+52.8%).²The average age of the population of the Scottish Borders is projected to increase as more people are expected to live longer. With the over 75s projected to see the largest percentage increase +29.6%. In terms of size however the 45–64 year-olds remain the largest age group.

¹<http://www.scotlandscensus.gov.uk>

²<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2020>

NHS Borders	Joint Health Protection Plan		Page 4 of 32
		Revision due: 2023-2025	

3. The Public Health Act 2008

The Act amends the law on public health, setting out the duties of the Scottish Ministers, health boards and local authorities to continue to make provision to protect public health in Scotland. Before the Public Health Act 2008, the powers to control communicable disease lay with local authorities, subject to the advice of the designated medical officer. This new Act assigns functions on corporate basis – health board or local authority – and sets out where specific levels of professional ‘competency’ are required. In broad terms health boards are now responsible for control for communicable disease involving persons and local authorities are responsible for control of communicable disease involving premises. Action is not confined to notifiable diseases but is to be taken on knowledge or suspicion of ‘significant’ risk to public health.

In summary the Act does the following:

- Replaces previous arrangements for the notification of infectious diseases and the reporting of organisms with a system of statutory notification of suspected or diagnosed infectious diseases, of health risk states and of organisms.
- Defines a “public health investigation” and sets out the powers available to investigators and how they may be appointed.
- Defines the public health functions of health boards and local authorities.
- Specifies statutory duties on health boards and local authorities with regard to the provision of mortuary and post-mortem facilities.
- Enables the Scottish Ministers, by means of a regulation making power, to give effect to the International Health Regulations 2005, as they affect Scotland.
- Gives a power to the Scottish Ministers to require, by regulations, operators of sunbed premises to provide information to the users of those premises about the effects on health of the use of sun beds.
- Amends existing legislation in respect of statutory nuisances.

4. Control of Communicable Disease in the Borders

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

- Reduce preventable illness and death from communicable disease.
- Identify potential outbreaks of communicable disease at an early stage so that effective control measures can be put in place as soon as possible, to improve the ability to prevent further outbreaks.
- Work with other agencies to reduce any adverse environmental impact on health.

NHS Borders	Joint Health Protection Plan		Page 5 of 32
		Revision due: 2023-2025	

5. Health Protection Planning Infrastructure

NHS Borders and SBC Environmental Health maintain a number of plans to support the health protection and environmental health functions. Some of these are developed jointly between the agencies while others are produced for internal use.

6. Emergency Planning

NHS Borders and Scottish Borders Council need to ensure that robust arrangements are in place to manage major incidents through emergency planning including business continuity plans with clear accountability arrangements. The Civil Contingencies Act 2004 established a new legislative framework for civil protection in the UK. This act placed clear roles and responsibilities on those organisations with a part to play in preparing for response to emergencies. NHS Borders and SBC continue to update their major emergency procedures in accordance with new national guidance (Preparing Scotland: Scottish Guidance on Preparing for Emergencies. <https://ready.scot/how-scotland-prepares/preparing-scotland-guidance#:~:text=Preparing%20Scotland%20is%20a%20set,detailed%20guidance%20on%20specific%20matters>).

Emergency planning arrangements within NHS Borders are monitored by the NHS Borders Resilience Committee and by the SBC Corporate Management Team.

7. Collaborative arrangements

Organisational arrangements are in place to facilitate good collaborative working between NHS Borders, SBC and other health protection partners including Animal Health Services, Scottish Water and other utility companies, the FSA and SEPA. As part of emergency planning arrangements, Borders agencies are represented at a number of Strategic Co-ordinating Groups (SCG) as well as multi-disciplinary Groups established to manage any specific incident or outbreak. NHS Borders Clinical Governance Committee has representatives from all the main stakeholders involved in communicable disease control and environmental health. Other relevant groups include:

- NHS Borders Infection Prevention and Control Committee
- NHS Borders Blood Borne Virus Group
- Borders Vaccination and Immunisation Committee
- NHS Borders TB Group
- NHS Borders Resilience Committee
- Climate Change and Sustainability Committee
- East of Scotland Health Protection Development Groups

NHS Borders	Joint Health Protection Plan		Page 6 of 32
		Revision due: 2023-2025	

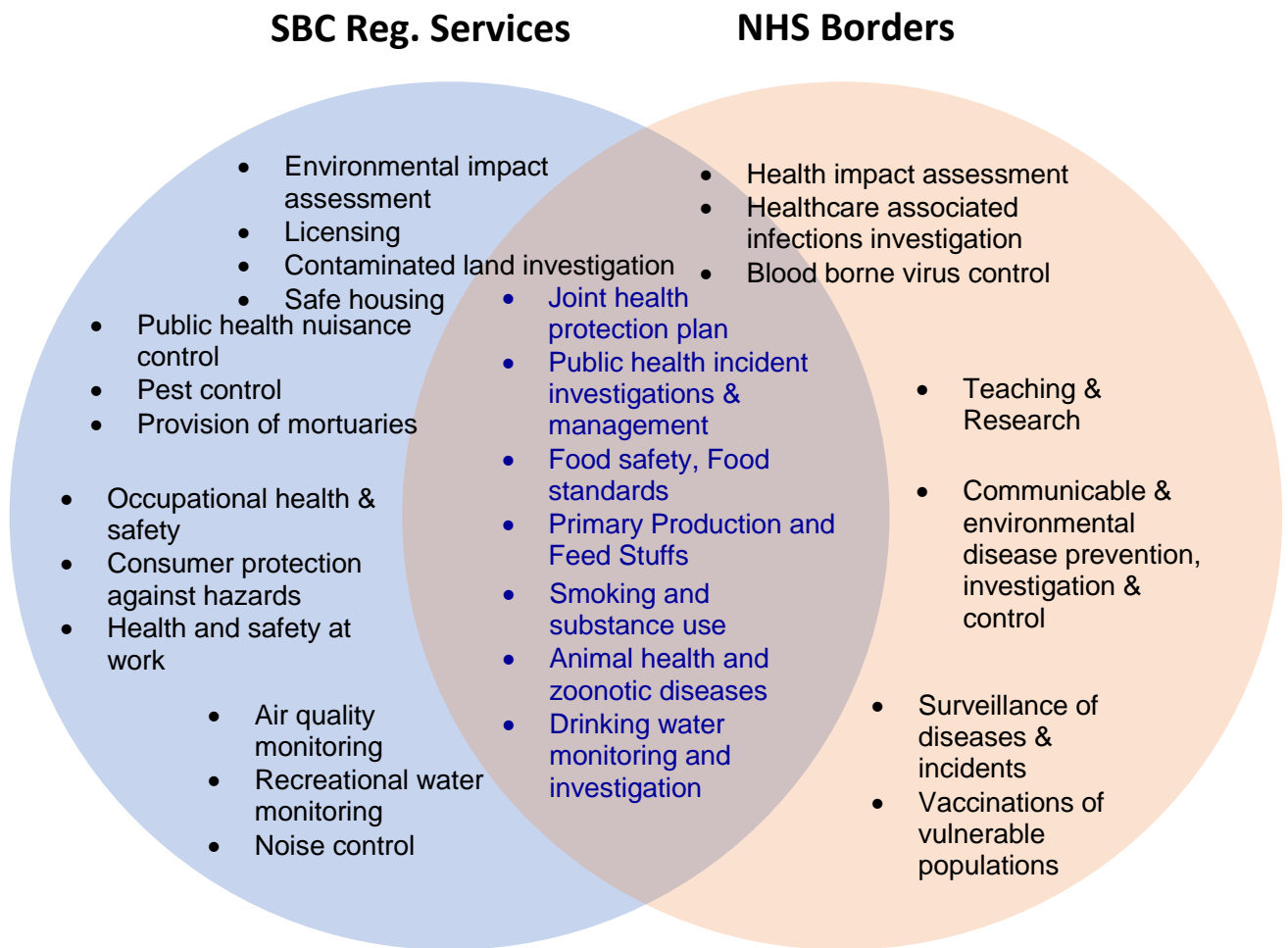


Figure 1: An illustrative summary of the joint working and areas of collaboration between NHS Borders and the SBC Regulatory Services

8. Resources and Operational Arrangements

8.1 Staffing

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

Public Health Scotland health protection staff provide technical expertise in emergency response, disease tracking and control, and chemical, radioactive, and biological hazards. The national microbiology network, including national reference laboratories, provide laboratory analysis as required.

The staffing arrangements for the NHS Public Health Department and for the SBC Regulatory Services are given in Table 1 below. Table 1 also shows which members of staff are designated as ‘competent persons’ for the purposes of the Public Health Act (Scotland) 2008. These individuals are able to use the powers contained in the Act if appropriate.

Please note from December 2023 the daytime Health Protection Function will be delivered by the East Region Health Protection Team (ERHPT). This will cover Borders, Fife, Forth Valley and Lothian with a single point of contact and agreed standing operating procedures which will provide greater resilience to the Health Protection function.

NHS Borders	Joint Health Protection Plan		Page 8 of 32
		Revision due: 2023-2025	

Table 1: Staffing arrangements and the numbers of ‘Designated Competent Persons’ as designated under the Public Health etc. (Scotland) Act 2008.

Staffing	No	Roles and Responsibilities in relation to health protection	Designated Competent Person	Management/ Professional/ Technical
NHS Borders Staff				
Director of Public Health, NHS Borders	1	Accountable officer for Health Protection function and provides strategic direction and collaborative leadership. Also support for investigation and control of outbreaks and contributes to the out of hours rota and holiday cover.	yes	Professional
Consultant in Public Health	2 (1.7 WTE)	Main focus is wider public health but contributes to out of hours rota and holiday cover. Currently providing duty health protection consultant cover for situations out of the scope of the East Region HPT.	yes	Professional <i>Please note 0.5 wte funding has been given to the EoS Health Protection Service</i>
Senior Clinical Nurse Manager Health Protection /Immunisation Co-ordinator	1	Health protection strategic and operational activities for activities out of scope of the East Region HPT. Immunisation co-ordinator Provides support for BBV/TB and contributes to the out of hours rota.	yes	Professional <i>Please note the majority of the functions this role currently covers will become part of the East Region HPT</i>
Health Protection Nurse Specialist	1	Health Protection operational activities including investigation of incidents and cases, information gathering, response to queries, contact tracing, advice to patients and clinicians	no	Professional <i>Please note this band 7 role will become part of the ER HPT and on call will be required, but not as competent person</i>
Specialist Registrar	0.6	The Public Health Department is a training department and the Specialist Registrars spend part of their time undertaking health protection training.	no	Professional
Project Support	1	Administrative support to health	no	Technical

Staffing	No	Roles and Responsibilities in relation to health protection	Designated Competent Person	Management/ Professional/ Technical
Officer		protection function		
Scottish Borders Council Staff				
Regulatory Services Manager	1	Service manager for a number of regulatory functions within three teams	no	Management/ Professional
Principal Regulatory Services Officers	4	Operational team managers	yes	Management/ Professional
Environmental Health Officers		Operational Environmental Health Officers in Amenity & Pollution, and Food Health & Safety Teams	yes	Professional
Wider Partners				
Resilience Manager	1	Strategic and operational development of resilience - emergency planning and business continuity functions.	no	Technical

8.2 IT and Communications Technology

Effective IT and communications technology is vital to facilitate health protection work, including the management of incidents and outbreaks. HPZone is a national system used by health protection teams to manage incidents, outbreaks and cases of communicable disease and environmental hazards. Within HPZone there is a link to the Scottish Health Protection Information Resource (SHPIR) managed by Public Health Scotland (PHS) who update the site with relevant health protection alerts and guidance in relation to relevant incidents, outbreaks and environmental hazards.

8.2.1 IT and Communications Technology [available to NHS Borders](#)

IT and Communication Technology available on site to facilitate health protection work is shown in Table 2 below. Adaptations to allow home and remote working are frequently utilised by health protection staff.

Table 2: IT and Communication Technology available to NHS Borders staff

	Public Health staff
Hardware	
Desktop and laptop computers	✓
Printers (black and white and colour)	✓
Photocopiers	✓
Fax machines	✓

NHS Borders	Joint Health Protection Plan		Page 10 of 32
		Revision due: 2023-2025	

Office and mobile telephones/email	✓
Single page scanner	✓
Document feed scanner	✓
Mobile broadband access	✓
Personal digital assistant	✓
Pagers (with text screen)	✓
Audio-teleconferencing equipment	✓
Video-conferencing equipment	✓
Teaching aids	✓
Software	
MS Office 365	✓
Email	✓
Dictaphone	✓
SIDSS (Scottish Infectious Disease Surveillance System)	✓
Access to local computer networks and to the world wide web	✓
HPZone	✓
NHS Borders intranet	✓
Access to electronic information resources and databases – ECOSS (Electronic Communication of Surveillance in Scotland), SCI Store (to access laboratory results), SCI Gateway, SHPIR (Scottish Health Protection Information Resource), TRAVAX (travel advice), Toxbase (toxicology database), SEISS (Scottish Environmental Incident Surveillance System), NHS Scotland e-library, NHS Education for Scotland.	✓
Access to NHS Borders e-health (IT) team which, if required, can set up a health protection operations room.	✓
Support from and access to members of organisation communications teams	✓
Access to resources provided by NHS24 and NHS Inform	✓

8.2.2 IT developments

During the Covid pandemic, IT developments allowed wider collaborative working, to support the management of outbreaks the National Services for Scotland developed Case Management System (CMS) and an Outbreak Management Tool. This has since been stood down. Microsoft Office 365 has also been developed and utilised for Teams Meetings and for sharing sensitive confidential information in line with Information Governance and Data Sharing agreements between NHS Borders, SBC and wider relevant partners.

NHS Borders	Joint Health Protection Plan		Page 11 of 32
		Revision due: 2023-2025	

8.2.3 IT and Communications Technology available to Scottish Borders Council

Critical Business processes for Food and Communicable Disease are all stored on a shared server. Functionality for remote access to Council servers exists as required. Information on service requests and registered food businesses is maintained electronically on the 'Uniform' Environmental Health Module and a 'Uniform' Private Water Supply module is currently being developed to hold information on Type A private water supplies. Access to these systems is available throughout SBC premises and options for remote access are planned. All Regulatory Services staff are supplied with mobile phones and there are provisions for food and communicable disease emergency contact.

Guidance is available on:

- Access to internet
- Access to internal electronic information system
- Out of hours communicable disease procedure in Out of Hours cases
- SHPIR
- UK Health Security Agency (UKSHA)

8.3 Out of hours response arrangements

8.3.1 NHS Borders

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

8.3.2 Scottish Borders Council

Environmental Health staff from the Food Health & Safety team operate an essential out of hours rota which is accessed through the Council's 'Border Care' Service, on 01896 752111. This Service is restricted to food and communicable disease emergency provision.

NHS Borders	Joint Health Protection Plan		Page 12 of 32
		Revision due: 2023-2025	

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

NHS Borders Health Protection Team uses a manual “action prompts” and a Contacts Directory of relevant stakeholders who may be required to liaise with for significant sporadic infectious diseases and major outbreaks. This is moving to use of the ‘Regional Manual’. The health protection team operate by starting with local prompt cards but always refer to national guidance. (NB PHS has a Guidance Team who continually review and update guidance as part of its work plan.)

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

8.5 Staff knowledge, skills and training

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

8.5.1 NHS Borders

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

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

8.5.2 Scottish Borders Council

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

All Environmental Health Officers (EHO) are expected to ensure that CPD requirements are maintained and are encouraged to do this through a recognised professional organisation.

EHO are encouraged to attend training or update events organised by NHS Borders, PHS, Royal Environmental Health Institute of Scotland, Food Standards Scotland, Health and Safety Executive or joint events.

NHS Borders	Joint Health Protection Plan		Page 13 of 32
		Revision due: 2023-2025	

9. Capacity and Resilience

9.1 NHS Borders

The Board maintains day to day health protection services to a high standard and has systems in place to anticipate potential incidents. Expert groups and communication links are established internally and with partner organisations. This helps ensure that staff are kept up to date with health protection issues, procedures are kept current and health protection services can be tailored to local demographics.

To improve resilience, the Directors of Public Health for Lothian, Borders, Fife and Forth Valley have agreed to a regional Health Protection service – the ERHPT which is now live during office hours. Now implemented, most aspects of the NHS Borders Health Protection function will become part of the ER HPT. This service will take over the statutory Public Health (Health Protection) responsibilities within hours initially and once established will also include out of hours.

The Public Health Department will continue to undertake health protection audits as appropriate to ensure that the quality of services is maintained and that lessons are learned from incidents and outbreaks.

Whilst the Borders has dealt very well with outbreaks and incidents in recent years, the Health Protection team has been stretched by increasing demands such as the Covid 19 pandemic and community communicable disease outbreaks and incidents. It would be remiss not to note that there have been several substantial delays to the commencement of regional working in the East; this has had the outcome of NHS Borders requiring mutual aid from NHS Fife and NHS Lothian. It is anticipated that the East of Scotland Health Protection Service will ensure there is a resilient health protection function.

9.2 Scottish Borders Council

The Council operates a business continuity process and have contingency plans and arrangements in place to maintain service standards.

To support core and emergency functions approximately 50% of Regulatory Services staff are available at any one time. Informal mutual assistance arrangements are in place with neighbouring local authorities.

NHS Borders	Joint Health Protection Plan		Page 14 of 32
		Revision due: 2023-2025	

10. Public Involvement, Communications and Feedback

10.1 NHS Borders

The NHS Borders' Health Protection staff are involved with the public in a variety of ways and work in partnership with the Joint Health Improvement Team who support Health Protection in providing information and advice on public health risks and issues. The Team also has regular contact with the public via general educational messages sent out as a preventive measure during an incident or outbreak and with individuals when they are 'cases' and 'contact of cases' (e.g. sending 'inform and advise' letters to members of the population as appropriate). The NHS Borders HPT work closely with our corporate communications colleagues to prepare reactive and proactive media releases as needed, and responses to media queries.

10.2 Scottish Borders Council:

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

- Routine programmed inspections of businesses in the borders.
- Responding to Service Requests across a broad range of regulatory duties.
- Routine and on request monitoring of private water supplies.
- Promoting a range of Regulatory Services functions at public and community events.
- Delivering Food Hygiene courses to improve skills of food handlers and other relevant staff working in the food industry.
- Participation in educational projects which can be undertaken in partnerships.

NHS Borders	Joint Health Protection Plan		Page 15 of 32
		Revision due: 2023-2025	

11. Joint Health Protection Plan Action Plan

A number of priority issues for this Plan and agreed actions have been agreed for the 2023-2025 period and these are shown in Table 3 below. Progress of these actions will be reviewed at the Public Health Protection Group quarterly meetings.

Table 3: Health Protection Priorities 2023-2025

	Source	Outcome	Workplan	Agencies involved
1.	National priority	Reduce Vaccine Preventable Diseases	<ul style="list-style-type: none"> • After the supply of clean drinking water, immunisation is the most effective public health intervention for preventing illness and deaths from infectious diseases. • Although vaccination is a well-established intervention, ensuring vaccine uptake remains high remains a key priority. There are currently a number of challenges facing health care services with respect to maintaining high uptake rates. These include the re-emergence of diseases such as measles, the emergence of new outbreaks, service re-organisation and the increasing risks posed by rising vaccine hesitancy across nations. • NHS Borders implemented the Vaccination Transformation Programme (VTP) completed in 2022 which is the delivery model for vaccination through NHS Boards. • The aim is to build on the already successful vaccination programme across Scotland. We seek to further increase vaccination uptake and it is critical that the benefits afforded by successful immunisation programmes are not put at risk by structural changes in delivery. Data on uptake is monitored both locally and nationally (via PHS Discovery) with the model being used to measure uptake and areas for improvement. 	NHS Borders/ Scottish Borders Council/ Scottish Water

2.	National priority	Reduce the incidence of Tuberculosis (TB)	<ul style="list-style-type: none"> • TB remains a leading cause of morbidity and mortality worldwide and disproportionately affects the vulnerable members of our communities due to their ethnicity or life circumstances which exacerbate existing health inequalities. • Over recent years there has been a considerable reduction in TB incidence in Scotland, but this picture is changing. Our most vulnerable populations are at highest risk of TB. However, the predominant challenge facing low TB incidence countries is that of latent tuberculosis infection (LTBI) the majority of active cases are the result of 'reactivation' of LTBI. • The Health Protection Teamwork in partnership with Respiratory Medicine and the Microbiology Consultant in NHS Borders to ensure the Scottish Tuberculosis (TB) Framework is implemented. There is a monthly multi-disciplinary meeting to review the management of both new active TB cases and latent TB ensuring cases and contacts are identified and provided with the appropriate treatment and follow up. 	NHS Borders
3.	National priority	Progress action towards Hepatitis (HCV) elimination	<ul style="list-style-type: none"> • The Scottish Government has HCV elimination plan where each Board has a target to identify and treat HCV. • Sexual health and blood-borne viruses (SHBBV) have been significantly impacted by the pandemic. The Scottish Government Published a Re-set and Rebuild-sexual health and BBV services recovery plan which has a number of outcomes and the aim is to eliminate Hep C by 2024. • The new Sexual health and blood borne virus action plan: 2023 to 2026 was published by Scottish Government in November 2023. • Health Protection work in partnership with Borders Addiction Service, We Are With You and Sexual Health to identify cases of Hep C and to ensure they are supported on a treatment plan which is led by our Gastrointestinal Consultant and Lead Nurse. 	NHS Borders 3 rd sector

7.	National Priority/Local	Food control	<ul style="list-style-type: none"> EHOs undertake the duties as statutory food authority in protecting food safety in the food industry and deliver the councils food safety plan. 	Scottish Borders Council
4.	National	Hep B Look Back	<ul style="list-style-type: none"> The Health Protection Team will act as a Single point of contact for the 	Hep B NHS
8.	Local Priority/ National/ Local	Monitoring and Improving Drinking water quality	<ul style="list-style-type: none"> Look back exercise Collaboration between all three agencies and Scottish Water in the monitoring and improvement of public and private water supplies. Health Protection team have developed a local pathway to ensure patients identified are provided access to testing in a timely manner and will report outcomes from the eligible cohort to the National Incident Management Team. Work with DWQR to deliver the requirements on Private Water Supplies. SBC work with supply owners and users through a risk assessment process to continue supply infrastructure and water quality. 	NHS Borders and Scottish Borders Council
5.	National priority	Addressing health inequalities	<ul style="list-style-type: none"> NHS Borders Public Health have a new health inequalities plan (Tackling Health Inequalities in the Scottish Borders). Wider public and stakeholder engagement is planned. HP will increase surveillance of communicable disease locally in the context of potential/regular flooding events. 	NHS Borders Scottish
9.	Local priority	Control Environmental Exposures which have an adverse impact on health	<ul style="list-style-type: none"> Tackle the effects of antisocial or excessive noise in the community. Access to employment Deliver on air quality standards within the local authority area. Access to affordable healthy food Review approaches to swimming pools and spas to ensure appropriate controls are in place regarding infection control. Access to affordable transport Access to suitable housing Blue-green algae – Promotion of safe usage of recreational waters where there is a risk of BGA, implementation of signage and responding to incidents that occur. Public Health Scotland are currently reviewing the Guidelines for the identification and management of E.coli STEC, once published this will be implemented in the Borders. 	NHS Borders Scottish Borders Council
6.	National priority	Minimise the risk to the Public from Shiga toxin-producing <i>E. coli</i> (STEC) infection	<ul style="list-style-type: none"> 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. Scottish Water monitors the safety of public water supplies and SBC Environmental Health monitors Private Water Supplies and ensures that public health interventions are taken for any failing drinking water supplies. Apply the regulations for legionella safety in public buildings. The HPT along with EHO promote the safe practices and procedures where there is contact with livestock at animal parks and farms. Monitor the levels of lead in drinking water in public buildings especially schools and in relevant private establishments such as nurseries. EHOs monitor sampling. SBC EHO ensures the implementation of recommendations on the safe use of agricultural ground for recreational events. 	NHS Borders Scottish Borders Council Scottish Water
10.	Local priority	Resilience to respond to Pandemic through effective multi-agency response	<ul style="list-style-type: none"> Review Business continuity plans and Pandemic plans in light of the learning from the COVID-19 pandemic. The HPT lead on investigations of cases of STEC and use national guidance to manage any cases or outbreaks ensuring the implementation of appropriate control measures. 	NHS Borders Scottish Borders Council and wider partner agencies

11.	Local Priority Regional	Health Protection Resilience	<ul style="list-style-type: none"> • Participate in the East Region Health Protection Service. • Support development of standing operating procedures for the Regional Service. • Provide resource on an NRAC basis as agreed by Directors of Public Health • Ensure there is resource for areas out of scope for the Regional Health Protection service for example Blood Borne Virus, TB and Immunisation Co-coordinator. 	NHS Borders/East of Scotland Health Protection Service
12.	Local priority	Enhance recovery planning for a major incident	<ul style="list-style-type: none"> • Review and further develop the generic Recovery Plan outlining multi-agency responses. • Contribute to Regional Resilience Partnerships. • Specific training in respect of Scientific and Technical Advisory Committees (STAC) to NHS and LA staff. 	NHS Borders/ Scottish Borders Council

13.	Local priority East Region Health Protection	Effective and proportionate arrangements in place to protect public health	<ul style="list-style-type: none"> • Revise joint health protection policies and procedures using national guidance for example PHS Management of Incidents and Outbreaks • 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 an incident. • Consider key performance standards for the response, investigation and actions for public health incidents https://publichealthscotland.scot/publications/management-of-public-health-incidents-guidance-on-the-roles-and-responsibilities-of-nhs-led-incident-management-teams/management-of-public-health-incidents-guidance-on-the-roles-and-responsibilities-of-nhs-led-incident-management-teams/ • Link with the East of Scotland Health Protection Service to develop 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. 	NHS Borders Scottish Borders Council East Region Health Protection Service
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14.	Local priority	Reducing the impact of tobacco, alcohol and other harmful substances on public health	<ul style="list-style-type: none"> • Continued regulation of the smoking ban in enclosed and public places including NHS premises. • Trading standards have an enforcement remit for underage sales with EHOs supporting them. • Continued work lead by the Alcohol and Drug Partnership 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. 	NHS Borders/ Scottish Borders Council and Partners
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15.	Local priority	Strong and Safe Communities	<ul style="list-style-type: none"> 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 Borders Scottish Borders Council
16.	Local priority National	Screening	<ul style="list-style-type: none"> Support the uptake to the national screening programmes. Ensure Key Performance Indicators are met Support any adverse events associated with screening i.e. cervical screening audit. 	NHS Borders
17.	Local priority	Education and advice programme	<ul style="list-style-type: none"> Raising awareness of the Outdoor Code and communicable disease and controls through improved public information. Ensure there are links on NHS Borders and SBC to NHS Inform. Where possible, consider and coordinate seasonal promotions and awareness raising campaigns e.g. a summer campaign highlighting the risks of ticks and barbecues. Increase awareness of health protection issues with local businesses through use of alternative enforcement plans. 	NHS Borders Scottish Borders Council
18.	Local priority	Preventing and minimising the spread of infection	<ul style="list-style-type: none"> 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 minimize risks from zoonotic Infections reported by Scottish Veterinary Service (SVS). 	NHS Borders Scottish Borders Council

18.	Local priority	Preventing and minimising the spread of infection	<ul style="list-style-type: none"> 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 minimize risks from zoonotic Infections reported by Scottish Veterinary Service (SVS). 	NHS Borders Scottish Borders Council
19.	Local Priority/ National Priority	Environmental Health	<ul style="list-style-type: none"> EHO have responsibility for enforcing health and safety at working within establishments under enforcement regulations, setting priorities and targeting interventions. 	Scottish Borders Council
20.	Local Priority	Horizon Scanning and Emerging infections	<ul style="list-style-type: none"> Be aware of new and emerging infections and plan how to minimise their impact locally e.g. Mpox, iGAS. 	NHS Borders Scottish Borders Council
21.	Local priority	Minimise the adverse impact Of climate change	<ul style="list-style-type: none"> Work together to mitigate the effects of climate change. Support partners and Scottish Government in meeting climate change and net zero targets. 	NHS Borders Scottish Borders Council
22.	Local priority	Animal health and zoonosis	<ul style="list-style-type: none"> 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. Update and Publish Local Rabies Pathway as per PHS Guidance. 	NHS Borders Scottish Borders Council

23.	Local/ Regional	Workforce planning and resilience	<ul style="list-style-type: none"> • Training and support in incident management and response including STAC training. • Support the transition to the ERHPT. 	NHS Borders Scottish Borders Council ER Health Protection
24.	Local priority	Water safety plans	<ul style="list-style-type: none"> • Progress water safety plans. 	NHS Borders Scottish Borders Council SEPA
25.	National priority	Coordinated approach to public health	<ul style="list-style-type: none"> • Actively participate in the ERHPT. • Actively participate in the PHS Health Protection Network and associated governance groups to promote a coordinated approach to protecting public health and developing new guidance and systems. 	NHS Borders Public Health Scotland

Appendices

Appendix 2: Communicable Disease and Environmental Health in the Borders

NHS Borders	Joint Health Protection Plan		Page 24 of 32
		Revision due: 2023-2025	

Minority ethnic population

Source: Figure 9 at <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2020>

Table 2 provides an overview of ethnicity in Borders compared to Scotland

These data are also available for the individual local authorities, shown in table 4.

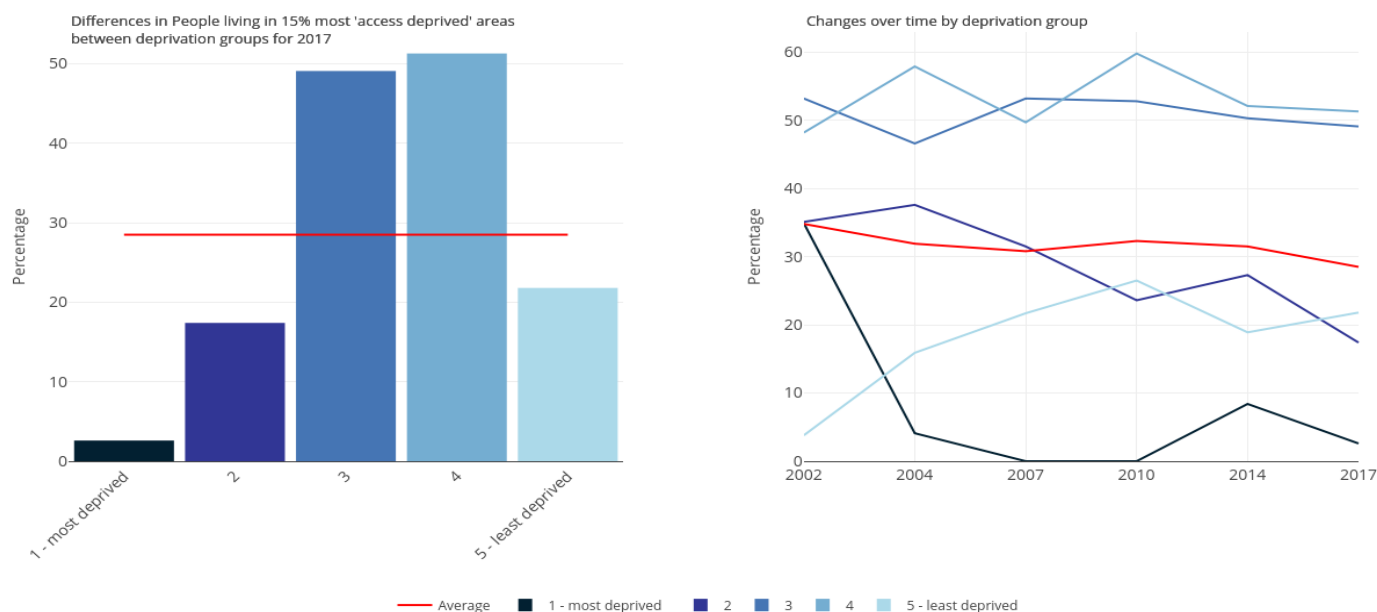


Table 4: Overview of deprivation in Scottish Borders compared to Scotland, Scot PHO Health and Wellbeing Profiles 2022

Area	Male LE (years)	Female LE (years)	Income deprived (%)	Children in low-income families (%)	Adults claiming IB/SDA/ESA (%)
Scottish Borders	79.14	82.51	18.1	12.6	16.7

Source: <http://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool>

Table 2: Overview of ethnicity in the Scottish Borders compared to Scotland, 2011 Census:

Ethnicity	Scottish Borders		Scotland
	Number	Scotland	
White Scottish	78.8%	84%	
White other –British	16.4%		7.9%
White Irish	0.7%	1%	
White Polish	1.1%	1.2%	
White other	1.7%	2%	
Asian	0.6%	2.7%	
Minority–ethnic other groups	0.6%	1.3%	

Source: <http://www.scotlandscensus.gov.uk/en/censusresults/downloadablefilesr2.html>

Minority ethnic groups make up 4% of the Scottish Borders population; this is relatively small but not dissimilar to the 5.4% across Scotland. The white Polish/white other population is the largest minority ethnic group at 2.8% which is similar to the national figure of 3%

(Table 3).

Source: <http://www.scotlandscensus.gov.uk/en/censusresults/downloadablefilesr2.html>

As per 2011 census, only 5.2% of the population in the Scottish Borders have their country of birth outside the EU (4% in Scotland).

Employment

76% of people are economically active, just below the Scotland rate, average earnings are lower. The economy must focus on its areas of competitive advantage – niche manufacturing (in textiles particularly), tourism, construction, farming and production, processing and retail of food and drink. Within these key sectors, a challenge will be to grow their value – in terms of wealth and employment creation and generating revenues from export sales. The fragility of the local economy is reflected in the deteriorating performance statistics that indicate a declining trend in the number of people employed in the key sectors of the economy and are corroborated by increasing trends in both claimant count and unemployment rates. Indeed, the current unemployment data suggest that when the more recent sector employment data is published the downward trend will be maintained. Just under 90% of business sites in the Scottish Borders are micro-enterprises with 0-9 people employed in them and the Scottish Borders economy is more reliant on micro-business activity for employment reflecting the reliance on farming, hotel/ restaurants, retail and construction activity. And while manufacturing is represented, and is a traditional strength of the local economy, lower-value manufacturing faces strong competition from low-cost economies in the global economy. In addition, the area has a higher proportion of people employed by the public sector, and as it contracts there is likely to be a deterioration in local demand for goods and services as disposable incomes fall in real terms, and a corresponding ripple on some of the key sectors of the economy.

Health and Deprivation

Overall Multiple Deprivation rank of 6,976. The most-deprived Data zone in Scottish Borders is Central Langlee in Galashiels with an overall Multiple Deprivation rank of 264. The least-deprived Data zone in Scottish Borders is, the Caledonian Road/ Springhill Road in Peebles with an Overall Multiple Deprivation rank of 6,917. Scottish Borders' most-deprived neighbourhoods are already known-about and have changed little, or even become slightly worse, since the 2016 Scottish Index of Multiple Deprivation.

The 3 Scottish Borders Data zones that are amongst the most deprived 10% in Scotland are in Langlee and Burnfoot, same as 2016. A further 6 Data zones are

NHS Borders	Joint Health Protection Plan		Page 27 of 32
		Revision due: 2023-2025	

within the 20% most deprived in Scotland; these are also in Langlee and Burnfoot but also in other parts of Hawick and in Bannerfield in Selkirk.

At the other end of the deprivation scale, the three Data zones that fall into the least-deprived 10% in Scotland are in Peebles and Melrose as well as neighbourhoods within Innerleithen, Kelso, Lauder, West Linton and the rural area around Clovenfords, are amongst the least-deprived 20% in Scotland.

Central Langlee and all of Burnfoot have become relatively more deprived since 2016.

The Commercial Road area of Hawick is more deprived in 2020 than it was in 2016. Overall, Multiple Deprivation has either stayed the same or got slightly relatively worse overall since 2016 – or has failed to improve as fast as it has improved in other neighbourhoods in Scotland. 9% of the Scottish Borders population is “income-deprived” in 2020, which is lower than the Scottish average of 12%, just as it was in 2016. In general, Income Deprivation in Scottish Borders has either got worse or failed to improve in Scottish Borders since 2016, both in the most-deprived neighbourhoods and in the less-affected neighbourhoods, compared with other parts of Scotland.

- 8% of the Scottish Borders population is employment-deprived in 2020, which is lower than the Scottish average of 9%, as it was in 2016.
- Central Langlee once again has the highest levels of Employment Deprivation, followed by Bannerfield and Burnfoot. Employment Deprivation is generally highest in Hawick but there are also pockets in Kelso and Coldstream. There is evidence that the gap between the most- and the least-employment deprived neighbourhoods is widening.
- More of the worst-affected neighbourhoods in Scottish Borders have got relatively worse since 2016 by Scottish standards than have got better. All of Burnfoot has high levels of Education Deprivation, same as 2016 and has generally got worse, as have other parts of Hawick and part of Eyemouth. Education Deprivation in Langlee has improved. There has been a slight increase in Education Deprivation in a number of previously less-deprived neighbourhoods. Health Deprivation in Scottish Borders is becoming more

NHS Borders	Joint Health Protection Plan		Page 28 of 32
		Revision due: 2023-2025	

polarised, with the overall less-deprived neighbourhoods getting healthier and the most-deprived becoming relatively sicker. Most of Langlee, another part of Galashiels, all of Burnfoot and Bannerfield have amongst the worst health deprivation in Scotland. These vulnerable neighbourhoods have persistent health deprivation which is getting relatively worse by Scottish standards. There is a strong association between Health Deprivation and overall Multiple Deprivation, suggesting that improving public health is key to reducing Multiple Deprivation.

NHS Borders	Joint Health Protection Plan		Page 29 of 32
		Revision due: 2023-2025	

Appendix 2 - Communicable Disease and Environmental Health in the Borders

1. Notifiable Disease in the Borders

The Department of Public Health is made aware of cases of Communicable Disease in a number of ways:

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

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

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

- Two or more persons with the same disease or symptoms or the same organism isolated from a diagnostic sample, who are linked through common exposure, personal characteristics, time or location
- A greater than expected rate of infection compared with the usual background rate for the particular place and time

A CD incident may comprise of one of the following:

- A single case of a particularly rare or serious disease
- A suspected, anticipated or actual event involving microbial or chemical contamination of food or water

Table 2 below briefly summarises outbreaks reported to the Department of Public Health during 2023. Most were investigated and managed informally within the department with the assistance of other NHS Borders staff, partner agencies and individuals. Occasionally there is a need to formally convene an 'outbreak control team' for more significant events.

NHS Borders	Joint Health Protection Plan		Page 30 of 32
		Revision due: 2023-2025	

Table 2: Significant public health incidents or outbreaks 2023

Incident/Outbreak	Main issues
Water26 situations	
	Failures Lead 10 Cryptosporidium 2 Copper 1 Iron 4 Pesticide (asulam) 1 Chemical spill in drinking water 1 Chlorate 1 E-coli & Coliform water failure 3 Nitrate failure 1 Mains update 1 Aluminium 1
Specific Diseases	Cases from (01/01/2023 – 22/12/2023)
Campylobacteriosis	210
Clostridium difficile infection	18
Clostridium perfringens infection	11
Covid 19	889
Cryptosporidium	17
Diphtheria Corynebacterium ulcerans	1
E.coli	55
Entamoeba dispar infection	3
Gastroenteritis	15
Giardiasis	3
Haemophilus influenzae infection, non-type B or unspecified	3
Haemophilus septicaemia	1
Hep B (Acute and chronic)	16
Hep C (acute and chronic)	53
Hep E	3
HIV	1
iGAS (Invasive Group A Streptococcal) infection	6
Influenza A, Swine	3
Meningococcal infection	3
Mycobacterium infection,	6

Incident/Outbreak	Main issues
unspecified	
Norovirus Infection	84
Pneumococcal infection	3
Pseudomonas infection	1
PVL-associated staphylococcal infection	1
Respiratory syncytial viral infection	4
Salmonellos	20
Streptococcus A/Scarlet Fever	443
Toxic effect of other specified substance(s)	1
Tuberculosis	6
Varicella	10
Yellow Fever	1