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West Lothian Council

Environment Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

7 September 2016

A meeting of the **Environment Policy Development and Scrutiny Panel** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre** on **Tuesday 13 September 2016** at **2:00pm**.

For Chief Executive

BUSINESS

1.   Apologies for Absence

2.   Order of Business, including notice of urgent business

3.   Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.

4.   Confirm Draft Minute of Meeting of Environment Policy Development and Scrutiny Panel held on Thursday 09 June 2016 (herewith).

5.   Public Health Etc. (Scotland) Act 2008 - Joint Health Protection Plans - Report by Head of Planning, Economic Development and Regeneration (herewith).

6.   Local Air Quality In West Lothian - Report by Head of Planning, Economic Development and Regeneration (herewith).

7.   Riverlife: Almond & Avon Programme - Report by Head of Operational Services (herewith)

8.   Active Travel Plan Implrementation 2016/17 - Progress Report - Report by Head of Operational Services (herewith).

9.   Policy on Street Naming and Numbering - Report by Head of Operational Services (herewith).

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NOTE   **For further information please contact Eileen Rollo on 01506 281621 or email eileen.rollo@westlothian.gov.uk**

MINUTE of MEETING of the ENVIRONMENT POLICY DEVELOPMENT AND SCRUTINY PANEL of WEST LOTHIAN COUNCIL held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, on 9 JUNE 2016.

Present – Councillors Tom Conn (Chair), Tony Boyle, Diane Calder, Dave King, Greg McCarra, Diane Calder, Lawrence Fitzpatrick substituted for Barry Robertson

Apologies – Councillor Barry Robertson

1.   ORDER OF BUSINESS, INCLUDING NOTICE OF URGENT BUSINESS

        The panel agreed to hear the four deputations in respect of Agenda Item 9 (Civic Government (Scotland) Act 1982 – Review of Standard Conditions for Processions.

2.   DECLARATIONS OF INTEREST

        There were no declarations of interest made.

3.   MINUTE

        The panel confirmed the Minute of its meeting held on 9 June 2016 as a correct record. The Minute was thereafter signed by the Chair.

4.   DEPUTATION REQUEST BY MR JAMES G MACLEAN, PROVINCIAL GRAND CHAPTER OF SCOTLAND – AIRDRIE & COATBRIDGE ROYAL BLACK DISTRICT CHAPTER NO 3

        The panel heard Mr James G MacLean speak in relation to the report. Mr MacLean expressed his concerns in relation to the review of the council's standard conditions for processions.   Mr MacLean advised that the primary objection was financial and how organisations would meet the cost that would be incurred as the amendments to conditions were tantamount to imposing a charge. He went on to say that the changes would put an unjustifiable burden on organisations engaging in peaceful assembly.

5.   DEPUTATION REQUEST BY MR ALAN CRAWFORD, APPRENTICE BOYS OF DERRY, ARMADALE BRANCH CLUB IN RELATION TO THE REVIEW OF STANDARD CONDITIONS FOR PROCESSIONS.

        There was no representation from the Apprentice Boys of Derry, Armadale Branch to speak at the meeting.

6.   DEPUTATION REQUEST BY MR JAMES YOUNG, APPRENCTICE BOYS OF DERRY, BLACKBURN NO SURRENDER BRANCH

There was no representation from the Apprentice Boys of Derry, Blackburn No Surrender Branch to speak at the meeting.

7.   DEPUTATION REQUEST BY MR T DAVIDSON, LOYAL ORANGE INSTITUTION OF SCOTLAND COUNTY GRAND LODGE OF THE EAST

The panel heard Mr George Wilson speak in relation to the review of the council's standard conditions for processions. Mr Wilson advised that the Loyal Orange Institution of Scotland had worked well with West Lothian Council over a number of years and that there was well established collaboration with all stakeholder groups, that assisted with the smooth running of public processions. Mr Wilson advised that the amendments to conditions raised a number of difficulties in particular to conditions 2, 3, 6, 8 and 9.

8.   CIVIC GOVERNMENT (SCOTLAND) ACT 1982 – REVIEW OF STANDARD CONDITIONS FOR PROCESSIONS

The panel considered a report (copies of which had been circulated) by the Head of Corporate Services providing details of the review of the council's standard conditions for processions.

The report advised that under Section 62 of the Civic Government (Scotland) Act 1982 a person proposing to hold a procession in public was required to give written notice of that proposal to the council. Under Section 63 (1) of the act the council may, after consulting the Chief Constable, make an order prohibiting the holding of the procession or impose conditions on the holding of it.

Following changes to the council's procedures for processing notifications in relation to processions, the council's current standard conditions were being reviewed in order to ensure they were fit for purpose and up to date.

A proposed framework of amended standard conditions were prepared after consultation with Police Scotland and a period of consultation. A number of specific consultees were contacted and they were listed in Appendix 1 to the report.

A copy of the proposed framework of amended standard conditions was attached as Appendix 2 to the report. Conditions 1 and 2 were proposed new standard conditions which were connected to Safety Advisory Groups (SAGs). All other proposed amendments were to conditions currently in the council's standard conditions.

The report went on to provide a brief narrative on new conditions 1 and 2 and a summary of the other main changes proposed.

Appendix 3 to the report contained a summary of the consultation responses received and the Licensing Team's comments on the responses.

Many of the responses concerned matter of public safety and this issue was raised with Police Scotland. Police Scotland's response was contained in appendix 4 to the report.

The report went on to advise that should the Council Executive approve a framework of amended standard conditions it may specify the date on which they would take effect. It was also advised that once they have taken effect they would not be applied to all processions as standard.

In conclusion the report advised that the council as local authority was responsible for making orders prohibiting or imposing conditions on the holding of processions.

The proposed framework of amended standard conditions was designed to ensure that the council's standard conditions for processions were fit for purpose and up to date. The application of a framework of proposed standard conditions as described was designed to ensure that, rather than being applied as a whole to all processions, specific conditions were applied to individual processions as appropriate on a case by case basis.

The report recommended that the panel:-

1. Note that a consultation had been undertaken regarding proposed amended standard conditions;

2. Note the terms of the proposed framework of amended standard conditions and the comments which had been received from stakeholders; and

3. Agree to recommend to the Council Executive that it approve a framework of amended standard conditions.

There then followed a number of questions in relation to the amended standard conditions, in particular to conditions 3, 5 & 6 and after lengthy discussions the following changes to these conditions were suggested:-

Condition 3 – to be amended to "The organiser of the procession shall ensure that they are available at all times during the procession, or appoint an additional contact, to liaise with an officer of Police Scotland or the council as and when required".

Condition 5 – to be amended to "The organiser of the procession shall ensure that the procession adheres to the route stated in this order unless altered by Police Scotland due to other concerns".

Condition 6 – to be amended to "The organiser of the procession shall ensure that the number of participants does not exceed the number stated in the notification for the procession given by the organiser to the council, as well as the requirement from the organiser to provide information in relation to the numbers in attendance on the day in consultation with an officer of Police Scotland or the council as required".

Decision

1. To note the contents of the report.

2. To agree that the report be forwarded to the next appropriate meeting of the Council Executive with the recommendation that it be approved subject to the following amendments:-

Condition 3 – to be amended to "The organiser of the procession shall ensure that they are available at all times during the procession, or appoint an additional contact, to liaise with an officer of Police Scotland or the council as and when required".

Condition 5 – to be amended to "The organiser of the procession shall ensure that the procession adheres to the route stated in this order unless altered by Police Scotland due to other concerns".

Condition 6 – to be amended to "The organiser of the procession shall ensure that the number of participants does not exceed the number stated in the notification for the procession given by the organiser to the council, as well as the requirement from the organiser to provide information in relation to the numbers in attendance on the day in consultation with an officer of Police Scotland or the council as required".

9. CIVIC GOVERNMENT (SCOTLAND) ACT 1982 – REVIEW OF STANDARD CONDITIONS FOR LICENSED METAL DEALERS AND ITINERANT METAL DEALS

The panel considered a report (copies of which had been circulated) by the Head of Corporate Services) advising of a review of the council's standard conditions for licensed metal dealers and itinerant metal dealers.

The report advised that under the Civic Government (Scotland) Act 1982, metal dealers, who carry on the business of metal dealing from premises and itinerant metal dealers, who carry on the business of metal dealing by means of visits from place to place, both require to be licensed.

The Head of Corporate services explained that the Scottish Government was making changes to the licensing and regulation of metal dealers and itinerant metal dealers. Some of these change had already taken effect and the remaining changes would take effect on 1 September 2016. A particular change is that from 1 September 2016 cash will no longer be legally acceptable payment for metal by a licensed metal dealer or an itinerant metal dealer.

In light of these changes the council's standard conditions for licensed metal dealers and itinerant metal dealers were being reviewed to ensure they were consistent with the new requirements and up to date.

Proposed amended standard conditions were prepared, and specific consultees were contacted as part of the review and attached as appendix 1 to the report. Appendix 2 contained a copy of the proposed amended standard conditions for metal dealers and appendix 3 contained a copy of the proposed amended standard conditions for itinerant metal

dealers.

The report advised that the council as licensing authority could apply amended conditions to an existing licence by varying the conditions to which the licence was subject. The council was required to give 7 days' notice to each licence holder of the meeting at which variation of conditions of their licence was to be considered by the Licensing Committee.

Should the Council Executive approve the proposed amended standard conditions, it may specify the date on which they would take effect for the purposes of both exiting licences and all new licenses granted.

In conclusion the report advised that the council as licensing authority was responsible for determining the standard conditions applicable to licensed metal dealers and itinerant metal dealers in West Lothian. The proposed amended standard conditions would bring the council's standard conditions up to date with changes to the licensing regulation of metal dealers and itinerant metal dealers made by the Scottish Government.

The report recommended that the panel:-

1. Note that a consultation had been undertaken regarding proposed amended standard conditions;

2. Note the terms of the proposed standard condition; and

3. Agree to recommend to the Council Executive that it approve the proposed standard conditions.

Decision

1. To note the contents of the report.

2. To agree that the report be forwarded to the next appropriate meeting of the Council Executive with the recommendation that it be approved.

10.   PETITION – BEECHWOOD GROVE, UPHALL STATION

The panel considered a report (copies of which had been circulated) by the Head of Operational Services advising of the submission of a petition from the residents of Beechwood Grove, Uphall Train Station.

The report advised that a petition signed by 79 people mainly residents of Beechwood Grove and Marrfield Terrace, Uphall Station had been received by the council.

The report advised that concerns regarding the effects of commuter parking on the residents of Beechwood Grove and Marrfield Terrace had previously been raised with the council. Officers examined parking on these streets on a number of occasions, including during March 2015, October 2015 and April 2016. During these visits there was parking on

Marrfield Terrance Beechwood Grove which was likely to have been associated with commuters using Uphall Train Station, however there was no evidence that this parking was leading to congestion or parking being construed as obstructive.

The Head of Operational Services explained that the council has limited tools available to manage the situation. Parking restrictions could be introduced to protect junctions and maintain traffic flow but this was needed at this time.

Removing commuter parking completely from around stations required a residents permit parking scheme. However, following on from results of an experimental residents permit parking scheme in Linlithgow, the council had no plans for any other residents parking schemes at the present time.

With regard to the waste area identified by the residents to be utilised as a car park for commuters, the ground to the east of the existing car park is not under the ownership of the council. The council has worked with the rail authorities previously to provide additional parking at stations, including Uphall Train Station but there was no funding, or plans for any further works.

In conclusion the report advised that the ground required for the construction of the car park was not owned by the council and there were no plans to construct an additional car park at this location.

The report recommended that the panel note the petition and recommend that the Council Executive approve the recommendation of no further action at this time.

Following discussions it was suggested that the panel recommend that the Council Executive write to Network Rail highlighting the success of Uphall Train Station but the lack of infrastructure was causing parking issues for residents.

<u>Decision</u>

1. To note the contents of the report

2. To add a recommendation to ask the Council Executive to write to Network Rail highlighting the success of Uphall Train Station but the lack of infrastructure was causing parking issues for residents.

3. To agree that the report be forwarded to the next appropriate Council Executive recommending that it be approved.

11.   <u>PERFORMANCE REPORT</u>

The Panel considered a report (copies of which had been circulated) by the Head of Operational Services advising of current levels of performance for all indicators which were the responsibility of the Environment Policy Development and Scrutiny Panel.

The Head of Operational Services advised that the council's performance management system, Covalent, measured the performance of service activities through the use of key performance indicators (KPI's). Covalent used a simple traffic light system to show if progress was on target (green), in danger of falling behind target (amber) or below target (red).

The report advised that there were currently 29 High Level Key Performance Indicators under the remit of the panel and were categorised as follows:-

- 22 green

- 3 amber

- 4 red

Appendix 1 to the report contained full details of each indicator.

In conclusion it was advised that the report informed the panel of the performance of the wide range of activities within Operational Services. The information contained in the report and appendices would allow the panel to focus on the issues that services currently faced and included indicators where services performance was currently below target.

It was recommended that the Panel note the performance information and determine if further action or enquiry was necessary for any of the indicators mentioned in the report.

Decision

To note the contents of the report

12.   CENTRAL SCOTLAND GREEN NETWORK DECLARIONS WITH WEST LOTHIAN COUNCIL

The panel considered a report (copies of which had been circulated) by the Head of Planning, Economic Development & Regeneration and Head of Operational Services providing details of the proposed second Central Scotland Green Network (CSGN) declaration with West Lothian.

The report advised that the Central Scotland Green Network remained one of 14 National Developments identified in the third National Planning Framework which aimed to make a significant contribution to Scotland's sustainable economic development.

The GSGN was intended to deliver a step change in environmental quality, woodland cover and recreational opportunities to make Central Scotland a more attractive place to live and do business, help to absorb CO_2, enhance biodiversity and promote healthier and more active lifestyles.

This would be achieved by restoring and transforming the landscape of an

area stretching from Ayrshire and Inverclyde in the west, to Fife and the Lothians in the east. The former Central Scotland Forest Trust became the main delivery body in March 2014, and was re-named the Central Scotland Green Network Trust, based at Shotts with a staff of around 30.

The report went on to advise that green networks in and around towns and cities were increasingly seen as a mechanism to deliver many of the social, environmental and economic outcomes identified by the Scottish Government's National Performance Framework and by Single Outcome Agreements.

Initially the Forestry Commission Scotland and Scottish Natural Heritage were joint lead partners for CSGN on behalf of the Scottish Government but the Trust now received support direct from Scottish Government.

As a National Development within the third National Planning Framework, local planning authorities were required to take account of the CSGN when preparing their development plans and when making planning decisions.

West Lothian Council had been successful in securing grants from various rounds of the CSGNT Development Fund to undertake studies and implement projects. Appendix 1 to the report outlined projects that CSGNT had carried out in West Lothian since 2014.

Each local authority within the CSGN was requested to redesign their own declaration acknowledging the aims of the CSGN, its vision and the opportunity it provided to deliver economic, social and environment objectives. The declaration would also commit each council to deliver the CSGN through a number of actions specific to its area.

In conclusion the report advised that the CSGN was a central government initiative that currently formed the largest environmental transformation project in north western Europe. West Lothian would continue to have a key role as part of the Central Scotland Forest and should work with the CSGNT and its partners to further secure environmental improvements.

The report recommended that the panel:-

1. Note the report and offer any comments; and

2. Recommend to the Council Executive that the Leader of the Council and the Chief Executive, sign the CSGN declaration on behalf of West Lothian Council, as is occurring with other local authorities within the Central Scotland Green Network and other partners.

Decision

1. To note the contents of the report.

2. To agree to forward to the report to the next appropriate meeting of the Council Executive with the recommendation that it be approved.

13.   FOOD SERVICE PLAN 2016-2017

The panel considered a report (copies of which had been circulated) by the Head of Planning and Economic Development advising of the Food Service Plan 2016-17 and for the need for the council to approve an annual food service plan, a copy of which was attached to the report at Appendix 1.

Since 1 April 2015 Food Standards Scotland had been responsible for all strategic and policy aspects of food standards and food safety in Scotland. There were specific obligations places on local authorities in regard of delivering food safety official controls and the Food Service Plan outlined how these obligations were being met.

Safe food and drink was something which the vast majority of the population took for granted and the safety of this fundamental human need relied on a competent, trustworthy and properly regulated and managed supply monitored mainly by Environmental Health Officers working within local authorities. The purpose of the Food Service Plan was to outline how such controls were delivered in West Lothian using existing resources.

The key role of the service was public health protection and the service plan provided an overview of how this would be delivered in West Lothian. The service plan also identified the different aspects and approaches of service delivery to ensure a rounded, balanced and effective approach to public health protection.

The Food Service Plan detailed important elements of performance by presenting statistics and case studies to illustrate the balance between the output and outcomes of service delivery. Everyone working within the service had a responsibility for ensuring delivery of the best service possible. Performance was also monitored and assessed by various methods and reported internally and publically.

The Food Service Plan detailed important elements of performance by presenting statistics and case studies to illustrate the balance between the output and outcomes of service delivery. Everyone working within the service had a responsibility for ensuring delivery of the best service possible. Performance was also monitored and assessed by various methods and reported internally and publically.

The Head of Planning and Economic Development concluded by providing details of the performance of the previous Food Service Plan for 2015-16 and provided details of those challenges that remained in the new Food Service Plan for 2016-17.

The report recommended that the panel

1. Note the content of the report and accompanying Food Service Plan; and

2. Note that the report and Food Service Plan subject to any further considerations by the panel will be presented to the Council Executive with a recommendation that the report and plan are approved.

Decision

1. To note the contents of the report.

2. To agree that the report be forwarded to the next appropriate meeting of the Council Executive with the recommendation that it be approved.

14. HEALTH AND SAFETY SERVICE PLAN 2016-17

The panel considered a report (copies of which had been circulated) by the Head of Planning, Economic Development and Regeneration advising of the Health and Safety Service Plan 2016-17 and for the need for the council to approve an annual health and safety service plan, a copy of which was attached to the report at Appendix 1.

In order to meet the requirements of the National Local Authority Enforcement Code, West Lothian Council was required to develop and approve an annual health and safety service plan. The national code was given legal effect under Section 18 of the Health and Safety at Work, etc Act 1974.

The plan outlined how health and safety would be monitored and enforced within West Lothian businesses and other regulated activities. Whilst the main responsibility for ensuring health and safety remained with the businesses and individuals who created the risk, environmental health officers had a statutory duty in ensuring effective risk management, supporting businesses, protecting the West Lothian community and contributing to the wider public health agenda.

The key role of the service was public health protection and the service plan provided an overview of how this would be delivered in West Lothian. Service priorities had been established to ensure the best practical service in addressing the safety and public health needs of our communities. They also reflected guidance issued by the HSE in regard to prioritising safety inspections and enforcement activity.

The report continued to provide information on how performance would be measured and monitored noting that everyone working within the service had a responsibility for ensuring delivery of the best service possible.

The Head of Planning and Economic Development concluded by providing details of the performance of the Health and Safety Service Plan for 2015-16 and provided details of those key challenges for 2016-17.

It was recommended that the panel :-

1. Note the content of the report and accompanying Health and Safety Service plan; and

2. Note that the report and Health and Safety Service Plan, subject to any further considerations by the panel, will be forwarded to the Council Executive with a recommendation that the report and plan are approved.

Decision

1. To note the contents of the report.

2. To agree that the report be forwarded to the next appropriate meeting of the Council Executive with the recommendation that it be approved.

ENVIRONMENT POLICY DEVELOPMENT AND SCRUITINY PANEL

PUBLIC HEALTH ETC. (SCOTLAND) ACT 2008 – JOINT HEALTH PROTECTION PLANS

REPORT BY HEAD OF PLANNING ECONOMIC DEVELOPMENT & REGENERATION

A.   PURPOSE OF REPORT

The purpose of this report is to advise members that the Joint Health Protection Plan for 2016-18, prepared by NHS Lothian in collaboration with The City of Edinburgh Council, East Lothian, Midlothian and West Lothian Council officers, has been updated as required by the Public Health Etc., (Scotland) Act 2008 and is now available for consideration.

B.   RECOMMENDATION

It is recommended that the panel:

1 -   Consider and comment upon the content of the plan.

2 -   Notes the intention to present the Plan to the Council Executive with a view to it being approved.

C.   SUMMARY OF IMPLICATIONS

I	**Council Values**	Focusing on our customers' needs; being honest, open and accountable; making best use of our resources; and working in partnership.
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	It is a requirement under the Public Health etc., (Scotland) Act 2008 that a joint health protection plan be prepared, adopted and reviewed every two years. The activities within the plan align with the Scottish Government and local authority single outcome agreement health aspirations. The plan does not require a strategic environmental assessment. The plan promotes equality and assists in reducing risk to the council through forward planning activities.
III	**Implications for Scheme of Delegations to Officers**	None.

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IV	**Impact on performance and performance Indicators**	One of the features of the plan is to report upon infections disease control. This is a publically reported performance indicators for environmental health; P:EH043_9b.2a: Number of cases of infectious disease reported to the service.
V	**Relevance to Single Outcome Agreement**	The JHPP supports delivery under SOA 6 – We live longer, healthier lives.
VI	**Resources - (Financial, Staffing and Property)**	The plan will be delivered within existing resources.
VII	**Consideration at PDSP**	This is the first report of the updated plan to the PDSP.
VIII	**Other consultations**	NHS Lothian, The City of Edinburgh Council, East Lothian and Midlothian Councils.

D.   TERMS OF REPORT

D.1   The Public Health etc. (Scotland) Act 2008 places a requirement on each health board to prepare and publish a joint health protection plan (JHPP) in consultation with relevant local authorities. The original plan for the NHS Lothian area, prepared in 2010 and updated in 2012 and 2014, has now been further reviewed and updated by NHS Lothian's Consultant in Public Health Medicine in collaboration with Environmental Health Managers from the City of Edinburgh Council, East Lothian, Midlothian and West Lothian Councils.

Much of the plan is a collation of information on available resources, information about the disease burden within the Lothian's and a summary of each partners' priorities. It identifies opportunities for joint working, joint training, and joint evaluation of outcomes following any public health incident. It builds on the work done and allows local authorities and NHS to better target their resources to common health improvement aims.

The plan identifies Scotland's goals in reducing mortality and morbidity from communicable disease, reducing exposure to environmental hazards, improving health, wellbeing and the quality and sustainability of the environment. It recognises that these are set out in the national and international policy documents. These are echoed in the shared key objectives of the communicable disease and environmental health functions of NHS Lothian and Lothian Local Authorities, which are:

- To reduce preventable illness and death from communicable disease and environmental hazards.

- To 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.

- To work with partner agencies to put in place measures for effective management of non-communicable disease public health incidents and health.

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The periodic review is to ensure that local authorities and health boards are aware of the contribution joint working can deliver and to make sure that each is aware of the other's priorities. The JHPP, copies of which are available form committee services, fulfils this aim. It is anticipated that the Plan will be a flexible document and will be refreshed as priorities change within each partner body. Each of the other partners will be presenting the Plan to their respective elected/board members for approval. It is also a requirement within the Act that the local authority share with the NHS a list of officers designated as competent under the Act. This has been done under a separate letter to the Director of Public Health Medicine NHS.

Over the last five years, some key national health protection priorities have been restated in policy documents. These include the publication of the fourth edition of the Approved Code of Practice (ACOP) for the control of Legionella Bacteria in Water System and the VTEC/E coli O157 Action Plan for Scotland 2013-2017 which aims to reduce the incidence of this infection by setting strategic direction for key partners and emphasising collaborative roles. Additionally, NHS Scotland Resilience Guidance requires Chief Executives to ensure adequate preparedness for major incidents and emergencies.

The functions undertaken by Environmental Health complement those undertaken by the NHS. Health Boards and Local Authorities have a duty to co-operate in pursuit of protecting and improving the health and wellbeing of the local population. Environmental Health advise on the development of laws, regulations and policies at local, national and international level and carry the major responsibility for local implementation and enforcement in the following areas:

- Air quality
- Noise and other statutory nuisances
- Recreational water quality
- Drinking water quality – particularly private supplies
- Food safety
- Living and working conditions
- Injuries at home and at work
- Public safety - exposure to hazardous substances

An extended list of priorities and activities are listed at section 5.1.2 of the plan. The mortality rate table at figure 3 (page 13) indicates that cancers, cardiovascular and respiratory issues feature as the top three most common causes of death in Lothian. All three of these causes are impacted by air quality, a growing area of work/resource allocation within West Lothian.

This refreshed plan also highlights that the contribution of physical surroundings to the health of those living in our most deprived areas of society is significant. There are indications that there is no significant socioeconomic gradient in the level of direct environmental hazards to human health. Frequently though, less affluent communities are untidy, damaged and lacking in amenities; these factors create neighbourhoods which are often alienating and even threatening. This creates indirect environmental hazards to human health that act through a more complex causal pathway. This produces an unhealthy built environment that contributes to a cocktail of disadvantage inconsistent with health and wellbeing for adults and children.

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E. CONCLUSION

The Public Health etc., (Scotland) Act places a requirement on health boards to prepare a joint health protection plan in collaboration with the representative local authorities. The implementation guidance accompanying the act suggests that the JHPP be "formally submitted to the NHS Board and relevant local authority committees for sign-off, via clinical governance/risk management committees."

This recently updated JHPP satisfies these legal requirements and it is recommended that, following consideration, the plan be submitted to the Council Executive for approval, and that once approved, the Chief Executive is asked to endorse it with his signature.

F. BACKGROUND REFERENCES

Council Executive 19 June 2014 - Public Health etc. (Scotland) ACT 2008 – Joint Health Protection Plans.

Council Executive 24 April 2012 - Public Health etc. (Scotland) ACT 2008 – Joint Health Protection Plans.

Environment PDSP 22 March 2012 - Public Health etc. (Scotland) ACT 2008 – Joint Health Protection Plans

Council Executive 29 June 2010 Public Health etc. (Scotland) ACT 2008 – Joint Health Protection Plans.

Environment PDSP 10 June 2010 - Public Health etc. (Scotland) ACT 2008 – Joint Health Protection Plans.

Appendices/Attachments: The JHPP is a large document therefore is available electronically from member's services.

Contact Person: Andrew Blake Environmental Health and Trading Standards Manager 01506 282381. Andrew.blake@westlothian.gov.uk

Craig McCorriston

Head of Planning, Economic Development and Regeneration.

13 September 2016

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LOTHIAN

JOINT HEALTH PROTECTION PLAN

NHS
Lothian

East Lothian
Council

·EDINBVRGH·
THE CITY OF EDINBURGH COUNCIL

Midlothian

West Lothian
Council

April 2016 – March 2018

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Foreword

This is the fourth Lothian Joint Health Protection Plan (JHPP), produced as a requirement under the Public Health etc (Scotland) Act 2008[1]. This plan has been prepared in close collaboration between NHS Lothian and the four Local Authorities of the City of Edinburgh, East Lothian, Midlothian and West Lothian.

The partners have realised some benefits from the first three plans, including better relationships and working arrangements which have resulted in improved joint incident and outbreak management, joint training and continuing professional development (CPD) sessions.

The first plan provided guidance for the introduction of systems, identified resources that are required for delivery of health protection in Lothian and mapped out key components for implementing the Public Health Act. The second plan also identified priorities for joint working. The third and fourth plans take joint working further, particularly on areas of shared concern such as air quality but will also strengthen the shared approach to quality improvement between NHS Lothian and the four Local Authorities, building on the lessons learned during incidents that took place between 2012-2016 (Appendix 1).

NHS Lothian's Public Health and Health Policy Directorate, of which the Health Protection Team (HPT) is a part of, already works closely with colleagues in Environmental Health at Lothian Councils in the investigation and management of cases involving communicable diseases and environmental hazards. The Public Health etc. (Scotland) Act 2008[1], which came about as a response to the International Health Regulation (IHR), the Human Rights Act[2] and emerging issues such as new infectious diseases and terrorism, has been helpful in clarifying roles and responsibilities in this existing arrangement.

Scotland's goals in reducing mortality and morbidity from communicable disease, reducing exposure to environmental hazards, improving health, wellbeing, the quality and sustainability of the environment are set out in the national and international policy documents[1,3–7]. These are echoed in the key objectives of the communicable disease and environmental health functions of NHS Lothian and Local Authorities, which are:

- To reduce preventable illness and death from communicable disease and environmental hazards

- To 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

- To work with partner agencies to put in place measures for effective management of non-communicable disease public health incidents and health improvement measures to mitigate health impact of environmental hazards

The Act has also provided an opportunity to develop our planning processes, linking local departmental plans and ensuring that our objectives match closely those of the wider NHS and Lothian Councils' planning systems.

Over the next two years we will continue to work towards meeting these objectives, reporting progress on an annual basis through the existing planning processes including the new community planning arrangements set out in the Community Empowerment Act[8].

The collaborative approach between NHS and Local Authorities was re-emphasised in the 2011 Scottish Government guidance on managing public health incidents[9]. The guidance clarifies the role of NHS Boards in sharing statutory responsibility for improving and protecting public health with Local Authorities and other partner agencies. Critical in this role is the joint formation of incident management teams, the provision of the necessary resources for management of incidents on a 24 hour basis and the continuous improvement of the quality of incident management. This guidance is currently under review.

Over the last five years, some key national health protection priorities have been restated in policy documents. These include the publication of the fourth edition of the Approved Code of Practice (ACOP) for the control of Legionella Bacteria in Water System[10], the VTEC/E coli O157 Action Plan for Scotland 2013-2017[11] which aims to reduce the incidence of this infection by setting strategic direction for key partners and emphasising collaborative roles. Additionally, NHS Scotland Resilience Guidance requires Chief Executives to ensure adequate preparedness for major incidents and emergencies[12].

This plan also supports key priorities identified in the Single Outcome Agreements (SOA)[3] for each of the Local Authority areas between the Councils, NHS Lothian and their other community planning partners, particularly in relation to the Scottish Government national outcomes for health improvement, reducing health inequalities and delivering quality public services.

We wish to continue to improve our knowledge and the quality of the service we provide for the population of Lothian and welcome comments on this plan – please send these to: health.protection@nhslothian.scot.nhs.uk

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Professor Alison McCallum
Director of Public Health and
Health Policy
NHS Lothian

Mr Tim Davison
Chief Executive
NHS Lothian

Ms Angela Leitch
Chief Executive
East Lothian Council

Mr Andrew Kerr
Chief Executive
City of Edinburgh Council

Mr Kenneth Lawrie
Chief Executive
Midlothian Council

Mr Graham Hope
Chief Executive
West Lothian Council

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1 Preface

This joint plan for NHS Lothian and Local Authorities has been produced in accordance with the Part 1 guidance for The Public Health etc. (Scotland) Act 2008[1]. This aims to:

- Provide clarity about which agency and persons have overall responsibility in protecting the public health, for example ensuring lessons learned from the fatal accident inquiry into the Central Scotland E. coli O157 outbreak[13].

- Ensure preparedness and enhance co-operation among agencies in combating major emergencies, for example bioterrorism and lessons from SARS.

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

- Update the principles and concepts underpinning public health legislation for the twenty-first century to reflect changes in public health ethics and values, new scientific developments and the response to globalisation.

Purpose of the plan

The purpose of the plan is to provide an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness and to support the collaborative arrangements that exist between NHS Lothian and Local Authorities. A joint overall steering group will continue to oversee the plan's implementation.

Geographical extent of the plan

This plan covers the NHS Lothian Health Board area, which includes the City of Edinburgh, East Lothian, Midlothian and West Lothian Councils.

Statutory responsibility

NHS Lothian has the statutory responsibility to produce this plan in consultation with the City of Edinburgh, East Lothian, Midlothian and West Lothian Councils.

Authors

The plan has been written through a consultative process by a working group comprising NHS Lothian's Director of Public Health and Health Policy, a Consultant in Public Health Medicine and other staff members and the Chief Officers of Environmental Health of the City of Edinburgh, East Lothian, Midlothian and West Lothian Councils. This team also constitutes the steering group which oversees the implementation of the plan. The agency representatives at the steering group which developed the plan were:

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Name	Designation
Mr Andrew Blake	Environmental Health and Trading Standards Manager, West Lothian Council
Mr Derek Oliver	Environmental Health Service Manager, East Lothian Council
Professor Alison McCallum	Director of Public Health and Health Policy, NHS Lothian
Dr Richard Othieno	Consultant in Public Health Medicine, NHS Lothian – Chair
Mrs Edel Ryan	Manager, Environmental Health, Midlothian Council
Mr Colin Sibbald	Food, Health and Safety Manager, City of Edinburgh Council
Mr Stephen Williamson	Food, Health & Safety Manager, City of Edinburgh Council

Governance Arrangements

This plan has been approved by the Board and Corporate Management Team of NHS Lothian, each of the Councils and the relevant elected member forum of each Local Authority. It has been adopted by NHS Lothian's Lothian Infection Control Advisory Committee (LICAC) and Healthcare Governance Committee (HCG).

Status

This plan is a public document and can be accessed by the public from NHS Lothian and Local Authorities' websites. Variations of this plan will be subject to consultation with the partner Local Authorities. This plan covers the period 2016-2018. This plan will be formally reviewed every two years.

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2 Overview of the Lothians

2.1 Population

Lothian is a geographically diverse area covering approximately 700 square miles, with a population of 858,090. The largest population centre is the City of Edinburgh (population 492,680). The remaining area is split into East Lothian (102,050), Midlothian (86,210) and West Lothian (177,150)[14]. The gender ratio is 49% male to 51% female[14].

The age profile shows that mean age is 38, 16% are under 16 years, 66% are working age and 17% are pensionable age. The proportion of pensionable adults is highest in East Lothian (21%) and lowest in the City of Edinburgh Council (16%)[14]. **Figure 1** illustrates the current population profile by age and sex of Lothian[14].

Figure 1: Lothian estimated population by age and sex: Mid 2014
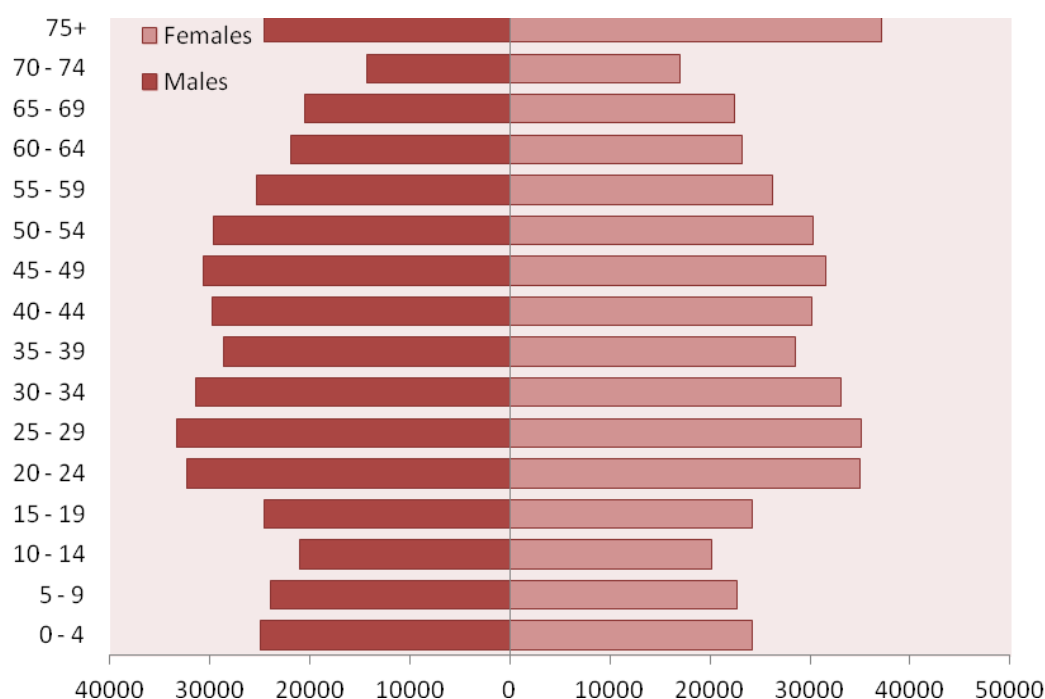
Source: National Records Scotland (NRS)[14]

The population growth rate in Lothian is higher than any other Scottish Health Board. By 2037, the population of Lothian is expected to have increased by 23% from 2012 base population, compared to a national increase of 8.8%. The population of City of Edinburgh Council is expected to increase the most, with a 28.2% increase projected by 2037, from 482,640 in 2012 to 618,978[15]. The population of older adults in Lothian is also expected to grow significantly in the next ten to fifteen years as people are living longer due to improvements in health[15].

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The population of residents in the pensionable ages in Lothian is expected to rise by 35% in 2037. This rise will be most noticeable in West Lothian, which has traditionally had a younger demographic than other areas in Lothian but whose population of residents of pensionable ages is expected to increase by 47.3%. The working age population is projected to increase in all the Council areas by 2037, increasing the most in City of Edinburgh (28%)[14, 15].

Migration and ethnicity

The most recent data available for the ethnic make-up of Lothian is from the 2011 National Census. In 2011, the population of the Lothians was made up of predominantly 'White Scottish' (77.8%), 'Other White British' (9.6%), White Polish (2.0%) and 'Other White' (4.9%). The remaining groups made up 5.7%[16]. There has been a significant rise in the migrant population over the last ten years, with the highest increase reported in the City of Edinburgh Council area (**Figure 2**)[14].

Figure 2: Net Migration to Lothian by Local Authority Area: 2013/14
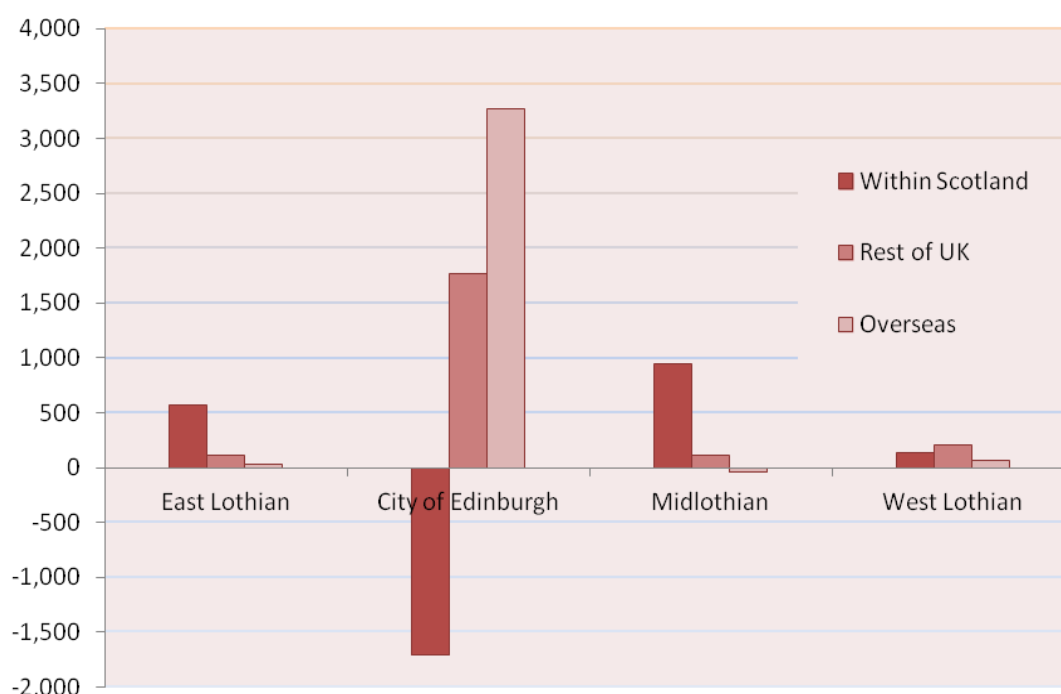
Source: National Records Scotland (NRS)[14]

Net migration figures have fluctuated over the past five years. East and West Lothian saw an increase up to 2008/09 but figures have generally since been decreasing. The migration rate increased steadily up to 2008/09 but has since decreased. On average between 2010-12 there was a net inflow of 6,631 people into City of Edinburgh per year, meaning that more people entered City of Edinburgh (30,137 per year) than left (23, 506 per year) (**Figure 2**)[17]. The Department of Work and Pensions collects information on the number of National Insurance Number allocations to overseas nationals. **Table 1** shows the five most common countries of origin associated with National Insurance numbers issued to overseas nationals in 2014 by council area. The data used to compile this information did not include dependants or adults who are not economically active[17].

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Table 1: Countries of origin of persons seeking a National Insurance Number allocation in 2014

Council Area	Number of Countries of Origin	Top five most common countries of origin
East Lothian	23	Poland, Bulgaria, Ireland, Italy, Spain
Edinburgh, City of	88	Spain, Poland, Italy, India, Romania
Midlothian	17	Poland, Romania, Ireland, Italy, Spain
West Lothian	23	Poland, Hungary, Romania, Bulgaria, India

Source: National Records Scotland (NRS)[17]

Culture

Lothian hosts major cultural, educational and political establishments and events. These make the area an attractive place to live but can present challenges for health protection and emergency planning. These include:

- Edinburgh is the capital city, with the Scottish Parliament and Government, Holyrood Palace and Edinburgh Castle.

- A total of 250 primary schools including 22 independent and 17 complex and special needs schools which have primary departments.

- A total of 81 secondary schools including 18 independent schools which have secondary departments.

- Higher education institutions – Lothian has four universities and several college campuses, with a total student population of over 35,000.

- There are five teaching hospitals, with a staffing population of over 28,000.

- There are twelve annual international festivals, including the Edinburgh Festival, which bring many thousands of visitors to the city.

- There are major sporting events, such as rugby internationals, football matches, Open Golf championships and Commonwealth Games

- On occasion, Edinburgh, East Lothian and Midlothian host major world events such as the G8 Summit and Royal Events.

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2.2 Transport

Lothian has a complex transport network linking it to major cities in the rest of Scotland and United Kingdom (UK). These include:

- Major trunk roads include A1, A720 (city bypass), M8, M9, A68 and A7.

- Edinburgh airport, Waverley and Haymarket railway stations and St Andrews Square bus station. These are destinations and connection points for many local and international travellers. The Borders Railway running from Edinburgh, through Midlothian to the Scottish Borders opened in September 2015 and it is anticipated that car journeys would be reduced by 60,000 peak trips per year, which would reduce carbon emissions and alleviate traffic and accidents on the A68 and A7 roads[18].

- Water transport – Lothian hosts the Leith Docks and Hound Point where many international vessels berth. It also has proximity to the Rosyth European Ferry Terminal.

- Lothian also has a canal that links Edinburgh and Glasgow. The canal is now largely used for recreational purposes.

- The Development of the first section of new tram system for the City of Edinburgh was completed in May 2014. Tram Line 1 is now operational between the city centre (York Place) and Edinburgh Airport. City of Edinburgh Council is now considering options for extending the line from the city centre to Leith. It is anticipated that the trams will contribute to the improvement of air quality in Edinburgh due to being zero-emissions at source and the modal displacement of a proportion of car and bus journeys

- Traffic pollution contributes to poor air quality. Air quality is monitored in all Lothian Local Authorities. There are five air quality management areas (AQMAs) in Edinburgh (the City Centre, Leith, Corstorphine, Inverleith, Glasgow Road); and three in West Lothian (Broxburn, Linlithgow and Newton) and one in East Lothian (Musselburgh). It is likely that further areas will be added or extended in the foreseeable future[19].

- Midlothian had one declared AQMA at Pathhead which has been revoked following an extensive period of work to install a new gas main and connection to central heating systems across all housing tenures in Pathhead and neighbouring villages which has led to a significant improvement to air quality.

- There were 398,828 licensed vehicles in Lothian by September 2015. Car ownership patterns reflect the provision of public transport. In 2015, there were 0.32 cars per head of population in the City of Edinburgh, whereas in East Lothian, Midlothian and West Lothian there were more than 0.42 cars per head of population[20].

Active Travel is central to the City of Edinburgh's Transport 2030 Vision and Local Transport Strategy 2014-19 (LTS)[21], as well as the Road Safety Plan for Edinburgh to 2020[22]. It is seen as a potential significant contributor to many Single Outcome Agreement (SOA) objectives including on health, environment and economic development. The City of Edinburgh Council is the only city in the UK to sign up to the Charter of Brussels for a 15% cycle mode share (Edinburgh currently has a cycle to work mode share of approximately 7%) by 2020 and having the highest walking mode share in Scotland (currently 34%). The city has a significant length of safe, off-road, cycle routes but there are gaps in the network between paths[23]. These are established in some locations and are in development in others. Considerable effort is

being devoted to promote walking and cycling to school children and young people. This is designed to address traffic congestion, in conjunction with work on preventing obesity and reducing the proportion of people who are inactive. Furthermore with more people walking, traffic congestion reduces; air quality improves; and the risk of respiratory diseases reduces and increases productivity thereby bringing additional economic benefits[21].

3   Disease Burden

The most common causes of death among the people of Lothian in the period 2013/2014 are listed in Figure 3. The physical environment plays a significant role in the causation of the top ten diseases which contribute to death in Lothian. Infectious disease processes feature as one of the top twenty causes of death in Lothian.

Figure 3: Causes of death (crude rates) in the Lothian during the financial year 2013/2014
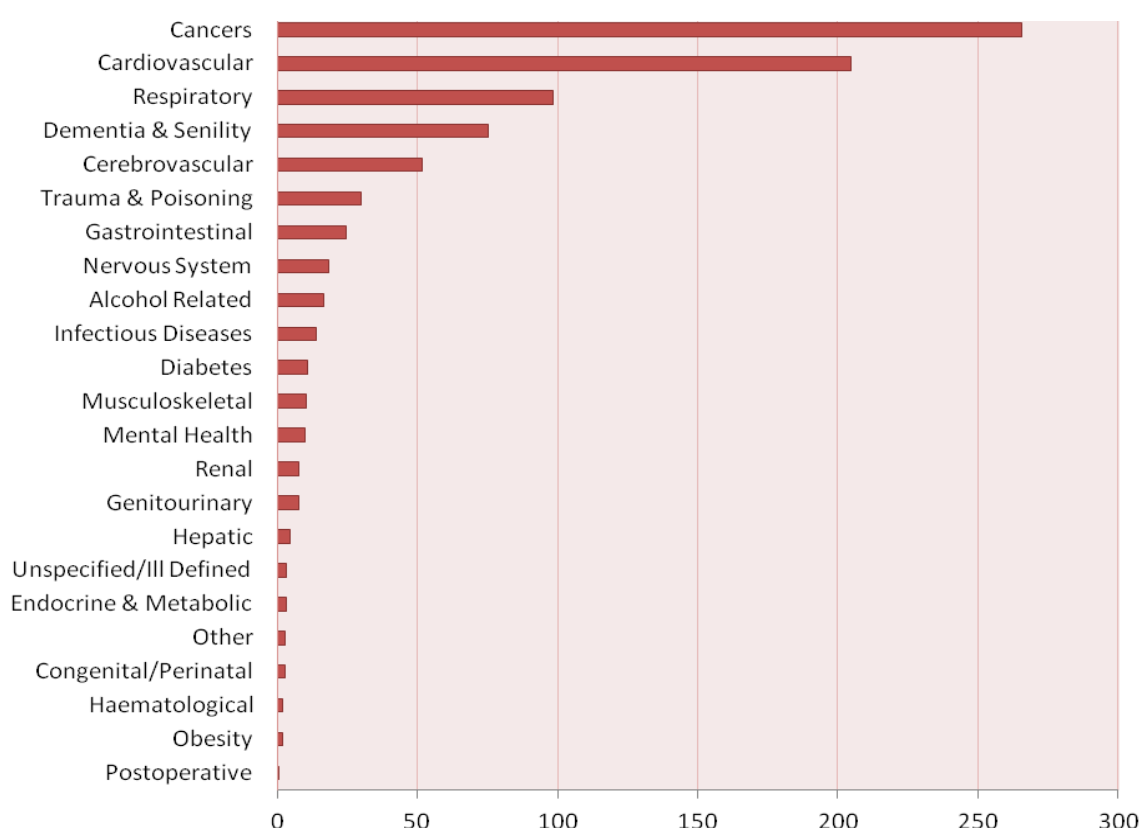
Source: GROS, NHS Lothian Health Intelligence Unit[24]

3.1   Communicable Diseases

The number of cases of notifiable diseases reported to the NHS Lothian HPT between 2013 and 2015 is shown in **Table 2**. Gastrointestinal diseases are the most common notifiable infectious diseases. Each case requires follow up by the HPT operational team and colleagues in Environmental Health, to ensure appropriate control measures are in place and to investigate the source of the infection.

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3.1.1 Tuberculosis

In line with the TB notification data for Scotland, the number of active Tuberculosis (TB) cases in Lothian has fallen considerably in the last five years. In 2015 there was a historic low of 48 TB cases notified in Lothian (source provisional ESMI data, HPS) with over 80% born abroad in high TB incidence countries. In addition, TB remains a disease of social deprivation with a higher incidence in the more deprived areas of Lothian.

The steps required for the prevention and treatment of TB are set out in the national TB action plan[25] produced in 2011 and the international agreement to eliminate TB from Europe[26].

In Lothian TB cases are regularly jointly reviewed by the TB specialist nurses, clinical teams in primary and secondary care, microbiology and public health. Each TB case is interviewed by the TB specialist nurses to identify their close contacts and these contacts are followed up as they are also at increased risk of TB infection. In addition NHS Lothian has started to expand latent TB testing amongst those most at risk of developing active TB disease in line with the new 2016 NICE guidance[27].

Table 2: Number of notifications of notifiable diseases in NHS Lothian, 2013 – 2015

Notifiable Disease/Organism	2013	2014	2015
Campylobacter	996	1084	1091
Mumps	73	170	254
Salmonella	108	99	125
Cryptosporidium	74	64	101
Giardia	54	41	46
Tuberculosis(Resp)	34	40	24
Tuberculosis (Non-Resp)	42	20	24
Bacillary Dysentery	24	26	38
***E. Coli* O157**	21	16	18
Whooping Cough	141	73	168
Meningococcal Infection	9	18	19
Rubella	<5	10	<5
Measles	9	17	21
Legionellosis	8	8	9

Vibrio cholerae	0	<5	0
Listeria monocytogenes	0	<5	<5
***E. Coli* (non 0157)**	13	9	16
Haemophillus influenza type B	0	<5	0
Grand Total	**1607**	**1700**	**1960**

Source: SIDSS V2,HPZone[28,29]

NB notifiable diseases are based on clinical notifications.

3.1.2 Vaccine preventable disease and vaccinations

Vaccine preventable diseases (for example, whooping cough (pertussis), measles, mumps and rubella) account for a small but significant proportion of notifications in Lothian. Each clinical notification and laboratory confirmed case is followed up by HPT to reduce the likelihood of further cases and offer vaccination if required.

There were no confirmed cases of measles or rubella in 2015 in Lothian. This is as a result of continuous efforts to maintain infant vaccine uptake at over 95%.

A significant outbreak of 341 cases of mumps occurred in Lothian from October 2014. Cases were initially identified within the student population with the outbreak originating in one University campus. Infection then spread to the general population in Lothian. The outbreak was declared over in July 2015.

Since 2012, Lothian, along with the rest of the UK, has experienced a large outbreak of whooping cough (pertussis). In October 2012, a maternal pertussis vaccination programme was introduced. This reduced the number of infant cases significantly. Whilst infants have been relatively protected by the maternal pertussis programme, the national outbreak has continued and in 2015 cases increased again. Uptake of maternal pertussis immunisation in Lothian at 65% is higher than national average but from 2016 further efforts will be made to improve on this including offer from an earlier stage in pregnancy.

These outbreaks demonstrate not only the importance of ensuring over 95% uptake of vaccines but demonstrate the importance of continuing improvement in vaccine quality and safety, including fit with circulating strains, preventing resistance and reviewing schedules in the light of changes of eg waning immunity, drift and shift.

Vaccination programmes

Childhood immunisation rates in NHS Lothian are amongst the highest in the UK for an urban population and close to the Scottish national average. By 2015, MMR uptake rates by five years of age in Lothian reached >95% uptake first dose and >90% second dose.

Whilst uptake of immunisation is generally excellent in Lothian, this is the result of continuous effort. Maintaining good uptake is especially challenging in inner city areas where there is frequent patient turnover and influx of new migrants. From 2013

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Scotland undertook significant expansion of the national immunisation programme, including:

- Rotavirus vaccination was added to the routine childhood schedule from July 2013 and successfully implemented in Lothian with uptake (at nearly 94%) higher than national average.
- Meningitis B vaccination was successfully added to the routine infant immunisation schedule from September 2015.
- Meningitis C vaccination was introduced for adolescents in January 2014. This was given as part of the secondary school vaccination programme (concomitantly with the teenage booster) to pupils in S3. From January 2016 this was replaced by meningitis ACWY vaccine.
- A programme of meningitis vaccination for first time University entrants was implemented in August 2014 (meningitis C) and 2015 (meningitis ACWY).
- An emergency meningitis ACWY vaccination programme was undertaken for all 14-18 year olds from August 2015. This was to avert a potential epidemic of meningitis W disease following a sharp increase in the number of cases over the last two years in England. The first phase for young people aged 16-18 was implemented from August 2015 in primary care. The second phase with offer to all pupils in S3, S4, S5 and S6 was undertaken in spring term 2016.
- Shingles vaccination for 70 year olds with a phased catch up (up to age 79) was introduced from September 2013.
- Extension of the flu vaccination programme to all children aged 2-11 (aged 2-5 and not yet at school via GP and primary school aged children at school) (as detailed below).

Primary school vaccination programmes
In 2012 the UK Joint Committee on Vaccination and Immunisation (JCVI) recommended extension of the seasonal flu vaccination programme to all children aged 2-17. This programme was rolled out over three years using flu immunisation by nasal spray. By years two and three (autumn 2014 and autumn 2015) vaccination was offered to all 64,000 children in Lothian's 250 primary schools. Within the 10 week period from October (constrained time period due to vaccine availability) over 40,000 children were vaccinated (uptake 68% in 2014, 64% in 2015).

Delivering such a substantial programme within a 10 week period from week of 1 October before mid December is challenging. The whole programme is very much a collaboration between NHS Lothian, Local Authority Departments of Education and head teachers in schools. High uptake will reap benefits for the children themselves, the community and the schools with anticipated fewer absences during the winter period. This new programme highlights the importance of the school setting for delivery of immunisations and the crucial joint working between the Education sector and NHS Lothian.

Secondary school vaccination programmes
Uptake of teenage booster (given in S3) and HPV (for girls in S1 and S2) in Lothian is significantly below national averageFigure 4; Figure 6). Pupils who remain unvaccinated by S4 (and later) continue to be offered vaccination, with resultant substantial improvement in uptake by end S4. The overall rate however remains

significantly below the national average (Figure 5; Figure 6). The lower national uptake in 2014/15 is thought to be due to the decreased opportunities in schools for immunisation. Previously HPV vaccination required three vaccinations (and school nurses offered on five occasions in school). As that programme has bedded in, school nurses have gone into schools on fewer occasions and this is thought to have impacted on uptake of teenage boosters too.

Investigations into the reasons for this low uptake compared with other Board areas have highlighted the importance of promoting the value of immunisations with parents and pupils and aiming for much higher return of consent forms. A Lothian schools immunisation group has been established with representation from both NHS Lothian and local authority Departments of Education. Communication with schools has been stepped up with template text for emails, SMS messages, newsletters and internet sites to promote vaccination and return of consent forms. This has resulted in some improvement. The national HPV schedule has been reduced from three to two doses, and the election by NHS Lothian to offer this to be given as one dose in S1 and one dose in S2 will also hopefully lead to an improvement in uptake.

Uptake has been higher in schools where, through business managers, guidance teachers or others, they have been actively involved in return of consent forms. To achieve real improvements to protect the health of young people across Lothian we aim to build on and spread this joint working throughout Lothian.

Figure 4: Trend in teenage booster immunisation uptake rates for class year S3 in Lothian and Scotland, school year 2011/12 to 2014/15.

Men C= Meningitis C vaccine, Td/IPV= Tetanus, Diphtheria and Polio vaccine
Source: SIRS Immunisation System[30], Information and Statistics Division (ISD) Scotland[31]
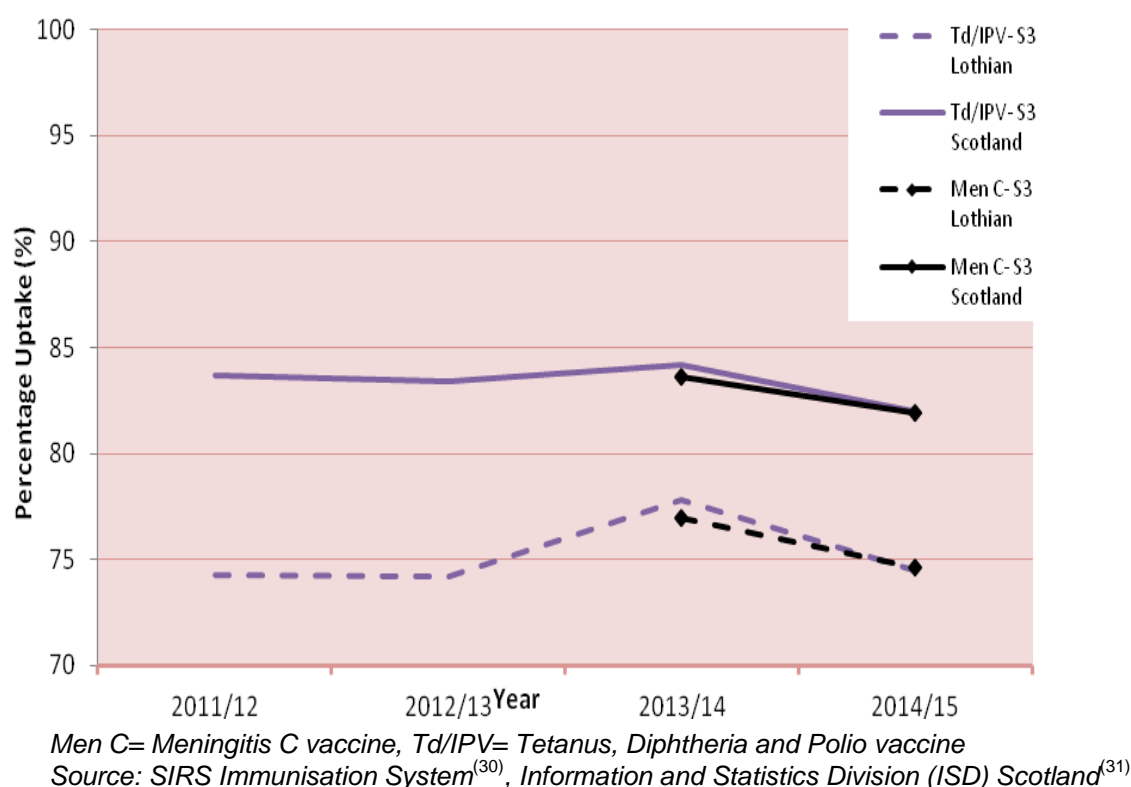
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Figure 5: Trend in teenage booster immunisation uptake rates for class year S4 in Lothian and Scotland, school year 2011/12 to 2014/15.
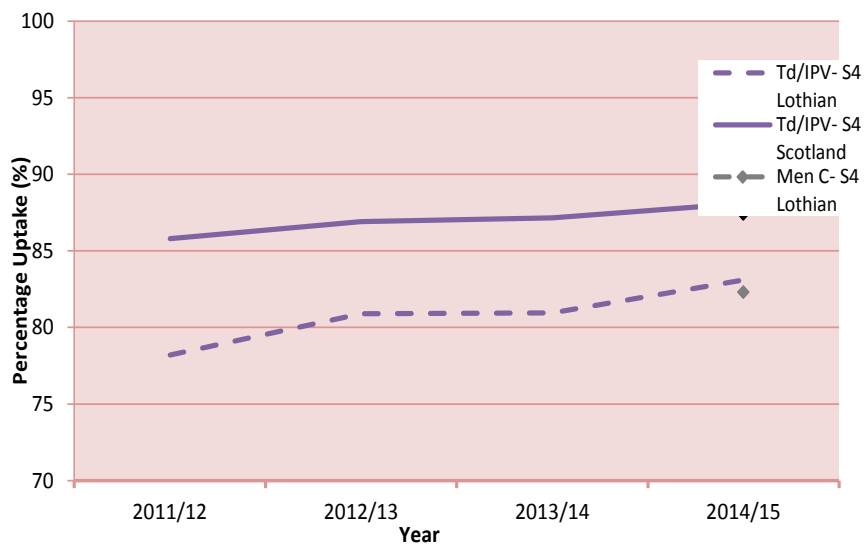
Men C= Meningitis C vaccine, Td/IPV= Tetanus, Diphtheria and Polio vaccine
Source: SIRS Immunisation System[30], Information and Statistics Division (ISD) Scotland[31]

Figure 6: Annual HPV immunisation uptake rates. S2 routine cohorts by the end of school year and one year later, Lothian 2008 – 2015.
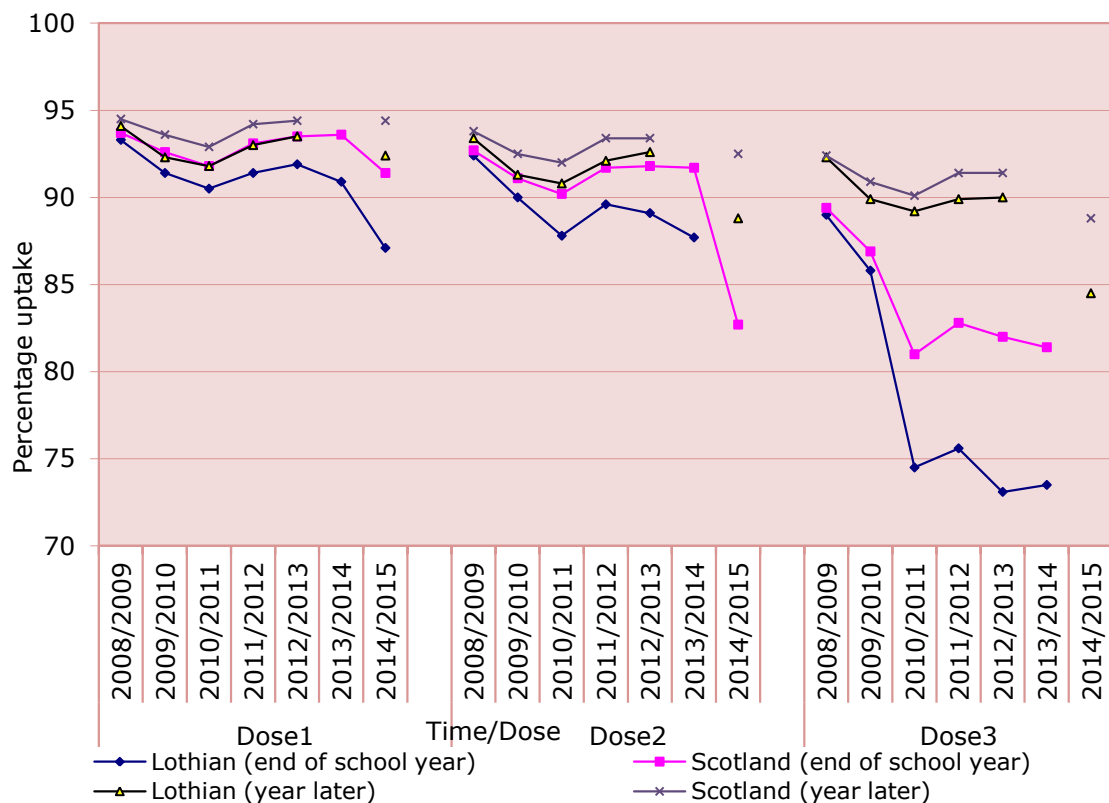
Source: SIRS Immunisation System[30], Information and Statistics Division (ISD) Scotland[31]

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3.1.3 Substance Misuse and Drug related deaths

Substance misuse presents a variety of health protection challenges including cases of infections, outbreaks, toxicity and drug related deaths. In recent years many life threatening outbreaks of infections have emerged in Scotland, which have required investigation and surveillance. These include Clostridium novyi, anthrax, wound botulism and invasive group A streptococcus.

The number of drug-related deaths in Lothian has doubled over the last ten years (reflecting the national trend). According to official statistics[24] there were 105 recorded cases of drug-related death in Lothian in 2014 (most recent data). This is the highest Lothian total on record and accounts for 17% of all drug-related deaths in Scotland in 2014 (613 cases).

A drug-related death is defined as a death caused by a controlled drug (as listed under the Misuse of Drugs Act 1973[32]). Opiates/opioids are implicated in most cases of drug-related death (both nationally and in Lothian). In the majority of cases death is due to polydrug toxicity. Methadone is the substance most frequently implicated in a drug-related death in Lothian (57 cases in 2014). However, in recent years there has been a significant increase in heroin-related deaths in Lothian (46 cases in 2014 compared to only 12 cases in 2011).

Analysis of case data has led to the identification of the following profile of patients most at risk of a drug-related death in our region: single, unemployed males in their early forties with a history of long term polysubstance misuse (intravenous use), history of co-morbidities (particularly long term conditions such as Chronic Obstructive Pulmonary Diseases (COPD), experience of depression, mental health difficulties and/or history of non-fatal overdose.

Drug-related deaths are reviewed by multiagency teams in each of Edinburgh's recovery hubs. There are also case review groups for West Lothian and Mid & East Lothian. Representatives from these groups meet quarterly under the auspices of the Lothian Drug-related Death Reduction Steering Group to share learning and to the develop Lothian-wide approaches to addressing the risks associated with drug-related death. An action plan for 2016 is currently in operation.

3.2 Environment and Health

The European Public Health Association, in its 2011 report[33], noted that the environment is increasingly more complex and the link between health and environment has become so evident that it recommends immediate action by all governments and public health communities. According to the most recent WHO study[6], about 24% of the global burden of disease and 23% of deaths are attributable to environmental risk factors. In a country like Scotland, WHO estimates that the proportion of the total burden of disease attributable to environmental risk factors is about 14%. Of the total global burden of disease, WHO estimates that 5.7% was attributable to environmental exposure to chemicals, the largest contributors being indoor smoke from second-hand tobacco smoke, solid fuel use and outdoor air pollution. The greatest impacts on health are on rates of cancers, cardiovascular disease, injuries and neuropsychiatric disorders[6].

3.2.1 Climate Change and Sustainable Development

There is substantial evidence that climate change is affecting many aspects of the world around us[34]. Weather patterns are shifting, extreme weather is becoming more commonplace and temperatures in most parts of the world are rising. Some of the health effect of climate change includes earlier seasonal appearance of respiratory symptoms and longer duration of exposure to aeroallergens. Climate change may exacerbate health risks and inequalities associated with building overheating, indoor air pollution, flooding damage, and water and biological contamination in the indoor environment, if adequate adaptation measures are not taken[35].

The impacts of climate change in Scotland is less severe than in many other parts of the world, however, the impacts for individuals, businesses and communities can be devastating[36]. Ensuring long term sustainability will depend on preparedness and resilience which can only be achieved when everyone accepts responsibility for their share of action and agree to work in partnership[36].

3.2.2 Air Quality

Evidence that poor air quality due to air pollution has both short and long-term adverse effects on health continues to accumulate. WHO defines air pollution as contamination of the indoor or outdoor environment by any chemical, physical or biological agent that modifies the natural characteristics of the atmosphere. Household combustion devices, motor vehicles, industrial facilities and forest fires are common sources of air pollution[37]. Exposure to air pollutants is largely beyond the control of individuals and requires action by agencies at the national, regional and international levels[37]. A multi-agency approach, engaging such relevant sectors as transport, housing, energy production and industry, is needed to develop and effectively implement long-term policies that reduce the risks of air pollution to health[38].

The Scottish Government has re-emphasised the importance of air quality and the impact on health in it's recently launched 'Cleaner Air for Scotland – The Road to a Healthier Future'[38], the new national strategy aiming to achieve cleaner air quality for Scotland. It emphasises the health implications of poor air quality and lays out a series of actions to be taken to bring about improvements. It is likely to bring about significant policy changes in a number of areas in which local authorities are involved or hold responsibility. The document lays down specific, timetabled actions for organisations.

3.2.3 The Social and Built Environment

Creating safe and positive environments for health requires us to think, plan and deliver in new and more effective ways[39]. The quality of the environment can vary between different areas and communities. There is evidence that people who are socially and economically disadvantaged often live in the worst environments[40,41]. Poor environment can affect people's health and wellbeing and can add to the burden of social and economic deprivation[41]. The causes of these inequalities are often complex and long-standing. Some of the environmental problems are due to the historical location of industry and communities; others are the result of the impacts of new developments such as increased traffic and urban planning which has not prioritised healthy built environments. Tackling environmental inequalities and ensuring that all people have access to a good

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quality environment in the future is a continuing challenge. The responsibilities of Health Boards and Local Authorities are outlined in *Good Places, Better Health*[39].

The contribution of physical surroundings to the health of those living in our most deprived areas of society is significant, a view increasingly supported by the flow of evidence[42–45]. There are indications that there is no significant socioeconomic gradient in the level of known, direct environmental hazards to human health. Frequently though, less affluent communities are untidy, damaged and lacking in amenities. These factors create neighbourhoods which are often alienating and even threatening. This creates indirect environmental hazards to human health that act through a more complex causal pathway. This produces an unhealthy built environment that contributes to a cocktail of disadvantage inconsistent with health and wellbeing for adults and children[39].

Health outcomes are consistently poorer in communities with poor neighbourhood environments[40–43]. In *Equally Well*[4], the Health Inequalities Task Force highlighted the need to work to reduce further exposure to factors in the physical and social environments that cause stress, damage health and wellbeing and contribute to health inequalities. Improvement in housing, increasing physical activity or reducing traffic pollution can happen through collaborative working between NHS Lothian and Local Authority partners to identify opportunities for health improvement in areas such as land use planning, transport, housing and environment.

Lothian is within the central belt region of Scotland where unconventional gas extraction is under consideration. The Scottish Government has placed a moratorium on unconventional oil and gas extraction until the results of a full public consultation and programme of research work have been concluded[46]. As part of the research, the Scottish Government has commissioned a full public health impact assessment of the potential health impacts that might be associated with unconventional oil and gas extraction.

3.2.4 Improving the Environmental Health

In defining the role of health professionals, WHO identifies health institutions as highly visible, high-energy-use centres which can serve as models by reducing their own carbon emissions, improving health and saving money[47]. It recommends energy management, transport, procurement (including food and water), waste disposal, buildings and landscape, employment and skills, and community engagement as good practice areas which have been shown to improve staff health and morale, create healthier local populations, stimulate faster patient recovery rates and save money.

The responsibilities of environmental and public health professionals for protecting and improving the environment include responding to current incidents, events and situations and preventing avoidable hazards and the consequent risks to public health by intervening before exposure has occurred.

The functions undertaken by Environmental Health complement those undertaken by the NHS. Health Boards and Local Authorities have a duty to co-operate in pursuit of protecting and improving the health and wellbeing of the local population. Environmental Health advise on the development of laws, regulations and policies at

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local, national and international level and carry the major responsibility for local implementation and enforcement in the following areas:

- Air quality
- Contaminated land sites
- Noise and other statutory nuisances
- Recreational water quality
- Drinking water quality – particularly private supplies
- Food safety
- Living and working conditions
- Injuries at home and at work
- Public safety - exposure to hazardous substances
- Skin piercing and sun-bed regulation

The NHS role is complementary and focuses on prevention, assessment, protection and mitigation of human exposure to environmental hazards and their health effects. In addition to food and water, these include:

- Chemicals, toxins, and poisons
- Ionising and non-ionising radiation – Electromagnetic Frequencies (EMF)
- Physical hazards – particulates, fibres and other factors related to the physical environment including climate change, extremes of heat, cold, flooding
- Accidental or deliberate or malicious release scenarios including Chemical Biological, Radiological and Nuclear (CBRN) warfare agents.

Systematic approaches are used to assess the potential positive and negative impact of developments on those who will be affected. The tools employed include: Health Impact Assessment; Strategic Environmental Assessment; Environmental Impact Assessment; screening of Pollution, Prevention and Control applications; the assessment of planning applications and investigating the health issues associated with contaminated land. These are essential elements of this work programme.

4   Health protection planning infrastructure

NHS Lothian and the Local Authority Environmental Health Department(s) have shared health protection plans and standard operating procedures (SOPs), some of which are developed jointly between the agencies, while others are produced nationally (Appendix 3). The plans are normally developed and reviewed every three years.

5   National health protection priorities

Scottish Government long term goals and priorities are aligned with those of the UK and Europe for protecting and improving health. Improvement in the environment is central to all these goals and priorities[5,37,48–50]. The WHO European Region is pursuing health as a key objective of policy making. This also includes a commitment to reducing disease inequalities in health outcomes across societies. The UK air quality strategy sets out a framework to achieve cleaner air that will bring health and social benefits to all its residents[48]. In its Health 2020 vision[51] the WHO European

Region sets out four priority areas of action, which include: investing in health through a life-course approach and empowering citizens; tackling Europe's major disease burdens of non-communicable and communicable diseases; strengthen people-centred health systems and public health capacity, including preparedness and response capacity for dealing with emergencies; creating supportive environments and resilient communities[5]. In 2007, the WHO's Commission on the Social Determinants of Health[52] set out the evidence for change and objectives for action, as did the recent Fair Society, Healthier Lives *Strategic Review of Health Inequalities in England post 2010*[53]. *Equally Well*[4] and *Good Places, Better Health*[39] have already established Scottish priorities in terms of tackling health inequalities and the importance of the links between environment and health.

The Scottish Government now operates under a National Outcomes Framework(54) with a commitment to 'focus government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.'

In addition, the *Government Economic Strategy*[55] includes population growth as a key component of future sustainable economic development. Among the Scottish Government's five strategic objectives are commitments to a Scotland that is healthier, wealthier, fairer, safer, stronger and greener[55]. These objectives are linked to a series of outcomes and associated indicators. A concordat, agreed by the Convention of Scottish Local Authorities (COSLA), set the terms of a new relationship between the Scottish Government and local government. The development of a Single Outcome Agreement (SOA)[3] formed an important part of this relationship. The SOAs produced for each Local Authority[45–48] area contain an overview of how the local community planning partners (including the Local Authority and NHS Lothian) will promote the Scottish Government's fifteen National Outcomes[54] and how this link to local outcomes. The community empowerment act encourages local planners of services to promote better community engagement and participation which will lead to the delivery of better, more responsive services and better outcomes for communities[8]. Health Boards and Local Authorities commit to delivering these outcomes jointly:

- Our children have the best start in life and are ready to succeed.
- We live longer, healthier lives.
- We have tackled the significant inequalities in Scottish society.
- We have improved the life chances for children, young people and families at risk.
- We live our lives safe from crime, disorder and danger.
- We live in well-designed, sustainable places where we are able to access the amenities and services we need.
- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.
- We value and enjoy our built and natural environment and protect it and enhance it for future generations.
- We reduce the local and global environmental impact of our consumption and production.

- Our public services are high quality, continually improving, efficient and responsive to local people's needs.

5.1 Local health protection priorities

5.1.1 NHS Lothian

Health protection priorities in Lothian are determined by international, national and locally identified potential hazards[4,5,11,48,60,61]. The national priorities are set by the Scottish Government. Local priorities are determined as part of the annual planning process during which hazards and potential hazards are identified. Prevention and mitigation are then allocated appropriate resources. The Chief Medical Officer for Scotland identified the 2008-2010 national health protection priorities listed below. These remain as key national health protection priorities and key area for local intervention.

- Healthcare Associated Infections (HAI) and antimicrobial resistance
- Vaccine preventable diseases and their impact on current and planned immunisation programmes
- A potential pandemic of influenza
- Environmental exposures which have an adverse impact on health
- Gastro-intestinal and zoonotic infections
- Hepatitis C and other blood borne viruses
- Tuberculosis
- Integrated Pollution Prevention and Control (IPPC)
- Strengthening surveillance
- Prevention of injuries

Health Improvement, Efficiency, Access to Services and Treatment (HEAT) targets are a core set of national objectives, targets and measures for the NHS. The targets are set for a three year period and progress towards them is measured through the Local Delivery Plan (LDP) process. Two of the targets relate to reduction in HAI and improvement in childhood immunisations. Under these targets NHS Lothian will focus its efforts towards:

- Further reducing HAI so that by March 2016/17 NHS Boards' staphylococcus aureus bacteraemia (including MRSA) cases are 0.24 or less per 1000 acute occupied bed days and the rate of Clostridium difficile infections in patients aged 15 and over is 0.35 cases or less per 1000 total occupied bed days.
- Improving childhood immunisations and vaccine uptake to 95% for all childhood primary and booster vaccinations by analysing uptake by practice regions and identify localised actions for improving uptake.

Specific programme priorities include:
- Pandemic Flu Plan: NHS Lothian maintains robust plans in conjunction with partner agencies involved with health and social care, including business continuity arrangements. NHS Lothian also actively targets at risk and occupational groups with seasonal flu vaccination.

- Influenza: to contribute to the reduction in the burden of disease from respiratory infections and their complications, ongoing surveillance of influenza continues and NHS Lothian will ensure arrangements are in place to offer vaccination to the Lothian population against this virus in line with national guidance on liability to benefit.
- HPV vaccine programme: to reduce the burden of HPV related disease, specifically avoidable death from cervical cancer, NHS Lothian continues to implement the HPV programme for girls (born on or after September 1993) in school.
- TB control and prevention: to prevent the spread of TB, and to reduce the burden of disease, particularly among people who have other illnesses, NHS Lothian is implementing the national TB action plan priorities including, high risk groups; exploring local ways of identifying new entrants, implementing local systems of case-finding for latent TB infection in these entrants; working with statutory and voluntary organisations and groups who regularly come into contact with new entrants to support GP registration; engaging with primary care teams to highlight the increased risk of TB amongst problem alcohol users, homeless and drug users.
- Viral hepatitis: to reduce the avoidable burden of ill-health and premature death, including liver failure. NHS Lothian will implement actions on hepatitis B and C outlined in the Scottish Government Sexual Health and Blood Borne Virus Framework through the NHS Lothian Hepatitis Managed Care Network (MCN).
- HIV action plan: to reduce the burden of avoidable infection and illness, NHS Lothian will develop an integrated care pathway that includes prevention, early diagnosis, effective care and treatment provision to implement HIV standards produced by Healthcare Improvement Scotland in 2011.

5.1.2 Local Authority Priorities

Local Authorities provide advice and guidance to businesses on what the law requires, conduct inspections, carry out accident investigations, respond to complaints and take enforcement action where appropriate. The delivery of these activities aligns with a wide range of national and local strategies, including:

- The Health & Safety Executive (HSE) new strategy document *'Helping Great Britain Work Well*[62] identifies six themes to protect people by management of risks in a proportionate and effective way, supporting innovation and increasing productivity. Local authority action will align with these themes. Priorities for LA interventions are prescribed in the National Local Authority Enforcement Code[63] and supplementary guidance.

- Food Standards Scotland recently consulted (March 2016) on a new Corporate Plan 2016-19 and Regulatory Strategy Document to deliver public safety through regulation of food industry. The final documents are awaited however local authorities will require to be mindful of these strategies in their annual Food Safety Planning process. This proposed strategy contained three key targets relating to food safety, eating for health and choice. These are addressed through routine enforcement and developing work with the Community Health [Care] Partnerships (CHP/CHCP) in promoting healthy eating choices in local catering establishments.

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- *Good Places, Better Health. A New Approach to Environment and Health in Scotland* (Scottish Government 2008)[39]: this is an implementation plan looking at how the physical environment influences health. The Environmental Health contribution will be in protecting these environments.

- *A Children's Environment and Health Strategy for the UK* (Health Protection Agency)[60]: this is a strategy for protecting children's health, including ensuring that they are free from food and water based infection, noise, heavy metals and breathe clean air, all of which are core Environmental Health activities.

- Councils have their own Anti-Social Behaviour Strategy documents[64]. These recognise and value the importance of partnership working at various levels to tackle behavioural factors that impact on the health and resilience of local communities. Local Authorities contribute to tackling many of the environmental health issues impacting on people's wellbeing. This helps Local Authorities to fulfil their duty to improve quality of life including ensuring community safety, reducing injury, violence and self-harm as set out in the Local Government in Scotland Act 2003[65].

- The Approved Code of Practice (ACOP) 'The Control of Legionella Bacteria in Water Systems' (2013 fourth edition - also known as L8)[10] was published by the HSE. This revised edition seeks to both simplify and clarify the text; this is in part achieved by separating management responsibilities from the technical guidance which is now published separately. In particular the ACOP now requires duty holders to:

  - Carry out and document suitable and sufficient risk assessments
  - Implement a written Control Scheme
  - Appoint a competent person to manage the control of the risk system (Known as the responsible person)
  - Carry out periodic reviews of control measures
  - Specify the duties and responsibilities of those involved in the design, manufacture, import, supply or installation of water systems

- The Vero cytotoxin-producing Escherichia coli (VTEC)/E. coli O157 Action Plan for Scotland 2013-2017[11] aims to reduce the incidence of such infections by setting strategic direction for key partners each of whose collaborative roles in implementing a total of 86 recommendations are clearly identified. This replaced the 2001 Food Standards Agency (FSA) task force report. The role for NHS Lothian, though not explicit in the plan, involves collaborating with Local Authorities in identifying possible sources of VTEC and instituting measures for control during management of cases and incidents. For Scottish Local Authorities environmental health services this means addressing key transmission pathways with a particular focus on:

  - Issues connected to private water supplies and their potential to pose a health risk if they are not correctly installed maintained and protected from sources of contamination such as animal faeces

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- Food sources which may pose a risk by focussing on the protection of ready to eat foods from raw, untreated or treated products which may contain E coli O157 whilst ensuring that consumers can make informed choices e.g. by the provision of point of sale information for unpasteurised cheeses sold loose, and
- By controlling contamination of the environment from animal faecal material at public places such as zoos, farm attractions and agricultural shows including ensuring that pasture is cleared of animal faeces both before and after recreational events involving animals.

The range of environmental health priorities are detailed in Table 3.

Table 3: Local Authority environmental health priority activities

Local authority priority activities	
Corporate and Business Advice – advising on local environmental health and public safety matters	Promotion of sustainable economic growth through business support and intervention Civic government licensing Advisor to Licensing Board
Emergency Planning – training for and responding to emergencies	Flood management Emergency planning preparedness Scientific services advice
Food safety - securing the hygienic standards of premises, and the compositional standards of food and water	Food Hygiene Inspections (cleanliness) Food Standards Inspections (composition) Food Sampling – Bacteriological Food Sampling – Chemical Food Alerts Labelling Food Information Regulations (FIR)Allergen awareness and control Food Hygiene Information Scheme, Eat Safe and Healthy Living Awards
Hazards – securing consumer and public safety issues	Petroleum Licensing Explosive Safety/Licensing Consumer/product Safety Anti-counterfeiting Chemical incidents New Psychoactive Substances
Housing – securing residential accommodation meets minimum standards	Housing Support Services Rough Sleeping Initiatives Housing Standards Issues Houses in multiple occupation Caravan Site Licensing Landlord registration
Public Health & Nuisance – investigation and enforcement of public health nuisances and concerns	General Public Health/nuisance Communicable Disease Investigation Pest control Port Health control Mortuaries, Cemeteries and Crematoria National assistance Act burials etc Smoking in public places

Occupational Health & Safety – securing health, safety and welfare standards in local workplaces	Accident Investigation Health and Safety Inspections & other interventions Register of cooling towers (Legionella) Sun bed regulationRegulation of tattooing and skin piercing
Pollution and contamination – environmental monitoring and investigation of incidents and concerns	Noise Control Contaminated Land Chemicals and oil spills Radiation Monitoring Air Quality Monitoring Vehicle emission testingConsultee on Planning Applications (Fumes, dust, noise impact of developments on health, contaminated land remediation)Environmental impact assessment
Water Quality – monitoring of drinking water and recreational water quality	Water Sampling – Private and Public supplies Swimming Pool Sampling Recreational water quality – coastal and inland waters
Animal Health investigation & enforcement of animal health and welfare standards	Animal Health and Welfare Animal Feed Stuffs Animal breeding and boarding Dog controls

6 Health protection risks/challenges unique to the Lothians

While there are shared health protection risks nationwide, Lothian also has its own unique ones. The Public Health etc. (Scotland) Act 2008[1] and other legislation provide a statutory basis for interventions and there is a shared risk assessment process with stakeholders. These stakeholders include Environmental Health and other appropriate Local Authority services, the police and fire services, the Scottish Ambulance Services (SAS), Scottish Water (SW) and the Scottish Environment Protection Agency (SEPA). The risks and challenges unique to Lothian and how they are managed are detailed in Table 4. In addition, Appendix 3 lists key health protection plans to manage incidents.

Table 4: Health protection risks/challenges unique to the Lothians

Unique Situation/Position	Risk/Challenges	Mitigation Measures
Host to several universities with large numbers of students in Halls of residence, flats and houses. For example, the University of Edinburgh has 16,000 students.	Increased opportunity for introduction and spread of infection. Increased use of houses in multiple occupation (HMO). And private sector residential accommodation	NHS Lothian works closely with universities regards monitoring and control of infection such as mumps and meningitis. Local Authorities regulate HMOs. Registration of private sector landlords and housing conditions including gas and electrical safety.
University centres for research including veterinary schools, nuclear	Bio-hazards, use of radio-active materials.	National arrangements are in place for the regulation and control of nuclear medicine and

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Unique Situation/Position	Risk/Challenges	Mitigation Measures
medicine, biohazards and life sciences research and bio-research facilities, for example Pentland Science Park.		biohazards in the universities and hospitals.
Host to Scotland's Capital City, Holyrood Palace, and the Scottish Parliament and associated VIPs.	- 47 - Increased potential for terrorist incidents.	Regional resilience partnership (RRP) has emergency plans for CBRN[66] incidents and major incidents. City of Edinburgh Council in liaison with key partner agencies, maintains the Edinburgh Major Incident Evacuation Plan.
Centre of culture which hosts annual festivals, Hogmanay /New Year celebrations, international events such as the G8 and major international sporting events (for example World Cup Sevens rugby and the Open Golf Championship), as well as associated VIPs.	Brings together populations from different parts of the world with a risk of new infection coming into the areas. There is potential risk of terrorism in large crowds.	Annual multi-agency plans are in place for such events. The Hogmanay plan is tested prior to the season starting. Appropriate plans are put in place for international events.
Port Health - Major local and international transport hubs in the local area including: Edinburgh Airport, Leith Docks, Hound Point terminal at South Queensferry.Waverley / Haymarket Train Stations. St Andrew's Bus Station.	There is a risk of imported infectious diseases from other countries.	NHS Lothian and City of Edinburgh Council have a port health response plan developed in collaboration with the airport authorities. Plans are underway for the development of other port health plans. International Health Regulations exist in the event of a serious infectious disease emerging locally.
Sites of potential flooding, for example River Esk, Almond, Water of Leith, Braid Burn, Burdiehouse Burn, Figgate Burn, River Tyne, Biel water, Brocks Burn and Linlithgow Mains.	Climate change is presenting a potential risk of Increased opportunity for displacement of individuals due to flooding, plus disease risk after any flooding incident.	Emergency flood response plans are in place. Flood Prevention Act duties are undertaken by Local Authorities.
Host to Torness Nuclear Power Station.	Risk of nuclear incident. Public concern.	Emergency plans are in place with partnership agencies.
Host to Addiewell (West Lothian) and Edinburgh prisons – includes vulnerable populations.	Prison population known to be at higher risk of hepatitis B. As a closed communal setting it is also at risk of communicable disease outbreaks. This population also has an increased burden of non-communicable disease.	NHS Lothian has close working relationship with prison staff for the provision of appropriate preventive measures and early intervention in incidents and outbreaks.
Breakdown of Water Supply system.	Potential risk of contamination of drinking water supply.	Considerable investment has been and continues to be made in the water supply infrastructure to improve quality and resilience.

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Unique Situation/Position	Risk/Challenges	Mitigation Measures
		Robust monitoring and sampling regimes are in place to ensure quality.
Private water supplies in more remote rural communities across the area.	Risk of contamination with infection and chemicals.	Routine sampling and monitoring by Environmental Health with grant aid available to improve the quality of the water supply.
Coastal water quality along the Firth of Forth is critical to the high quality environment for residents and visitors.	These waters have a potential of flooding or being contaminated by agents such as oil spillage which could be a risk to public health. Breakdown of sewage infrastructure resulting in coastal water contamination. Major oil spill from tanker traffic in Firth of Forth	Multi agency emergency plans, including the Waste Water Incident Plan, Forth Ports Clearwater Forth Oil Spill Contingency Plan and City of Edinburgh Council Oil and Chemical Pollution Emergency Plan. Local monitoring by Local Authorities and SEPA.
Tourism is a major contributor to local economy	Loss of reputation if major public health incident	Incident management plans Food and water safety controls.
Potential emissions and incidents relating to industrial processes in the area including: distilling brewing; electricity generation; open cast mining and quarrying; cement manufacture.	Risk of major incidents and release of toxic chemicals. Increase air pollution from routine emissions. Legionella in cooling towers.	All the agencies have major incident plans which are regularly exercised. Local Authorities maintain cooling towers registers.
Legacy of an industrial history and the associated issues of contaminated land including ex-mining areas and former landfill sites.	Potential chemical environmental pollution. Complaints from communities with assertions of health risk.	Contaminated land issues are addressed either by enforcing conditions attached to planning consents or invoking the powers contained in part IIA of the Environmental Protection Act (EPA) 1990(67). Monitoring by the Local Authorities and investigation and control of incidents where there is potential human exposure.
West Lothian hosts the second largest poultry flock in Scotland in addition to, arable beef and dairy farming.	Potential animal health risks (for example bird flu and other zoonoses).	Disease contingency plans are in place with relevant partner agencies (East Lothian, Scottish Government, Police, Animal Health and Plant)
Substance misuse including novel psychoactive substances.	Substance misuse is a common cause of ill health, death and drug related crimes.	Most people with substance misuse problems are cared for by General Practitioners. Comprehensive range of multi-agency, evidence based prevention, treatment and care services in place coordinated through Alcohol and Drug Partnerships, Hepatitis action

Unique Situation/Position	Risk/Challenges	Mitigation Measures
		plans.
Air quality issues.	Increased risk of respiratory and cardiovascular diseases.	Local Authorities monitor air quality declaring Air Quality Management Areas (AQMAs) and developing action plans as appropriate.

7 Dealing with Public health incidents or outbreaks

Across the Lothians a number of health protection incidents and outbreaks of communicable diseases are dealt with each year. As reported in the Health Protection Team Annual Reports, there were 61 incidents in 2013/14 and 73 in 2014/15. About 15% of these incidents are related to HAI. Where necessary, these incidents and outbreaks have been managed within joint multi-agency and multi-disciplinary frameworks involving NHS Lothian and one or more of the four Local Authorities. Larger or more complex incidents may involve the Regional Resilience Partnership (RRP), Local Resilience Partnership (LRP) or the Scottish Government (SG), for example, the seepage of carbon dioxide into residential houses at Gorebridge in Midlothian in 2013/15, the Southwest Edinburgh Legionella outbreak in 2012, the Dalmeny Tank Farm incident of 2011 and the Pandemic Influenza outbreak in 2009. Some of the other incidents managed in the same period have been smaller in scale but have required specialist expertise and a considerable amount of resources to manage.

As part of the continuous improvement of incident and outbreak management, NHS Lothian, the Local Authorities and other partner agencies are revising and amending policies and practice. Lessons learned are disseminated actively to spread learning, including by debriefing meetings, final reports and review of the implementation of recommendations.

7.1 Emergency Planning and Business Continuity

NHS Lothian and Local Authorities are required to ensure it has effective arrangements in place to respond to emergencies and to manage business continuity disruptions, in accordance with the Civil Contingencies Act (2004)[68] and guidance including NHS Scotland's Preparing for Emergencies (2013)[12]. To do this NHS Lothian has established an executive level Resilience Committee which meets quarterly to lead and oversee resilience work. This comprises senior level representation from all areas of the organisation, including the Chief Executive. The committee has agreed a resilience work plan which includes quarterly reporting on resilience capabilities and a rolling programme of training, exercising and plan revision. This strategic level committee is supported by a Tactical Resilience Group and by management teams from across all NHS Lothian sites. The approach taken throughout this work is one of continuous improvement and staff engagement, to ensure resilience work remains focused on providing care and services.

In the last year NHS Lothian has updated its resilience governance structures bringing Business Continuity and Emergency Preparedness together in a single directorate,

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under the Director of Public Health. Resilience staff have developed generic tactical and strategic resilience plans which can be used in a flexible way to address many different types of emergency. Subject specific planning and exercising has also taken place, notably to respond to the risks posed by Ebola and other communicable diseases.

Wider community risks are collated by partner agencies and regularly updated in the community risk register. Planning, exercising, and training for these risks takes place at national and regional levels. In a major incident, joint working is essential to ensure that the Scientific and Technical Advice to the Regional Resilience Partnership reflects the complementary expertise of public health, environmental health professionals and other agencies.   NHS Lothian has taken part in three national pandemic exercises and has revised its pandemic plan in the light of these. It has held a multi-agency exercise to examine the management of a firearms incident on a hospital site. This involved over 100 staff, with participants from Police Scotland, Scottish Ambulance Service and Scottish Government. This is complemented by a series of regular, small scale Control Room exercises.

In the coming years NHS Lothian will focus on the integration of cross-site resilience responses with those in local departments and specialties, and on applying the lessons identified in recent exercise. There will also be an increased emphasis on business continuity arrangements while maintaining the ongoing exercise programme and joint work with external partners.

7.2 Out of hours response arrangements

7.2.1 NHS Lothian

NHS Lothian out of hours arrangement involves the provision of on call staff. Public Health and Health Policy provides a 24/7 response and there is a contacts directory and a call-out process from the Royal Infirmary Edinburgh (RIE) switchboard in the event of an emergency. In the case of major incidents and outbreaks such as an influenza pandemic situation, support from other parts of the organisation, for example, scientific and analytical staff in Lothian Analytical Services, for weekend reporting as and when required. NHS Lothian has a service level agreement with Public Health Intelligence at National Services Scotland for the provision of public health intelligence and analytical services. From 2014 this responsibility will be set out explicitly in the service level agreement. The on call team can be contacted out of hours on **0131 242 1000**.

7.2.2 Local Authorities

The four Local Authorities have emergency out-of-hours procedures in place. These are accessed through call centres within each authority. The FSS has lists of nominated contact officers for each authority in case of emergency food borne incidents. Contact centre details are:

- City of Edinburgh **0131 200 2000**
- East Lothian Council **01875 612 818**
- Midlothian Council **0131 663 7211**
- West Lothian Council **01506 280 000**

8 Resources and operational arrangements

NHS Lothian and the four Local Authorities in Lothian are committed to complying with the requirements stipulated in the 2011 Scottish Government guidance, on Management of public health incidents[9], the VTEC/E. coli Action Plan[11], NHS Scotland Resilience Guidance[12] and the revised Code of Practice (ACOP) for the control of Legionella Bacteria in Water System[10] as priority areas. This will include providing staff trained to the agreed standard that are able to participate in Incident Management Teams (IMTs). These documents require that partner agencies maintain a level of resources regarded as adequate for and the support required for preventing and managing public health incidents.

The local health protection work is linked to National health Protection Oversight group through sub-committees for different health protection area such as environmental public health, and Gastrointestinal disease and Zoonoses of the Health Protection Network (HPN). The HPN is seen as a Network of existing professional networks in Health Protection across Scotland, which aims to improve health protection services in Scotland, by bringing those working in this field together in ways which facilitate learning from each other in a structured manner. The Society of Chief Environmental Health Officers in Scotland has representatives on almost all the working groups reporting to the Scottish Health Protection Network Oversight Group of which it is also a member. The Society cascades and shares information through its various working groups and meetings. A schematic diagram of this network arrangement is included as Appendix 5.

8.1 Staffing

NHS Lothian and the four Local Authorities have each appointed competent persons and share competent persons lists, in accordance with the Public Health etc (Scotland) Act 2008[1].**Table 5** shows the numbers of competent persons appointed by each agency. Each of the agencies will maintain sufficient numbers of competent persons and update the lists as appropriate.

Table 5: Designated Competent Persons as designated under the Public Health etc (Scotland) Act 2008

Agency	NHS Lothian	City of Edinburgh	East Lothian	Midlothian	West Lothian
Designated competent persons	13	31	6	3	5

*NB. These numbers may fluctuate

In addition to the designated competent persons, Local Authorities and NHS Lothian can call upon a number of other staff who work within the overall remit of their services to assist in the investigation of incidents if necessary and appropriate.

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8.2 IT and communications technology

Information and Communications technologies are available to NHS Lothian and Local Authorities to facilitate health protection and environmental health work, including the management of incidents and outbreaks are set out below.

8.2.1 NHS Lothian Electronic Guidance and guidelines:

- NHS Lothian staff have access on the web e-library – the NHS electronic health library.
- NHS Lothian Public Health Staff who work out of hours are provided with a set of local guidance and guidelines for reference.
- NHS Lothian's HPT keeps a database of on-call guidance.
- SHPIR, the Scottish Health Protection Information Resource (Health Protection Scotland [HPS]) provides a suite of key nationally updated guidance.
- On-call staff have access to international travel advice and guidance via TRAVAX website.

Information Technology:
- Mobile phones and bleeps are issued to out of hours staff.
- Encrypted laptops and encrypted memory sticks are available for staff to take home when on-call.
- A standard operating procedure for establishing a telephone helpline within NHS Lothian is currently being developed by HPT and Telecommunication Department is nearing completion. This will ensure that a helpline can be set up rapidly, where it is considered appropriate to have an additional point of contact for the public during a an incident, to supplement NHS24.
- TRAK, the hospital patient management system, is used for accessing laboratory results and information relating to hospital patients.
- NHS Lothian SCI-store e-results, the Scottish Care Information System are used by GPs for notification to the board and storage of laboratory results used for managing patients.
- Scottish Environmental Incident Surveillance System (SEISS)[69] is a database of environmental health incidents in Scotland.
- Toxbase, a database that provides information on toxin and poisons for managing cases and incidents.
- The Scottish Infectious Disease Surveillance System (version 2) (SIDSS 2)[28].
- The Scottish Immune Recall System (SIRS)[30] is a database used as a call and re-call system immunisation programmes.
- Community Health Index (CHI) provides authorised members of staff patient identifier information which is used for tracing patients. Access is controlled by the Director of Public Health and Health Policy as Guardian of the CHI.
- The Electronic Communication of Surveillance in Scotland (ECOSS) is used for laboratory services notification to NHS Lothian Public Health Directorate and from the Directorate to HPS.
- The Airwave encrypted digital radio system was installed within NHS Lothian, in March 2011 with base sets, provided by Scottish Ambulance Service, located in our Emergency Departments. Two hand-held radios were issued by Scottish Government to Emergency Planning for use during a major incident.

- NHS Lothian is part of MTPAS, the Mobile Telecommunications Privileged Access Scheme. Under this scheme a Network Service Provider (NSP) a single special privileged access SIM cards (MTPAS SIMs) to Category 1 (including NHS Lothian) and 2 responders, as defined in the Civil Contingencies Act (CCA) 2004[68], to allow continued communication when there is a network congestion or shutdown.
- NHS Lothian together with other Scotland health boards have introduced and are now using HPZone-Scotland[29] – a secure web-based decision support system for the control, surveillance and management of cases and incidents of infectious diseases and environmental hazards.

8.2.2 Local Authorities

Local Authorities have databases with detailed information concerning business operations in their areas, including risk assessment of their compliance standard and addresses and contact details for all food businesses. These systems are capable of interrogation and can be used to produce specific premises lists subject to the coding structures used. Edinburgh and West Lothian use Authority Public Protection (APP) by Civica; East and Midlothian use the Uniform system by IDOX technology.

- Support for the two Airwave Terminals previously provided by Scottish Government to each Scottish Local Authority Emergency Planning/Business Continuity/Resilience Units has been withdrawn. The City of Edinburgh Council has a small number of Airwave Terminals for its own use. Police Scotland maintains a pool of Airwave Terminals that can be distributed to partner agencies in an emergency.
- The Airwave encrypted digital radio system has been adopted by the Local Authorities Emergency Planning and Business Continuity Services. Two hand-held radios were issued by Scottish Government to each Local Authority for Emergency Planning for use during a major incident. Additional handsets may be accessed in the event of an emergency
- A number of the Lothian Local Authorities have key personnel who are also part of MTPAS, the Mobile Telecommunications Privileged Access Scheme to allow continued communication when there is a network congestion or shutdown.

8.3   Scientific and Laboratory Services

The scientific and laboratory services which NHS Lothian and Local Authorities require for surveillance and management of public health incidents, which are currently available include:

- NHS microbiological and biological laboratories based at the Royal Infirmary of Edinburgh and the national reference laboratories.
- Edinburgh Scientific Services
- Scottish Water laboratories
- SEPA Laboratories
- National Reference Laboratories for Feed & Food in the UK
- Health Protection Scotland analytical and epidemiological support
- Scottish Poisons Unit

- Privately Contracted Laboratories

8.4 Collaborative Arrangements

Figure 7 is an illustrative summary of the joint working and areas of collaboration between NHS Lothian and the four Lothian Local Authorities. The details on specific areas of joint working are in Appendix 1.

NHS Lothian has collaborative arrangements and links with national organisations and groups and at international level through Health Protection Scotland (HPS) and the Scottish Government (SG) for dealing with communicable diseases and environmental Hazards. Locally, organisational arrangements are in place to facilitate good collaborative working between NHS Lothian, Local Authorities and other health protection partners, including Animal Health and Plant Services, Scottish Water and other utility companies, the FSS and SEPA. NHS Health Protection Joint Liaison Group implements most of the collaborative activities between NHS Lothian and the four Local Authorities. Lothian Infection Control Advisory Committee (LICAC) meets on a bi-monthly basis to review policies and infection control issues. Health protection incident review activities also take place in a number of committees and groups. At regional level emergency planning activities are coordinated by the East of Scotland Resilience Partnership and the constituent Fife, Forth Valley and Borders Local Resilience Partnerships.

A national Scottish Health Protection multi-disciplinary and multi-professional, network representing a wide range of stakeholders, including NHS and Local Authorities has recently been established. The Health Protection Network has the key functions of supporting the development of good practice in the prevention and control of both infections and environmental hazards in Scotland. NHS Lothian and Lothian local authorities (through the Society of Chief Environmental Health Officers) are represented in various subcommittees of the network where development of new guidance, standards for best practice and continuous professional development in health protection also takes place. The Lothian representatives to these committees often bring back learning to share with colleagues. Appendix 5 shows the structure of the health protection network and the oversight group.

Figure 7: Joint health protection activities between NHS Lothian and Lothian Local Authorities. (Illustrative rather than comprehensive)

LOCAL AUTHORITIES

Environmental impact assessment
Licensing
Contaminated land investigation
Safe housing

Health impact assessment
Healthcare associated infections investigation
Blood borne virus control

NHS LOTHIAN

Food & food hygiene standards
Public health nuisance control
Pest control

Teaching & Research

Occupational health & safety
Consumer protection against hazards
Health and safety at work

JHPP
Public health incident investigations & management
Port health incidents & international health regulations
Provision of mortuaries

Communicable & environmental disease prevention, investigation & control

Surveillance of diseases & incidents
Vaccinations of vulnerable populations

Air quality monitoring
Recreational water monitoring
Noise control

Smoking and substance misuse
Animal health and zoonotic diseases
Drinking water monitoring & investigation
Emergency Planning & Pandemic Influenza
Scientific & Laboratory investigations

8.5 Reviewing Health Protection Standard Operating Procedures (SOP) or guidance

The Directorate of Public Health and Health Policy has standard operating procedures for significant infectious diseases other hazards, outbreaks and major incidents. The HPT workplan includes reviewing standard operating procedures with partners. Those requiring review are identified based on their review date or the emergence of new national guidance.

Debriefs for significant incidents or major outbreaks are held to learn lessons from how they have been managed. These debriefs can be multi-agency and multi-disciplinary within the Directorate as appropriate.

The Local Authorities have standard operating procedures for a wide range of environmental health functions, including food safety and health and safety incidents. The two standard operating procedures, which are developed jointly between the Directorate of Public Health and the Local Authorities, are the sporadic food borne disease and gastrointestinal illness and the major outbreak plans.

NHS Lothian and the Local Authorities will continue to review operating procedures, including those that relate to the Public Health etc. (Scotland) Act 2008[1] duties (Appendix 2).

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8.6 Staff Knowledge, Skills and Training

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

8.6.1 NHS Lothian

The Director of Public Health and Health Policy issues a weekly professional update that includes training opportunities, courses and conferences as well as updates on policy, evidence and key meetings.

Audit and peer review sessions on on-going public health projects and activities are part of the weekly information exchange meetings and CPD sessions held in the Directorate.

HPT organises, as a minimum, twice yearly on-call updates as part of regular continuing professional development (CPD) sessions within NHS Lothian's Directorate of Public Health and Health Policy. Additional related sessions, providing training and exercising for Emergency Planning, are also provided.

HPT will informs on-call staff of other training day courses and conferences organised regionally or nationally and all staff on-call are required to participate in an Emergency Planning exercise on an annual basis. All consultants and senior specialist Trainee registrars who are within two years of Certificate of Completion of Training (CCT) are required to have experience of chairing a Problem Assessment Group (PAG) or equivalent at least once in every two years, to take part in a suitable multi-agency exercise (see below) or multi-agency incident response at least one in every two years and to be familiar with current issues in the Health Protection Team (HPT). Ideally staff will be offered the opportunity to attend the HPS on call course whenever it runs. There are limited places available each year for Health Protection Scotland (HPS) on call and Scientific and Technical Advice Cell (STAC) training. NHS Lothian supports CPD requirements for registered medical and other public health and the knowledge and skills framework requirements for professional, scientific and support staff for whom formal registration requirements are not yet in place.

8.6.2 Lothian Local Authorities

All Local Authorities have procedures in place for annual review of staff development needs, including support for meeting professional CPD requirements where appropriate. Environmental Health staff are encouraged to attend training or update events organised by NHS Lothian, Health Protection Scotland (HPS), the Royal Environmental Health Institute of Scotland (REHIS), the Society of Chief Officers of Environmental Health in Scotland (SOCOEHS) and Food Standards Scotland (FSS), for example. All Local Authority staff working in food safety and food standards are required to meet minimum competency and the ongoing professional development requirements of the Food Law Code of Practice[61]. Similar formal requirements have been developed in relation to staff working in relation to occupational health and safety.

8.6.3 Joint Training

NHS Lothian and the Local Authorities keep training requirements under review, including developing joint training opportunities, particularly in relation to the Public Health etc (Scotland) Act 2008[1] duties (Appendix 2). In 2015 a refresher joint training session on the public health act was held covering a range of health protection scenarios requiring the invocation of public health orders.

An annual joint Continuing Professional Development (CPD) session has been established between NHS Lothian and the Local Authorities. These sessions are usually held in December and cover a review of significant outbreaks, incidents and events that have taken place in the course of the year.

9 Capacity and Resilience

9.1 NHS Lothian

NHS Lothian, in conjunction with Local Authorities and HPS, assessed the capacity and resilience of local health protection services in 2009. The assessment put a set of criteria into place and these were used to assess the status of health protection services. These criteria covered a number of areas, including: team composition; resources and education; communication mechanisms and technology; information management and facilities standards; policies; procedures; joint working and governance; on call and surveillance arrangements.

In the early part of 2011, NHS Scotland Resilience, following a review of emergency preparedness as part of a national audit of Health Boards, noted that there continues to be a proactive attitude towards emergency planning in NHS Lothian, which reaches through to the wider organisation.

NHS Lothian is developing more extensive mutual aid arrangement with neighbouring Health Boards and reciprocal appointment of Competent Persons as required by the Public Health etc. (Scotland) Act 2008[1].

NHS Lothian Health Protection Team staffing is constantly under review. A recent review noted that there was need for more staff, both consultant and nursing staff. As a result of this review there was an increase in nursing staff and the development of better ways of working is on-going.

9.2 Local Authorities

Each of the Local Authorities provides a core level of trained and competent staff to deliver a wide range of statutory environmental health duties. Local Authorities undertake their own service reviews on a regular basis. In addition they are subject to external scrutiny by the Food Standard Scotland (FSS) audit branch in relation to meeting the requirements of food safety legislation. Whilst historically, all of the Local Authorities have been able to provide health protection related services, there has been some contraction in areas of activity over recent years due to financial constraints.

The 2013 Audit Scotland Report - *Protecting Consumers*[70], raised concerns about the longer term sustainability of Trading Standards (TS) Services particularly at smaller Councils (classed as those with less than eight TS staff) and also looked at food safety services.

The report acknowledged that Food Services were, on the whole, currently better resourced than Trading Standards but raised concerns for both services about loss of experience and expertise and ensuring core competencies and training for the future.

The report recommended more formal joint working arrangements and shared service options as possible solutions. While the report did not address wider environmental health functions, (e.g., public health work, environmental monitoring & investigations, nuisance and housing standards work, health & safety enforcement etc), there are similar concerns about these service areas too.

9.3   Approach to regulation

We will develop a work programme to introduce new ways of working designed to minimise the adverse impact of deregulation on the ability of the Health Board and Local Authorities to comply with their duties to protect and improve the health and wellbeing of the population. In developing our priorities for action we will examine the population impact of potential adverse events against the level of risk they pose and the likelihood of occurrence. Used appropriately, regulation is an efficient, effective and equitable tool for improvement. We will introduce new interventions designed to improve performance and new tools to measure our achievements.

10 Public involvement and feedback

10.1 NHS Lothian

10.1.1   Patient and Public Involvement

In NHS Lothian, involving patients and the public means involving them in how health services are designed and delivered[71]. This is achieved by working in partnership with Local Authorities, the voluntary sector and other community groups when planning health services and health policies.

Patient and public involvement in NHS Lothian health protection takes place through seeking feedback from service users and patients and through a variety of conferences and working groups. For example, the Hepatitis C Action Plan sub-groups and LICAC have public representatives.

The HPT have carried out a number of feedback projects over the last two years. These include:

- A survey of care home managers views on the advice and support given by HPT during outbreaks of norovirus and influenza.

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- Feedback from returnees who travelled to West Africa during the Ebola outbreak.
- Feedback from head teacher after a norovirus outbreak.

Learning from this feedback is used to improve our policies and practices in dealing with health protection issues. The HPT have a quality improvement team which co-ordinates this improvement work and meets on a monthly basis.

10.1.2 Staff and Partnership

The NHS Lothian Partnership Forum has been established as part of an area-wide employee relations framework that allows staff to influence how NHS Lothian works[72]. In health protection terms this forum provides the opportunity of early involvement and the ability to influence decision making on health protection issues which affect staff. Partnership involvement is considered essential when any incident moves from being a Problem Assessment Group (PAG) which is a professional assessment of a potential incident to an incident being declared and a formal Incident Management Team being established. One of the most obvious roles for Partnership is providing advice and helping to ensure high levels of understanding and uptake when staff screening is necessary as part of incident management.

10.2 Lothian Local Authorities

Local Authorities carry out a variety of client and community consultation and feedback activities, using the results to improve the efficiency and effectiveness of service delivery. However, for the purposes of the JHPP, the main area of cross-client contact by environmental health staff is the investigation of incidences of gastrointestinal infections outwith a hospital setting.

11 Monitoring and review

An action plan has been developed (Appendix 2) to ensure that this JHPP is implemented effectively. The plan will be kept under strategic review by the steering group comprising the Director of Public Health and Health Policy, NHS Lothian and the Chief Officer(s) of Environmental Health of City of Edinburgh, East Lothian, Midlothian and West Lothian Councils.

The detailed implementation of the plan (see action plan Appendix 2) including review of incidents, procedures, staff training will continue to be the responsibility of the NHS Health Protection Joint Liaison Group, which meets quarterly in Lothian.

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Appendix 1: Joint Health Protection Activities between NHS Lothian and Local Authorities

Priorities: We have specified what are the current deliverables for completion in 2016-18, what are for delivery in two to three years time or, for further in the future. These can be listed as:

- **Deliverables** - for the coming year with expected outcomes and milestones;
- **Developmental** - for a specific timescale beyond the coming year with expected outcomes and/or milestones listed and;
- **Directional** – Horizon scanning for future public health issues;
- **Sustainability** - We ensure that once targets are reached we can maintain that level.

Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
Emergency Planning					
Public health incidents	Ensuring the most effective protection of public through NHS and Local Authorities co-operation in investigation and control of outbreaks	Perform duties and functions defined under the Public Health (Scotland) Act. Assign appropriate staff and contribute resources required for the investigation and control of incidents and outbreaks.	Perform duties and functions defined under the new Public Health (Scotland) Act. Provide leadership for investigation of public health incidents and outbreaks. Exclude workers in high-risk occupations confirmed as having relevant infectious disease. Pay for exclusion of high risk workers.	Draw up joint plans for the investigation and control of incidents and outbreaks. Participate in incident and outbreak investigation, review and audits Participate in multiagency exercises and planning events.	**Deliverable**

Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
Port Health	Potential risk of importation of exotic infection from other countries. Increased potential for drug use. Lothian has major local and international transport hubs in the local area including: Edinburgh Airport, Leith Docks South Queensferry Hound Point terminal, Waverley /Haymarket Train Stations.	Inspection of ships for hygiene and vermin/pests Monitoring of water supplies. Enforcement of international health regulations, a designated port authority for the purpose of issuing ship sanitation etc. certificates.	Imposing appropriate Controls on ships and passengers when disease reported or suspected. Liaison with other agencies and health authorities.	Development of Joint operational plans. Response to airport call outs. Reducing risk of disease entering country via ports Ship Sanitation. Vermin control.	**Deliverable**
	Lothian is a centre of culture which hosts annual festivals, Hogmanay /New Year celebrations, international events such as the G8 and major international sporting events (e.g. Open Golf Championship, World Cup Sevens rugby), as	Work with the police to ensure safety at venues. Various licensing activities for entertainment, civic government, alcohol.	Ensure that Accident and Emergency department in hospitals have emergency plans to receive casualties. Work with other agencies to ensure adequate presence of first aiders.	Develop and test Hogmanay plans prior to the season starting. Monitor upcoming events and put in place appropriate plans for international and other large size	**Deliverable**

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
Mass Gatherings	well as associated VIPs. This brings together populations from different parts of the world with a risk of new infection coming into the areas. There is potential risk of terrorism in large crowds.			events, e.g. carried out planning of mitigation measures for potential public health issues associated with the Commonwealth Games 2014.	
Climate change.	Climate change presents a potential risk of increased displacement of individuals due to flooding, plus disease risk and mental health problems after any flooding. Incident sites of potential flooding include River Esk, Almond, Water of Leith, Braid Burn, Burdiehouse Burn, Figgate Burn, River Tyne, Biel water, Brocks Burn and Linlithgow Mains.	Put in place emergency flood response plans dealing with displacement and remediation. Implement Flood Prevention Act duties.	Provide advice on potential health risk in the event of flooding. Ensure healthcare provision for vulnerable populations during flood incidents. Provide healthcare to the affected individuals Contribute to the Local Authority flood plans. Identify NHS Lothian sites that are vulnerable to flood	Participate in multiagency exercises and flood planning events. Participate in multiagency flood incident management. Develop plans in line with Scottish Govt Climate Change Adaptation framework 2012	**Sustainable**

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
			risk and establish plans to mitigate the risk and ensure business continuity. Implement NHS Lothian Strategic Development strategy with actions to reduce carbon emissions		
Radiation - Ionising and non-ionising	Potential risk to public from radiation sources. Risk of nuclear incident. Risk of malicious release (terrorism). Sunbed use increasing cancer risk Radon accumulations increasing cancer risks.	Draw up a multi-agency off-site nuclear incident plan. Inspection and appropriate licensing of sun-bed operators. Monitor of radon gas in public building owned by the Local Authority and support families to monitor homes in potentially affected areas	Contribute to a multi-agency off-site plan. Monitor of radon gas in public building owned by the NHS and support families to monitor homes in potentially affected areas.	Participate in multiagency radiation exercises and planning events. Participate in multiagency radiation incident management.	**Deliverable**

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
Good Places Better Health[10] (National Health Policy) issues					
Prison accommodation.	Lothian hosts two prisons – includes vulnerable populations. Increased risk of disease outbreaks such as hepatitis B, HIV and TB among prisoners.	Inspection of Prison kitchens under food safety and food standards legislation.	Develop close working relationship with prison staff for the provision of appropriate preventive measures and early intervention in incidents and outbreaks.	Participate in incident and disease outbreak investigation and control.	**Deliverable**
University accommodation.	Lothian hosts several universities with large numbers of students for example the university of Edinburgh has 16,000 students. Increased opportunity for introduction and spread of infection. Increase use of Houses in Multiple Occupation (HMO).	Regulation of HMOs. Investigation of housing standards issues. Protection of Private tenants through registration of private landlords. Promote Landlord Accreditation to increase standards above the statutory minimum	Put in place plans to work with university authorities in monitoring and control of infection such as mumps and meningitis.	Investigate and manage incident of infections and outbreaks when they occur.	

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
Air quality.	Potential emissions and incidents relating to industrial processes in the area including: distilling and brewing, electricity generation, open cast mining and quarrying, cement manufacture etc. Risk of major incidents and release of toxic chemicals. Increase air pollution from routine emissions. Increased risk of respiratory and cardiovascular diseases.	Monitor air quality compliance with legislative standards. Declaration of Air Quality Management areas as appropriate and formulation of action plans. Respond to planning applications where air quality may be impacted Participate in the vehicle emissions and vehicle idling partnership	Contribute to the development of the national Air Quality Monitoring during major incidents. Ad hoc and advice on analyses of health impacts of air quality.	Participate in multiagency air quality exercises and planning events. Participate in multiagency air quality incident management. Consultation on air quality action plans.	

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
Home Safety	Carbon monoxide poisoning. Fire risk. Safety of appliances. Risk from goods bought	Advice and complaint investigation about the safety of goods sold. Potential for surveys and test purchasing to check the safety of goods sold. Powers to seize unsafe goods.	Possibility of being asked for advice on potential risk to humans from products (e.g. those containing specific substances) Proactively offer advice to vulnerable populations in contact with clinical services e.g. children under 5. NHS Lothian also funds a range of child safety projects. Monitoring of accidents via routine data	Joint investigations as appropriate	**Developmental**

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
Housing	Poor quality, energy inefficient housing is associated with respiratory ill health and winter mortality and fuel poverty. Overcrowding is associated with poor health. Housing design features may affect mental health, accessibility and risk of domestic injury.	Work in partnership with housing services to assess quality of housing with regard to the Tolerable Standard and to use statutory powers to secure improvement where funding permits or is of significant public health risk. Conduct the registration of Private Landlords scheme Develop and deliver the Local Housing strategy Deliver the Statement of Assistance in terms of housing	Support for health impact assessments of housing developments.	Health Impact Assessments of housing development and regeneration schemes. Tackling inequalities	Deliverable

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
		improvements			
Contaminated Land	Lothian has a legacy of an industrial history and the associated issues of contaminated land including ex mining areas, former landfill sites etc. Potential chemical environmental pollution. Complaints from communities with assertions of health risk.	Identification of contaminated land and addressing problems found in accordance with national guidance contained in part IIA of EPA 1990.(guidance is not contained in statute also most issues of contamination are dealt with as part of the Planning process as part of redevelopment Monitoring of sites and investigation	Statutory consultee advising on risk to human from a wide variety of contaminants.	Investigation of assertions of risk and assessment of impact of remediation measures. Investigate contaminated land and take action to ensure health risks are eliminated or adequately reduced.	Developmental

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
		and control of incidents where there is potential human exposure. Use a phased, risk based approach to the identification, investigation and remediation of contaminated land sites.			
Greenspace	High quality accessible green space is associated with better mental health and increased physical activity.	Open space strategy	Ad hoc advice on benefits of green space. Build into work on physical activity. Support for community gardening projects and greening of NHS estate.	Health impact assessments of green space proposals	Developmental
Transport	Transport can affect air quality, physical activity, injuries, access to health-promoting facilities, noise, community severance etc	Local Transport Strategy	Advice on health issues arising from transport policies and proposals	Health impact assessments of transport policy and strategy	Developmental
	Design of public spaces	Planning policies –	Advice on health	Health impact	Developmental

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
Quality of Public Realm	may affect levels of physical activity, mental wellbeing, social cohesion etc.	formulation, implantation and monitoring	issues arising from planning proposals	assessment of planning policies	
Strategic Environmental Assessment	SEA includes consideration of Human Health		Offer ad hoc advice and support on health issues in SEAs	Joint work on scope of SEAs	Developmental
Equally Well[11] (Joint Work to Tackle the Social Determinants of Health Inequalities) – National Health Policy					
Infectious and Communicable Disease Control	Food poisoning. Legionella.	Investigation of potential sources, contacts and causes in partnership with NHS. Taking appropriate formal and informal action to ensure potential source is adequately dealt with.	Addressing medical needs of affected persons. Investigation of potential sources, contacts and causes with assistance of Local Authorities. Advising on potential control options. Exclude high-risk persons.	Developing SOPs, planning for incident management, managing and controlling outbreaks and incidents and surveillance. Review of incident management and learning lessons.	Deliverable

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
		Hold register of cooling towers etc. Sampling of swimming pools to ensure no risk to users.		Exclude high-risk persons.	
Health and Safety at Work	Potential exposure to carbon monoxide from use of solid fuel appliances in commercial kitchens	Interventions, including inspections and formal action where appropriate, to ensure awareness of new HSE guidance to the catering trade and ensuring compliance to minimise risks to employees and neighbouring residents	Advice on health risks (Healthy Working Lives)	Joint investigations if incident of serious injury or public concern. HPT referral to LA if patient hospitalised with elevated CO levels.	**Deliverable**
Animal Health and zoonotic	Procedures supporting the control of BSE, bird flu, rabies, bovine TB etc.	Monitoring of controls on animal health. Appropriate formal and informal action to deal with	Working with Animal health to monitor the occurrence of zoonotic disease in livestock and domestic animals.	Investigation and control of incidents and outbreaks of zoonotic diseases.	**Deliverable**

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
diseases		problems found. Monitoring of controls imposed as part of animal diseases, such as animal movement orders.	Advice on potential risk to human arising from animal health activities including outbreaks of animal diseases. Advice on vaccination to population at risk including travel abroad.		
Smoking, Alcohol & Substance Misuse	Smoking is the single largest preventable cause of premature mortality. Substance misuse is a preventable cause of ill health, death and drug related crimes.	Responsibility for ensuring goods are not sold to those under 18. Age Related Sales Tobacco, Cigarette, Lighter Refills Fireworks. No-smoking legislation implementation regarding smoking in public places. Licensing standards officer's	Follow up of individual cases of infection connected with substance misuse. Assess alerts about contaminated alcohol and new drugs causing potential ill health. Advise on appropriate measures to prevent and treat HIV, Hepatitis B and C. Develop and implement action plans through the HCV MCN.	Participate in disease incident and outbreaks related to substance misuse Underlying and long term issues addressed through planning and delivery of services in partnership through the Smoking & Health, Alcohol and Drug Partnerships (ADPs) and Community Safety Partnerships.	**Developmental**

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
		interventions regarding age verification policy and responsible drinking.			
Noise Control	Anti social behaviour. Exposure to occupational noise. Exposure to nuisance noise which may affect health.	Powers to issue fixed penalty notices for anti-social activities. Powers to investigate and control noise nuisance generally through statutory nuisance legislation of licensing regime. Powers of H&S enforcement where excessive noise may be encountered in the workplace	Advice on health effects on humans arising from noise-producing activity.-producing activity.	Provide public health advice on incidents	**Sustainable**
	Activities Including: Alcohol, Street Trading Tattooing & Skin Piercing Petroleum.	Monitoring of alcohol licensing via licensing standards officers	Advice on health risks of activities, the impact of alcohol on population health and	Underlying and long term issues around alcohol misuse addressed	**Developmental**

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
Licensing	Alcohol related health harm and community safety linked to availability. Spread of infection such as hepatitis B and C and sexually transmitted diseases.	Licensing monitoring and inspection of street traders, tattooists, skin piercers and petroleum storage. Dealing with complaints and taking appropriate informal or formal action.	the link with outlet density. Advice on implementing the public health principle in alcohol licensing including on licensing conditions and/or options to control problems and arising from incidents	through planning and delivery of services in partnership through the Alcohol and Drug Partnerships (ADPs) and Community Safety Partnerships.	
Pest Control	Vermin — potential to spread disease. Insects — disease spread potential, can arise from unhygienic conditions with human health risk.	Inspection of area for vermin and pests taking appropriate informal or formal action to address problems found. Treating of vermin and insects (discretionary).	Advice on potential risk to humans from a variety of pests.	Investigation and control of pest related diseases.	**Developmental**
Dog Control	Stray dogs — safety and potential for disease spread Dog fouling — potential to spread disease. Dangerous dog threat or attack.	Uplift of stray dogs Enforcement of fouling and dangerous dog Legislation Promote responsible dog	Advice on potential risk to humans from dog fouling Linkages to promotional work on best practice and other dog related	Investigation and control of zoonotic disease related to dogs.	**Developmental**

Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
	Noise nuisance from excessive barking	ownership to minimise Barking, fouling and poor control.	issues.		
Public Health Nuisances	Variety of statutory nuisance conditions affecting local residents / community.	Monitor area and respond to complaints with regard to statutory nuisance issues such as dirty houses, unhygienic living conditions, drainage problems, odour problems, etc.	Advice on risks and effects on the health of occupants and other relevant persons.	Follow up complaints and investigate nuisance that affect public health.	Developmental
Houses in Multiple Occupation & Private Sector Rental Accommodation	Nuisance and health effects on occupants from poor living conditions and disrepair Overcrowding, fire, safety.	Licensing of HMOs and registration of Private Landlords. Monitor local housing for defects and respond to complaints. Inspect for compliance Enforce against unlicensed/unregistered	Advice on risks and effects on the health of occupants and other relevant persons Advice on risks to health of Occupants.	Joint investigation as appropriate for HMO related public health incident	Developmental

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
		Premises.			
Health & Safety at Work.	Illness or injury to persons.	Enforcement of Health and Safety legislation: to reduce the incidence of accidents and ill health at work in partnership with the HSE. This involves adherence to inspection/sampling programme, participation in national campaigns and other interventions as directed by HSE and investigation of accidents and complaints.	Advice on health risks (Healthy Working Lives)	Explore the link between Local Authority health and safety investigations/ intervention planning to NHS accident/ emergency data.	**Developmental**
Water Supplies	Old reservoirs and water treatment plants in need of development. Risk from consumption of contaminated water	Regulation and monitoring of private water supplies and ensuring national	Work with Scottish Water to ensure regular sampling and monitoring of supply and distribution	Investigation of water related infections and contaminants of drinking water	Deliverable

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
	supplies. Lead in Water Guidance relating to WHO standards 2012.	standards are met. Administer grant assistance scheme for improvement of private water supply quality.	system Advice on medical aspects of risk to individuals and groups.	supply. A Health Protection Joint Liaison Subgroup on private water supply.	
Food Safety	Reduction in food poisoning Ensure food ingredients are safe and food appropriately labelled to ensure vulnerable people are protected (e.g. — allergens)	Inspection of food premises Inspection of production facilities for hygiene and composition. Sampling of food to check for compliance with standards. Promotion of good hygienic practice. Promotion and information on labelling/compositi on	Advice on medical aspects on request. Linkages to promotional work on hygienic practices and other food related issues. Expert advice on potential health effects arising from conditions found.	Investigation and control of food borne infectious disease incidents and outbreaks	
Food Hygiene & Food Standards	Food is a potential vehicle for transmission of infectious diseases.	Implement an effective inspection programme based on a risk based approach including	Promote hand washing practice and food hygiene to members of the general public during incidents.	Participate in investigation of incidents and outbreaks of food borne and gastrointestinal	

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
		adherence to inspection/sampling/ audit programmes, provision of food hygiene and food safety training to business community, There is adoptive not required participation in national campaigns as promoted by FSA, investigation of food-borne illnesses, investigation of complaints and provision of information to the public on good food hygiene practice via local publicity campaigns e.g. Food Safety Week.		infections.	

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
Diet & Nutrition					
TB services	Increasing numbers of TB cases, drug resistance, poor compliance amongst vulnerable groups such as people who are homeless, or with problematic alcohol and/or drug use.	Provision of housing to vulnerable groups Investigation of accommodation standards	Identify, investigate and treat cases and contacts, offer BCG vaccination. NHS Lothian is currently implementing Scotland TB plan and the piloting and evaluating of a web based TB surveillance system for Scotland.	Investigation and management of TB incidents.	**Deliverable**
Sexual Health and HIV Services	Preventing spread of sexually transmitted infections	Licensing of sex shops / establishments Teaching about sexual health and relationships.	Diagnosis, counselling and treatment of cases.	Joint planning for sexual health and HIV – strategy development HIV treatment and care – joint agreement for Milestone House.	**Deliverable**
Care Settings & Health Improvement, Efficiency, Access Treatment (HEAT) Targets					
	There is a risk of patients	Food hygiene	NHS Lothian has	Investigation of	**Deliverable**

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
HAI	who are free from infection acquiring it from care institutions when they get admitted for other reasons.	inspections of hospital catering. Expert support and advice for HAI	plans to achieve a reduction of the rate of *Clostridium difficile* infections in patients aged 15 and over to 0.25 cases or less per 1,000 total occupied bed days by 2014/15. To further reduce HAI so that by 2014/15 NHS Lothian's *staphylococcus aureus* bacteraemia (including MRSA) cases are 0.24 or less per 1,000 acute occupied bed days.	incidents/ outbreaks	
Childhood Vaccinations	There is a risk of vaccine preventable diseases to re-emerge or cause outbreaks when the population vaccination coverage is low. Recent examples have been outbreak of measles and mumps.	Education – school and further employment, work with local businesses	NHS Lothian has a childhood immunisation programme that aims to vaccinate at least 95% of children according to national schedules (2011 uptake of MMR at 24 months was	Reservoirs of infection	**Deliverable**

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
			93.5%).		
Human Papilloma Virus (HPV) Vaccine Programme:	HPV infection is responsible for the development of almost all cases (90+%) of cervical cancer. effective against the two strains. HPV vaccines are s of the virus. The HPV vaccine for girls aged 12 to 13 years is aimed at protection against 70% of cervical cancers.		NHS Lothian continues to implement the HPV programme with catch up for S4, S5 and girls who are out of school.		**Deliverable**
Viral Hepatitis	Prevention of BBV in drug users, increasing testing in high risk groups, ensuring immunisation policies in place for hepatitis B in at risk groups, collaborative working to ensure patients supported through assessment and treatment for hepatitis C	Regulation of tattooing and other high risk activities	NHS Lothian actions outlined in the Scottish Government Sexual Health and Blood Borne Virus framework are being implemented through the NHS Lothian Viral Hepatitis Managed Care Network (MCN).	Social worker involvement in hepatitis MCN Joint working via alcohol and drug action teams	**Deliverable**
Pandemic Influenza	A pandemic is one of the most severe national challenges likely to affect Scotland and Lothian.	Develop local plans for response and recovery from a pandemic.	NHS Lothian continues to identify, treat and monitor cases of influenza	Participate in Local and Regional Resilience Partnership	**Sustainable**

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
	Proportionate planning and drawing on lessons learnt from H1N1 is essential for mitigation of the potential impact of a pandemic.		A(H1N1) and will ensure arrangements are in place to offer vaccination to the Lothian population against this virus as appropriate.	pandemic planning process.	
Information sharing (NHS & Local Authorities) & Joint Analysis	Sharing information is essential for effective implementation of health protection interventions.		NHS Lothian has arrangement for ensuring that Health professionals employed or contracted have the training and support necessary to allow them to balance their responsibilities for patient confidentiality, with public safety and health protection when sharing information.	Regularly review effectiveness of arrangement for information sharing between NHS Lothian and Local Authorities.	**Deliverable**
Provision of Mortuaries	Improper or delayed disposal of dead bodies can result in spread of infection	Arrangement for disposal of dead under National Assistance Act provisions.	Advice on health risks in relation to contaminated/ infected bodies.	Joint investigations as necessary	**Developmental**

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Subject	Health Protection Issues	Local Authority Role	NHS Health Protection Role	Joint NHS/Local Authority role	Priority level
		Make arrangement for provision of mortuary services			

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Appendix 2: Joint Health Protection Action Plan

Ref Section	Action	Responsibility	Timescale	Outcome	Priority Level
1	The steering group will continue to oversee the implementation of the plan.	DPH/Chief EHO and Lead CPHM	On-going	Regular review of planned activities	Deliverable
1	Ensure implementation and compliance with all the requirements within the act	DPH/Chief EHO and Lead CPHM and respective teams	Annual	Implement all aspects of the new act according to the law.	Deliverable
2.2	Investigate of assertions of risk and assessment of impact of remediation measures.	DPH/Chief EHO and Lead CPHM	On-going	Adequate risk assessment and risk management carried out	Deliverable
2.2	Investigate contaminated land and take action to ensure health risks are eliminated or adequately reduced.	DPH/Chief EHO and Lead CPHM	Annual	Adequate risk assessment and risk management carried out	Deliverable
2.2	Carry out health impact assessments of greenspace, transport policy and strategy proposals, planning policies and joint work on scope of SEAs	DPH/Chief EHO and Lead CPHM	On-going	HIA reports available to inform policy and planning	Developmental
4.1	Health Impact Assessments of housing development and regeneration schemes.	DPH/Chief EHO and Lead CPHM	Annual	HIA reports available to inform housing policy	Developmental
4.1	Address underlying and long term issues through planning and delivery of services in partnership through the Smoking & Health, Alcohol and Drug Partnerships (ADPs) and Community Safety Partnerships.	DPH/Chief EHO and Lead CPHM	Annual	Declining substance misuse rates and associated long term issues	Sustainable
4.1	Investigation and control of pest related diseases	DPH/Chief EHO and Lead CPHM	Annual	Reduced pest	Deliverable

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Ref Section	Action	Responsibility	Timescale	Outcome	Priority Level
	zoonotic disease related to dogs.			incidents and zoonotic diseases	
4.1	Follow up complaints and investigate nuisance that affect public health.	DPH/Chief EHO and Lead CPHM	Annual	Reduced complaints associated with nuisances.	Deliverable
4.3	Reduce risk of disease entering country via ports by responding to airport call outs, ship sanitation inspection and vermin control.	DPH/Chief EHO and Lead CPHM	On-going	Prompt response to port health call out	Sustainable
4.3	Develop and test emergency plans for mass gathering including national and international events such as games and sports and the Hogmanay plans prior to the season starting.	DPH/Chief EHO and Lead CPHM	On-going	Event health emergencies adequately handled	Sustainable
4.3	Participate in multiagency climate change mitigation emergency plans such as flood plans. Develop plans in line with Scottish Govt Climate Change Adaptation framework 2012	DPH/Chief EHO and Lead CPHM	On-going	Continuous mitigation of environment impact arising from climate change	Deliverable
4.3	Participate in multiagency radiation exercises and planning events.	DPH/Chief EHO and Lead CPHM	Two-yearly	Staff capacity and resilience for response to radiation incidents improved	Deliverable
4.3	Participate in multiagency air quality exercises and planning events and consultations on air quality action plans.	DPH/Chief EHO and Lead CPHM	Annual	Effective response to air quality incidents	Deliverable
4.4	Ensure that lessons learnt from incidents and outbreak informs the development and review of plans.	DPH/Chief EHO and Lead CPHM and respective teams	Annual	Plans and SOPs are suited to local needs.	Deliverable
4.2.2	Joint planning for sexual health and HIV – strategy development	DPH/Chief EHO and Lead CPHM	Annual	Joint sexual health and HIV strategy	Deliverable

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Ref Section	Action	Responsibility	Timescale	Outcome	Priority Level
	HIV treatment and care – joint agreement for Milestone House.			in place and used.	
4.2.2	Involve social workers in hepatitis Managed Clinical Networks. Joint working via alcohol and drug action teams	DPH/Chief EHO and Lead CPHM	Annual	Social workers participate in Hepatitis MCN	Deliverable
4.2.3	Participate in multiagency exercises and planning events.	DPH/Chief EHO and Lead CPHM	Annual	Continuous improvement of staff capacity and resilience	Deliverable
5	Exercise joint plans for the investigation and control of incidents and outbreaks. and audits	DPH/Chief EHO and Lead CPHM	Dec 2016	Plans in place and applied	Deliverable
5.1	Share lists of competent persons as required by the act	DPH/Chief EHO and Lead CPHM	Annual	Agencies have up-to-date lists of competent persons for Lothian	Deliverable
5.2, 5.3	Ensure the acquisition and use of appropriate information technology for the investigation and management of outbreaks and incidents	DPH/Chief EHO and Lead CPHM and respective teams	Annual	Accurate recording and reporting of incidents and outbreaks. Timely availability of epidemiological information.	
5.1	Appoint and review competent persons list.	DPH/Chief EHO and Lead CPHM	Annual	Sufficient numbers of competent persons within agencies	Deliverable
5.5	Hold major incident plan exercise (joint LA/ NHS Lothian) Regularly exercise key health protection plans including GI and food incidents and the major incident plan.	PH/EHO/Med/Vet /SW liaison group	Annual	Update of plans based on exercises. Staff trained during exercises.	Deliverable
5.5	NHS Lothian and the Local	Health Protection	Annual	Staff working	Deliverable

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Ref Section	Action	Responsibility	Timescale	Outcome	Priority Level
	Authorities will keep Standard Operating Procedures (SOPs) under review, including developing and reviewing procedures up-to-date in relation to the Public Health etc (Scotland) Act 2008 duties.	Joint Liaison group		with updated SOPs	
5.5	Review Lothian JHPP (2016-18)	DPH/Chief EHO and Lead CPHMNHS	April 2018	Revised plan in place and up-to-date.	Sustainable
5.6	Developing joint training opportunities, particularly in relation to the Public Health etc (Scotland) Act 2008 duties.	DPH/Chief EHO and Lead CPHM Health Protection Joint Liaison group	Annual	Joint training taking place.	Deliverable
5.6.2	NHS Lothian and the Local Authorities will keep training requirements under review, including for competent persons and investigator knowledge and skills, developing joint training opportunities, particularly in relation to the Public Health etc (Scotland) Act 2008 duties.	Health Protection Joint Liaison group	Annual	List of training requirement in place and shared with staff	
6	Assess capacity and resilience to provide health protection services in Lothian	DPH/Chief EHO and Lead CPHM NHS Lothian and Local Authorities	Annual	NHS Lothian and Lothian Local Authorities have sufficient numbers of competent persons and investigators for both in and out of hours interventions	
6.3	Explore and identify new ways of working in response to revised approach to regulation.	DPH/Chief EHO and Lead CPHM NHS Lothian and Local Authorities	Annual	New ways of working identified and applied.	
7	Develop and implement public involvement activities	Health Protection Joint Liaison	Annual	Review of plans with	

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Ref Section	Action	Responsibility	Timescale	Outcome	Priority Level
	and how their contribution can be used for improving health protection in all agencies.	group		consideration of public in-put.	
7	Arrangements for mutual aid and support within Lothian. Develop a more formal agreement to enable an expert EHO from another authority to provide lead advice in an incident	DPH/Chief EHO and Lead CPHM NHS Lothian and Local Authorities			
7	Establish a process for asking for additional support for EHO teams through the DPH / Clinical Lead for health protection.				
7	We will also need to develop criteria for peer review of different local authorities and given the increasing complexity of responsibilities held at department level, criteria for declaring a professional conflict of interest and asking an expert or EHO with regulatory responsibility from another area to take over.	DPH/Chief EHO and Lead CPHM NHS Lothian and Local Authorities			
7	Agree ground rules for behaviour and providing support/buddying etc.	DPH/Chief EHO and Lead CPHM NHS Lothian and Local Authorities			
7	Update the information sharing agreements.	DPH/Chief EHO and Lead CPHM NHS Lothian and Local Authorities			

Appendix 3: Key health protection plans for the Lothian area

Shared Plans	Last Review Date	Next Review Date
Police Scotland Major Incident Plan	N/A	Under development
East of Scotland Regional Resilience Partnership Generic	05/2011	05/2012

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Shared Plans	Last Review Date	Next Review Date
Emergency Plan (maintained by SCG Co-ordinator)		
East of Scotland Regional Resilience Partnership Pandemic Influenza (maintained by SCG Co-ordinator)	05/2010	Under review
East of Scotland Regional Resilience Partnership Community Risk Register	04/2011	Under review
East of Scotland Regional Resilience Partnership Public Communications Plan	05/2011	05/2012
East of Scotland Regional Resilience Partnership Animal Health Plan	05/2010	Under review
The City of Edinburgh Council Emergency Plan (General Plan for the Council's response to Serious Emergencies or Major Incidents).	07/2014	04/2016
The City of Edinburgh Council Pipelines Emergency Plan (Statutory Requirement under the Pipelines Safety Regulations)	03/2015	04/2016
Edinburgh Site Specific Response Plan (maintained by Police Scotland on behalf of East of Scotland Regional Resilience Partnership)		
NHS Borders Pandemic Influenza Plan	02/2009	Under review
The City of Edinburgh Council BP Dalmeny Installation Off Site Plan (Statutory Requirement under the Control of Major Accident Hazards Regulations)	12/2014	12/2016
Joint Port Health Plan	2009	2018
Police Scotland Severe Weather plan	07/2011	Under Review
Scottish Waterborne Hazard Plan	07/2010	Under Review
The City of Edinburgh Council Flooding Emergency Plan (Under review.)	Under Review 2015	Under Review
Sporadic food and gastrointestinal infection incidents plans	2009	2018
Blue Green Algae in Inland Waters Assessment and Control etc. Plan	2009	2010
Shared Waste Water Incident Plan	2009	Under Review
The City of Edinburgh Oil & Chemical Pollution Emergency Plan	03/2015	03/2017

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NHS Lothian	Last Review Date	Next Review Date
NHS Lothian Major Outbreak Plan for Lothian	2015	2017
NHS Lothian Incident Management Plan- Public health	2014	Under review
Contingency Plan for Pandemic Influenza: Strategic Policy	2012	Under review
NHS Lothian and Port Health Authority Procedure for cases of illness in vessels arriving at Leith and other anchorages in Lothian.	2012	Under review
NHS Lothian and Port Health Authority Procedure for cases of illness in aircraft arriving in Edinburgh	09/2010	Under review
Drug and Alcohol Plan		
The Sexual Health and Blood Borne Virus Framework	2014	2015
A TB Action Plan for Scotland	2014	Under Review
NHS Lothian Standard Operating procedures for specific diseases including meningitis, E.coli O157.	Ongoing	Ongoing

City of Edinburgh Council	Last Review Date	Next Review Date
The City of Edinburgh Council Emergency Plan (General Plan for the Council's response to Serious Emergencies or Major Incidents).	07/2014	04/2016
The City of Edinburgh Council Pipelines Emergency Plan (Statutory Requirement under the Pipelines Safety Regulations)	03/2015	04/2016
The City of Edinburgh Council BP Dalmeny Installation Off Site Plan (Statutory Requirement under the Control of Major Accident Hazards Regulations)	12/2014	12/2016
Edinburgh Flooding Emergency Plan (The City of Edinburgh Council)	Under review 2015	Under review
Corporate Business Continuity Plan	04/2015	04/2017
Business Continuity Pandemic Flu Plan	Under review 2015	Under review
The City of Edinburgh Oil & Chemical Pollution Emergency Plan	03/2015	03/2017
Corporate Severe Weather Resilience Plan	11/2015	10/2016

West Lothian Council	Last Review Date	Next Review Date

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West Lothian Council	Last Review Date	Next Review Date
West Lothian Major Incident Plan	2013	2016
Severe Weather Plan	2015	2017
Major Accident Hazard Pipelines Emergency Plan	2013	2016
Control of Major Accident Hazard Off Site Emergency Plan	2014	2017
Livingston Shopping Centre Emergency Plan	2009	Under review

East Lothian Council	Last Review Date	Next Review Date
Business Continuity Plan	2012	Under review
Torness Off Site Emergency Plan	2012	Under review
Corporate Emergency Plan	2012	Under review
Chemical Incident Response	2009	
Oil Pollution Plan	2009	Under review
Severe weather response plan	2013	Under review
Pipeline Plan		
Rabies Emergency Plan	2009	Under review

Midlothian Council	Last Review Date	Next Review Date
Midlothian Registered Care Homes Stage 2 Plan	2014	2016-17
Midlothian Council Business Continuity Plans (Midlothian Council Services)	2016	2018
Midlothian Council Emergency Procedures(*now incorporating Recovery Plan)	2016-currently under review	2017-18
Fuel Plan	2012	2016-17
Midlothian Pandemic Flu Plan	2014	2016-17
Pipeline Emergency Plan	2016	2018
Midlothian Council Food Service Plan	2016	2017
Severe Weather Plan	Dec 2015	2017
Animal Diseases Plan	Currently under review	

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Midlothian Council	Last Review Date	Next Review Date
Midlothian Registered Care Homes Stage 2 Plan	2014	2016-17
Midlothian Council Business Continuity Plans (Midlothian Council Services)	2016	2018
Midlothian Council Emergency Procedures(*now incorporating Recovery Plan)	2016- currently under review	2017-18
Fuel Plan	2012	2016-17

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Appendix 4: Significant public health incidents or outbreaks 2014-2015

NHS Lothian

Business Continuity:

Incident/Outbreak	Improvement to plans
Pandemic Flu	
Chemical / radiological and biological	
Carbon dioxide ongoing release at a housing estate in Gorebridge multiagency issue	Joint working plans to be updated and debrief performed, final report with recommendations on joint working
Large fire in a building containing asbestos in West Lothian	
Noise level complaint about wind turbines	HPT improved their complaints procedure and the procedures for dealing with difficult clients on the phone
Sealed canister of potassium cyanide found in an Edinburgh Street.	
Various Mercury spillages at a GP practice and a private residence.	
Chemical incident in a factory.	
Possible cyanide poisoning.	
Concerns of health problems arising from former steel works in west Lothian.	
Chemical incident on old SPS land.	
Avian flu incident at a Midlothian APHA lab.	Joint working with the lab and Avian flu policy to be re written
Food	
E.Coli 0157 outbreak linked to the Hydro in Glasgow.	
Antifreeze poisoning linked to an old whisky bottle.	
Salmonella outbreak linked to a Glasgow football ground.	
Increase in GI Illness in returning soldiers.	Improved links with the Army medical Personnel
E.coli outbreak linked to a Fife restaurant. E.coli cluster linked to a Turkish wedding.	
Specific Diseases	
Legionella Longbeachae cases	This led to HPS releasing a press statement on safe use of compost, Legionella guidance also updated by health Protection Network

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Incident/Outbreak	Improvement to plans
Ebola preparedness started in July 2015	Multiple policies written, joint working with various agencies including EHO's GP HPS etc. Lothian policy written on what we
Scarlett Fever outbreak linked to a school camp	
Possible cases of MERS-CoV reported	Development of policies between agencies
Large increase in Group A streptococcal infections in injecting drug users	Joint liaison with a number of agencies, development of specific guidance and information
Monitoring of returning workers from high risk Ebola countries	
Large number of Influenza A outbreaks in care homes with multiple deaths	Development of local sop
Increase in atypical meningococcal presentation	
Large number of norovirus outbreaks in schools	Development of the CEC norovirus toolkit
Health Care Acquired Infections (HAI)	
Increase in infections linked to birthing pools	
Dental infection control incident	
Pseudomonas at the RHSC	
Case of confirmed Ebola in a Glasgow resident	

Blood Borne Viruses	
Hep c transmission at a gp practice	
Tuberculosis	
Multiple TB meetings for hospital in patients	
Vaccine Related	
Large mumps outbreak in the university populations in Lothian	Promotion of the MMR vaccine among University students
Port Health	
Airport incident which required a joint visit to an aircraft	Port health plan to be finalised

City of Edinburgh Council:

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Incident/Outbreak	Improvement to plans
Environmental (EIA)	
In the Autumn of 2014 there were a number of outbreaks of Norovirus associated with Edinburgh Primary Schools. Environmental Health and NHS Lothian HPT worked with Schools and Facilities Management to establish good operating procedures for schools to assist in the management and control of the virus in an educational setting.	A Norovirus tool kit was developed for use in CEC schools.
In the Winter of 2014/15 Environmental Health reviewed its airport procedures and officer training with regard to dealing with possible cases of EVD and other VHF incidents at the airport and in the wider community.	Link to revised procedure for cases of illness in aircraft arriving in Edinburgh (Procedure under review)
Cryptosporidium cases linked to farm visitor attraction in West Edinburgh Spring 2015. Site visits by CEC EHOs and HSE. Improvements implemented, no associated cases since.	
Giardia case associated with private water supply in South Edinburgh. Water sampling did not show any positive results and boil notice lifted. However, some improvements to this private water supply identified.	
Carbon Monoxide risks associated with increased use of solid fuel (charcoal) appliances in commercial kitchens. Advice letters sent to potentially relevant premises. Investigations of complaints and formal notices served where elevated CO levels in neighbouring flats. New HSE guidance (published late 2015) on the subject also drawn to attention of relevant premises.	Topic included in CEC 2015/16 health and safety intervention and inspection strategy and will be included 2016/17 too.
Outbreak of gastroenteritis linked to bowling club. Liaison with LA out with Lothian regarding outside caterer and follow up questionnaires by HPT. No causative organism identified.	
Concerns about increased rat population in defined area of city centre. Project late 2015 targeting service lanes including surveys, baiting by CEC pest control, EHO enforcement work targeting defects, refuse presentation, private land attracting or harbouring rats	

West Lothian Council:

Incident/Outbreak	Improvement to plans
Environmental (EIA)	
Water	
Food	
Specific Diseases	

East Lothian Council:

Incident/Outbreak	Improvement to plans
Chemical / radiological and biological	
Unexploded WW2 grenades Incident at Macmeery school(2013)	Review of procedures undertaken
Investigation of Legionella in garden compost (2013)	
Environmental (EIA)	
Various localised oil pollution incidents 2012-13	Review of local harbour oil spill response arrangements

Midlothian Council:

Incident/Outbreak	Improvement to plans
Leak of grouting material into the water – Linked to work being carried out on railway	
Major gas leak in Midlothian which caused evacuation and road closures in the local area	

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Appendix 5: Scottish Health Protection Network (SHPN)
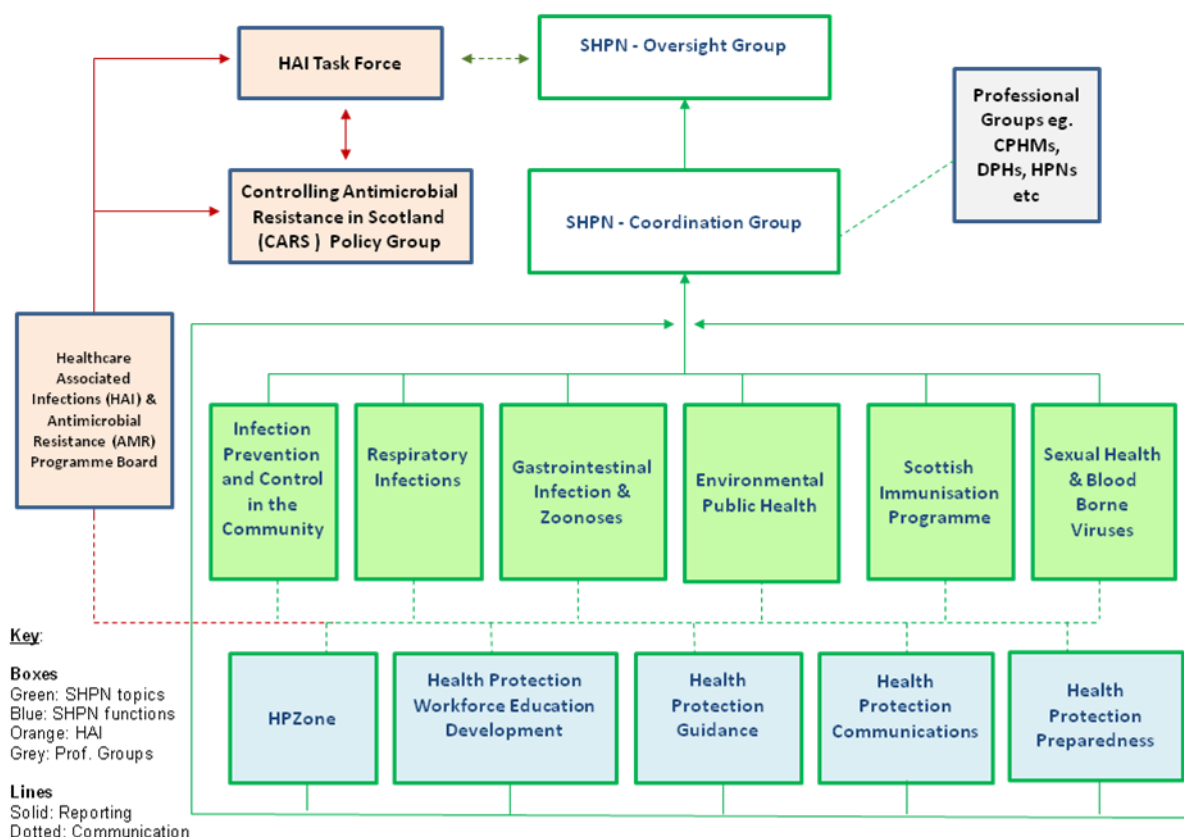
Appendix 6: List of Acronyms

ACOP	Approved Code of Practice
AIPG	Avian & Influenza Pandemic Group
APP	Authority Public Protection
AQMA	Air Quality Management Area
BBV	Blood Bourne Viruses
CBRN	Chemical Biological, Radiological & Nuclear
CEC	City of Edinburgh Council
CHI	Community Health Index
CNS	Central Nervous System
COPD	Chronic Obstructive Pulmonary Diseases
COSLA	Convention of Scottish Local Authorities
CPD	Continuing Professional Development
CPHM	Consultant in Public Health Medicine
DPH	Director of Public Health

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EC	European Commission
ECOSS	Electronic Communication of Surveillance in Scotland
EHO	Environmental Health Officer
ELC	East Lothian Council
EMF	Electromagnetic Field
EPA	Environmental Protection Act
EU	European Union
FSA	Food Standards Agency
FSS	Food Standards Scotland
GROS	General Register Office for Scotland
HAI	Healthcare Associated Infection
HCG	Healthcare Governance Committee
HEAT	Health Improvement, Efficiency, Access Treatment
HIV	Human immunodeficiency virus
HMO	House in Multiple Occupation
HPS	Health Protection Scotland
HPT	Health Protection Team
HPV	Human Papiloma Virus
HSE	Health and Safety Executive
IHP	International Health Regulation
IMT	Incident Management Team
JCVI	Joint Committee on Vaccination and Immunisation
LBSCG	Lothian and Borders Scottish Co-ordinating Group
LDP	Local Delivery Plan
LICAC	Lothian Infection Control Advisory Committee
LRP	Local Resilience Partnership
MC	Midlothian Council
MCN	Managed Clinical Network
MMR	Measles, Mumps Rubella
MRSA	Methicillin Resistant Staphylococcus Aureus
MTPAS	Mobile Telecommunications Privileged Access Scheme
NHS	National Health Service
NSP	Network Service Provider
PAG	Problem Assessment Group
REHIS	Royal Environmental Health Institute of Scotland
RIE	Royal Infirmary of Edinburgh
RRP	Regional Resilience Partnership
SARS	Severe Acute Respiratory Syndrome
SAS	Scottish Ambulance Service
SEISS	Scottish Epidemiology Infection Surveillance System
SEPA	Scottish Environment Protection Agency
SG	Scottish Government
SHPIMS	Scottish Health Protection Information Management System
SHPIR	Scottish Health Protection Information Resource
SIDNEY	Scottish Infectious Diseases Notification Electronic eYe
SIDSS	Scottish Infectious Disease Surveillance System
SIRS	Scottish Immunisation Recall System

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SOA	Single Outcome Agreement
STAC	Science and Technical Cell Course
STI	Sexually transmitted infections
SW	Scottish Water
TB	Tuberculosis
TS	Trading Standards
Vetech	
VIP	Very important person
WHIP	Worcestershire Health Informatics Programme
WHO	World Health Organisation

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West Lothian
Council

ENVIRONMENT POLICY DEVELOPMENT AND SCRUTINY PANEL

LOCAL AIR QUALITY IN WEST LOTHIAN

REPORT BY HEAD OF PLANNING, ECONOMIC DEVELOPMENT & REGENERATION

A.   PURPOSE OF REPORT

The purpose of this report is to advise and invite comments on the ongoing and future actions associated with air quality monitoring and action planning activities, and to advise that the statutory Annual Progress Report has been submitted to and accepted by the Scottish Government.

B.   RECOMMENDATION

It is recommended that the panel:

- notes the increasing profile of air quality at Scottish, UK and European Union levels due to the impact of pollutants on health;

- notes that the Annual Progress Report submitted in relation to air quality monitoring in West Lothian has received satisfactory feedback from both the Scottish Environment Protection Agency (SEPA) and the Scottish Government and has been approved for publication;

- notes in particular the publication of the Scottish Government strategy, 'Cleaner Air for Scotland – the Road to a Healthier Future' and the need for effective cross-profession working; and

- notes the planned continued air quality monitoring at key locations throughout West Lothian.

C.   SUMMARY OF IMPLICATIONS

I	**Council Values**	Focusing on our customers` needs; being honest, open and accountable; providing equality of opportunities; making best use of our resources; and working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Environment Act 1995 (Part IV)
		Scottish Local Air Quality Management Policy Guidance LAQM PG(S)(16)
		Technical Guidance LAQM.TG(16)
		The terms of the report do not raise any equality or risk assessment issues and no strategic environmental assessment is required.
		The Annual Progress Report is a statutory requirement.

1

III	Implications for Scheme of Delegations to Officers	None
IV	Impact on performance and performance Indicators	EH046_9b.1a reports the levels of particulate matter per cubic metre of air measured at the Broxburn monitoring unit as a 3 year average. Pollutant levels at the Linlithgow and Newton monitoring stations will be reported when three years' data is available.
V	Relevance to Single Outcome Agreement	Our children have the best start in life and are ready to succeed. People most at risk are protected. We live longer, healthier lives and have reduced health inequalities.
VI	Resources - (Financial, Staffing and Property)	Monitoring is carried out using existing resources. External funding bids are sought for additional studies or action plans from the Scottish Government.
VII	Consideration at PDSP	This is the first report to the PDSP on the 2016 Annual Progress Report.
VIII	Other consultations	Annual reports on air quality are submitted to the Scottish Government and are subject to review by their appointed consultants and by the Scottish Environment Protection Agency (SEPA). Development Management. Development Planning. Transportation.

D. TERMS OF REPORT

D1 Significance

The direct impact on health of poor air quality is becoming progressively clearer and well understood. At both UK and Scottish level, it is becoming increasingly necessary to act to tackle poor air quality. UK government data shows air pollution to cause 40,000-50,000 early deaths a year. The 2014 paper by Health Protection Scotland 'Air Quality ($PM_{2.5}$ particulate air pollution) and Mortality in Scotland' attributes 59 deaths per year in West Lothian to $PM_{2.5}$ levels. The statutory Joint Health Protection Plan indicates that '*cancers, cardiovascular and respiratory issues feature as the top three most common causes of death in Lothian. All three of these causes are impacted by air quality*'.

2

Of particular note since the last year's report to the PDSP have been:

- The supreme court ordered the UK government to make plans for tackling the UK's air pollution problem, which remains in breach of EU limits (April 2015);

- The Scottish Government published '[Cleaner Air for Scotland, the Road to a Healthier Future' (CAFS)](#), the first strategy to provide a national framework setting out how the Scottish Government and its partner organisations propose to achieve further reductions in air pollution and fulfil legal responsibilities as soon as possible. This is an extensive document and will be the subject of future PDSP report once the implications have been fully considered;

- Roseanna Cunningham MSP, Cabinet Secretary for Environment, Climate Change and Land Reform wrote to all local authority Chief Executives in August 2016 seeking support from local authorities to take the CAFS strategy through to its delivery phase and emphasising the need for cross profession working.

- The Royal College of Physicians published '[Every Breath We Take](#)', which highlighted the links between air quality and cancer, asthma, stroke and heart disease, diabetes, obesity, and changes linked to dementia. The health problems resulting from exposure to air pollution have a high cost to people who suffer from illness and premature death, to health services and to business. In the UK, these costs add up to more than £20 billion every year (February 2016);

- A declaration by the UK Environment, Food and Rural Affairs select committee that air pollution is a 'public health emergency' (April 2016);

- A recognition that few, if any diesel vehicles meet the Nitrogen dioxide emission standards in real life use; (April 2016); and

- Correspondence from SEPA to all local authorities requiring timeous submission of Annual Progress Reports by June, failing which action will be taken against the local authority.

- Technical and Policy Guidance in place since 2009 has been replaced by new 2016 guidance. This changes both certain elements of the approach to monitoring air quality and the reporting mechanisms. In particular, one 'Annual Progress Report' is to be provided by each local authority incorporating monitoring data and the progress made with Air Quality Management Areas (AQMAs). The [2016 Annual Progress Report](#) is the first to follow this revised model.

- The anticipated requirement for local authorities to measure finer $PM_{2.5}$ (particulate matter smaller than 2.5 thousandths of a millimetre) has been introduced. A new Scottish Government funded monitor for Linlithgow has been ordered, which will monitor both $PM_{2.5}$ and PM_{10} and replace the existing PM_{10} only unit. It is expected that the standard ($10\mu gm^{-3}$ in line with World Health Organisation (WHO) guidance) will prove more difficult to meet than the current air quality objectives for PM_{10}.

3

D2   2016 Annual Progress Report

The Air Quality (Scotland) Regulations 2000, as amended, lay down standards and objectives to be achieved by specified dates for seven priority pollutants. These are:

Benzene; Carbon monoxide; Lead, 1,3-Butadiene; Nitrogen dioxide (NO_2); Sulphur dioxide; and particulate matter (PM_{10}).

Previous reports have identified that only Nitrogen dioxide (NO_2) and particulate matter (PM_{10}) need to be monitored therefore reporting is limited to these pollutants.

The 2016 Annual Progress Report is the first to follow the revised technical and policy guidance and covers the calendar year 2015.

The report uses a template provided by the UK Government and is highly technical in nature. In view of this, an accompanying non-technical summary has been produced and is available on the council's web site at http://www.westlothian.gov.uk/article/2216/Air-Pollution.

The full report, along with preceding reports, is available from the same web page. It gives more detail of the standards, objectives, and measured pollution levels in West Lothian. SEPA has provided satisfactory feedback on the report and the Scottish Government has approved the report for publication.

The report confirms that:

- Air quality in West Lothian in 2015 was within the relevant Air Quality Objectives (AQO) (standards). However, this may have been affected by the warmer autumn and elevated levels still exist;

- Linlithgow pollutant levels for PM_{10} in 2015 were lower than 2014 and below the PM_{10} Air Quality Objective. Measured NO_2 levels in Linlithgow were slightly higher in 2015 than in 2014 but still below the Air Quality Objective.

- The 2015 Newton PM_{10} pollutant levels were lower than 2014 bringing the pollutant levels below the air quality objective. Measured NO_2 levels are still below the air quality objective level in Newton as in previous years. The main source of PM10 is domestic fuel combustion.

- Monitoring data from the station located in Broxburn, within the declared Broxburn AQMA, did not exceed the annual Air Quality Objective for NO_2 or PM_{10}. Furthermore, measured 2015 pollutant levels were lower than 2014 pollutant levels. However, the AQMA will remain due to the planned extensive residential development which is part of the Core Development Area (CDA) in Broxburn and Winchburgh. Scottish Government policy is to take a long term approach to decisions on revocation of AQMAs. This, combined with the ongoing development in north Broxburn and Winchburgh, traffic from which will directly affect the AQMA , makes it prudent for it to remain in place.

4

D3 Monitoring Arrangements

Air quality in West Lothian is monitored by deploying three real-time analysers and a selection of suitably located passive diffusion tubes. Passive diffusion tubes absorb pollutants onto a coating and are subsequently analysed in a laboratory. The deployment of passive tubes is generally used to ascertain whether installation of a real-time analyser is required or to supplement real-time monitoring.

The highly sensitive real-time instruments measure pollutant levels constantly and feed the results automatically to the web site www.scottishairquality.co.uk, hosted by the Scottish Government.

D4 Progress within West Lothian Air Quality Management Areas (AQMA)

Broxburn

The AQMA was declared in March 2011 and the draft air quality action planning process is now complete following local consultation. Scottish Government grant funding support has been obtained to allow the Action Plan to be finalised. Once finalised, this will be presented to the PDSP with a recommendation that it be approved by the Council Executive.

The Scottish Government has provided specific grant funding for installation of electric vehicle charging points in Broxburn. Pre-procurement work on this is in progress, although the locations and numbers of points is yet to be determined.

Linlithgow

An Air Quality Management Area (AQMA) in Linlithgow was declared in April 2016 due to modelled exceedances of both NO_2 and PM_{10} at relevant receptors. The boundaries mirror those in the West Lothian Local Development Plan Proposed Plan. This includes Linlithgow, Linlithgowbridge and land allocated for development.

Scottish Government grant funding support has been obtained to allow the draft Action Plan to be developed. Once drafted, this will be presented to the PDSP with a recommendation that public consultation on the draft be approved by the Council Executive.

Newton Air Quality Management Area

An AQMA in Newton was declared in July 2016 due course due to exceedances of PM_{10} at relevant receptors. The boundaries mirror those in the West Lothian Local Development Plan Proposed Plan.

Scottish Government grant funding support has been obtained to allow the draft Action Plan to be developed. Once drafted, this will be presented to the PDSP with a recommendation that public consultation on the draft be approved by the Council Executive.

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D5   Other Related Work

Ongoing development within West Lothian generates additional population and associated traffic. This increases the need to screen planning applications and to review air quality impact assessments provided by developers. This is essential given the content of some of the assessments received and the cumulative impacts of simultaneously proposed developments.

External funding has been obtained to allow development of spatial planning guidance on air quality matters. This will allow clear decision making and will in future become supplementary planning guidance.

Environmental Protection Scotland and the Royal Town Planning Institute of Scotland specific Air Quality & Planning Guidance is expected in October 2015. This will subsequently feed into local and national planning policy and is designed to ensure that the air quality impact of proposed developments is adequately considered and mitigated.

With the majority of air quality problems being related to road traffic, the work of the East Central Scotland Vehicle Emissions partnership continues to deal with gross polluting vehicles and unnecessary idling. Scottish Government funded, covering Falkirk, East, Mid and West Lothian Council areas, it is manged from West Lothian. It has been concentrating on improved educational web content (www.switchoffandbreathe.org) and social media presence to highlight the issues and to provide practical advice to drivers on reducing their emissions.

Transportation is working to promote active travel for local journeys and to improve infrastructure for active travel. This improves long term health, reduces congestion and removes disproportionately polluting short vehicle trips from the road network.

E.   CONCLUSION

Air Quality management is an increasing national and local priority. The implications for health cannot be ignored. Government and public expectations for clean air are increasing. In particular, Cleaner Air for Scotland will shape cross service delivery for some years to come.

In West Lothian, air quality is generally good, but Broxburn, Linlithgow and Newton all have Air Quality Management Areas due to exceedances, or likely exceedances of the permitted pollutant levels.

F.   BACKGROUND REFERENCES

Air Quality (PM$_{2.5}$ particulate air pollution) and Mortality in Scotland

Cleaner Air for Scotland, the Road to a healthier Future' (CAFS),

Environment Act 1995 (Part IV)

Every Breath We Take, The Royal College of Physicians published 2016

Local Air Quality Management Technical Guidance LAQM.TG(16)

Scottish Local Air Quality Management Policy Guidance LAQM PG(S)(16)

6

Appendices/Attachments: None

Contact Person: David L Brewster, Senior Environmental Health Officer, Telephone 01506 282376, e-mail mailto:david.brewster@westlothian.gov.uk

Craig McCorriston, Head of Planning, Economic Development and Regeneration

Date of meeting: 13 September 2016.

7

West Lothian Council

ENVIRONMENT POLICY & DEVELOPMENT SCRUTINY PANEL

RIVERLIFE: ALMOND & AVON PROGRAMME

REPORT BY HEAD OF OPERATIONAL SERVICES

A.   PURPOSE OF REPORT

The purpose of this report is to update the Panel on the progress of three West Lothian projects now included within the RiverLife: Almond & Avon programme.

B.   RECOMMENDATION

It is recommended that the Panel

(i)   Notes the progress being made with those projects forming part of the RiverLife: Almond & Avon Programme and located within West Lothian; and

(ii) commends to the Council Executive that it authorises the Head of Operational Services to negotiate and enter into agreement(s) with the City of Edinburgh Council and River Forth Fisheries Trust in respect of the programme.

C.   SUMMARY OF IMPLICATIONS

I	Council Values	Focusing on our customers' needs; being honest, open and accountable; making best use of our resources and working in partnership.
II	Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	**Legal:** The Water Environment & Water Services Act 2003 requires local authorities to carry out their statutory functions and duties in a way, which adheres to the principles of the European Water Framework Directive. The Nature Conservation (Scotland) Act 2004 places a duty on officials and public bodies to further biodiversity. **Policy:** The Scottish Biodiversity Strategy identifies the role of local authorities in meeting national species and habitat priorities.
III	Implications for Scheme of Delegations to Officers	None

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IV	Impact on performance and performance Indicators	Across Scotland river quality has improved significantly over the last 25 years and just under half of our rivers are now of good status. Ambitious targets have been set for rivers, with an objective for 96% to be at good or high status by 2027. SOA1308_11 (% of water bodies achieving high or good status).
V	Relevance to Single Outcome Agreement	SOA 3. Our economy is diverse and dynamic, and West Lothian is an attractive place for doing business; SOA 4. We live in resilient, cohesive safe communities; SOA 8. We make the most efficient and effective use of resources by minimising our impact on the built and natural environment.
VI	Resources - (Financial, Staffing and Property)	**Financial:** Work to date on all projects has been funded through the Scottish Government's Water Environment Fund (WEF) administered by the Scottish Environment Protection Agency (SEPA). The forward programme of physical works is to be funded from the Water Environment Fund and a direct grant from the Scottish Government. **Staffing:** The Council will represented on the project and programme steering groups by officers from the existing establishment. **Property:** The Council also owns or part-owns and holds licenses under the Water Environment & Water Services (Scotland) Act 2003 Controlled Activities Regulations for four out of five of the weirs referred to in this report. It also owns the land associated with the Bathgate Watercourse Restoration Project, Killandean Burn and Har'wood Water projects.
VII	Consideration at PDSP	Not applicable
VIII	Other consultations	Finance Legal Services NETs, Land & Countryside Services Local communities & stakeholders

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D.   TERMS OF REPORT

1.0   RiverLife: Almond & Avon Programme

1.1   The River Forth Fisheries Trust has been awarded £1.65m from the Heritage Lottery Fund to help deliver a number of projects in the central belt of Scotland within the catchments of the Rivers Almond and Avon. The programme has been developed alongside communities over the past year and will now be delivered over a four-year period from 2016-2020. The programme will focus on improving urban rivers whilst engaging communities, using these rivers as a resource for recreation and learning whilst promoting sustainable stewardship.

1.2   The RiverLife: Almond & Avon programme is made up of a number of projects which include:
- Almond Barriers Project – easing six weirs along the River Almond to help migratory fish such as salmon and sea trout into spawning habitat upstream.
- Killandean Burn / Har'wood Water Blue/Green Network Project – easing a weir and improving in-stream habitat for aquatic wildlife whilst improving paths, bins, benches, public art and more.
- Bathgate Water Restoration Project – restoration of river through the heart of Bathgate, improving path networks, viewing platforms, natural play areas and community facilities.
- Upper Avon Restoration Project – working with landowners to restore instream habitat and the banks of the river for the benefit of wildlife.
- Almond / Avon Invasive Non-Native Species Project – continue to control a number of Invasive Non-Native Species along rivers in both catchments.
- Riverfly Monitoring Project – a citizen science project engaging communities to monitor river fly to create an overview of water quality within both catchments.

1.3   Throughout the project, interpretation and activities will be organised for communities and families, these will range from guided river walks, an interactive salmon viewing station, a small grants scheme for community groups, public art, promotion of river trails, and an introduction to angling and lots more.

1.4   Training and enabling community stewardship will be promoted with a number of learning opportunities for communities, primary and secondary schools delivered by the River Forth Fisheries Trust.

1.5   Parts of the works will be delivered via volunteering opportunities to allow communities to get involved and be part of the decision making process with some of the restoration projects.

1.6   Five new jobs will be created within the Trust to deliver the project and it is anticipated that over 500,000 in-kind hours will provided through volunteering and engagement activities.

1.7   In order to satisfy the requirements of the Heritage Lottery Fund, the River Forth Fisheries Trust (the Trust) has drafted a high-level Memorandum of Understanding to formalise the collaboration of West Lothian Council, City of Edinburgh Council and the Trust and to define respective roles in its RiverLife: Almond & Avon programme. The MoU is drafted. An official from City of Edinburgh Council has intimated the his organisation is willing to enter into this agreement At the time of writing, officers from West Lothian are working with Legal Services to finalise the document such that it is acceptable.

1.8   In order to define roles and responsibilities for delivering each of the three key West Lothian-based projects under the programme and for the Council to transfer some of the risk it incurs accepting funding from SEPA and the Scottish Government to deliver the key

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projects on the ground, it is proposed to enter into further agreements specifically for the management of each project. It is possible that the City of Edinburgh Council may also be party to such an agreement in respect of the Almond Barriers project though this has not yet been confirmed.

2.0   Almond Barriers Project

2.1   In the last report to the Council Executive members were advised that one of the pressures affecting the wellbeing of the River Almond was the presence of physical barriers which prevent or severely limit the ability of migrating fish species to navigate to the upper reaches of the river.

2.2   The Almond Barriers Project has passed through the stages of specialist investigation, feasibility and optioneering. The process identified those options considered most technically suitable for easing fish passage at each of the sites by considering key risks and benefits.

2.3   The Council Executive noted and approved the terms of the report but indicated a clear preference for the installation of a Larinier fish pass at the Mid Calder weir, a decision accepted by the Trust.

2.4   To date, the sum of approximately £1m has been invested to bring the Almond Barriers project to a point at which construction work may be tendered. Funding has to date been provided directly to the River Forth Fisheries Trust and the River & Fisheries Trusts of Scotland from the Water Environment Fund. In late January this year, SEPA advised that following a review the removal or adaptation of local authority owned weirs/dams which form barriers to fish passage would no longer be funded through the Water Environment Fund. This represented a substantial change in policy which would significantly affect delivery of the Almond Barriers project.

2.5   The basis of the decision was that (i) funds would not normally be allocated to restoration activities where the measures were already part of an individual's or organisation's responsibility under existing legislation; (ii) in cases where there is a redundant structure the owner would be expected to undertake the necessary mitigation measures. Therefore, in line with Scottish Government consultation 'Improving the physical condition of Scotland's water environment' (February 2015), WEF would not be available for improvement works on structures owned by public bodies or other not-for-profit public businesses such as Scottish Water.

2.6   Following receipt of this notification there was considerable interaction between officers from West Lothian Council, City of Edinburgh Council, the River Forth Fisheries Trust and officials from the Environmental Quality Directorate of the Scottish Government. After considering the various points made, the Scottish Government has since confirmed that by way of a transitional arrangement for this exemplar project, it is prepared to make available a grant for the cost of physical works in respect of those barriers in local authority ownership. A formal award letter is to be prepared when works are due to commence. Scottish Government officials have intimated that they hope confirmation of government support will enable this project to move forward as originally planned.

3.0   Bathgate Watercourse Restoration Project

3.1   Following the last report to the Council Executive on this project, members approved a proposal to allow the Head of Operational Services to negotiate and enter into an agreement with SEPA. It has taken time for the Memorandum of Understanding to be negotiated and for clauses relating to the transfer of funding from SEPA to the Council and the way it is to be expended to be agreed. It is expected that the document will be finalised

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shortly allowing substantial funding to be transferred to the Council from the Water Environment Fund and be expended on this project under the Council's capital programme.

3.2 Because the Trust intends to continue to manage delivery of this project on the ground with the Council essentially funding it using monies it has received conditionally from the Water Environment Fund, agreement will be required to define the respective roles of each organisation and for the Council and to transfer some of the risk it has incurred in accepting funding from SEPA.

3.3 Considerable progress has been made by the River Forth Fisheries Trust. Agreement has been reached in principle with SEPA, subject to planning permission, being granted by the Council for restoration in respect of two reaches of the Bathgate Water between Glasgow Road and Whitburn Road.

3.4 A scaled-back proposal to improve the existing channel in the reach upstream of Whitburn Road has also been agreed in principle. It had originally been proposed that the Boghead Burn would be rerouted on a meandering course through open space owned by the Council but that proved technically difficult and too expensive due to the land being contaminated and a sewer passing through it. The modified proposal needs to be communicated to the Council as planning authority as the original planning application has yet to be determined.

4.0 Killandean Burn / Har'wood Water Blue/Green Network Project

4.1 Members will be familiar with Limefield Falls; a weir on the Harwood Water within the Limefield Estate, Polbeth said to have been constructed for James 'Paraffin' Young to mimic the famous Victoria Falls on the border between Zambia and Zimbabwe and which were discovered by his friend, explorer, David Livingston.

4.2 The structure is currently in a poor structural condition and no longer looks the way it did when it was built and altered the course of the river. At the suggestion of officers, specialists were commissioned some time ago by the River Forth Fisheries Trust to look into the feasibility of sensitively restoring the structure whilst adapting it so that migrating fish species, previously denied access for spawning in the upper catchment, could once again navigate the channel. A draft proposal has been brought forward which provides for the reconstruction of a bypass channel and the careful restoration of the feature, which is locally important.

4.3 Now that Heritage Lottery Funding for the overall programme has been agreed, the Trust proposes to consult Polbeth Community Council on the draft proposal before it can be finalised.

4.4 Further downstream, the Har'wood Water becomes the Killandean Burn and cuts its way through an area of open space owned by the Council. The Trust proposes to improve in-stream habitat for aquatic wildlife whilst improving paths, litter bins and benches and potentially providing public art. It is intended that much of the work in this reach of the burn corridor can be achieved working with community groups and other voluntary arrangements.

5.0 Almond / Avon Invasive Non-Native Species Project

5.1 Invasive non-native plant species (INNS) represent a serious threat to the riparian corridors of the Almond and Avon and their respective tributaries. The River Forth Fisheries Trust's multi-partner project to coordinate the control of INNS across the catchment of the

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River Forth over an initial three-year period using a complex funding package combined with the efforts of and volunteers, contractors and the Trust's own employees has now come to an end.

5.2   The recent award from the Heritage Lottery Fund along with modest funding from Scottish Natural Heritage allows for the continuation of this project for a further four years which will see the reach of the project extended and existing control sustained.

E.   **CONCLUSION**

Ambitious targets have been set for rivers, with an objective for 96% to be at good status by 2027. Most of our rivers and bodies of water are subject to a number of pressures, each of which prevents them reaching good status.

Under a programme developed with the support of a Heritage Lottery Fund design-stage grant, the River Forth Fisheries Trust has developed a number of projects and has recently secured £1.65m of additional funding from the Heritage Lottery Fund to deliver a range of projects wholly or partially in West Lothian. In order to satisfy the requirements of the Fund, the River Forth Fisheries Trust has drafted a high-level Memorandum of Understanding to formalise the collaboration of West Lothian Council, City of Edinburgh Council and the Trust.

In order to meet the requirements of the Water Environment Fund, SEPA is transferring funding for the Bathgate project to the Council to be spent as part of its capital programme. Arrangements are in hand to agree the terms of the transfer.

Changes to the terms and conditions of the Water Environment Fund meant that the resources necessary to undertake work to mitigate the effect of physical barriers across the River Almond owned or part-owned by local authorities were no longer available. Following dialogue with the Scottish Government, a grant for the cost of physical works to those barriers in local authority ownership has been offered in principle to both West Lothian and the City of Edinburgh Councils by way of a transitional agreement for what it is hoped will be an exemplar project.

A number of other projects are also to be taken forward in Polbeth and Livingston along with more all-encompassing initiatives such as the continued control of invasive-non-native plant species which will benefit both the Almond and Avon catchments and will provide for a number of community engagement opportunities.

The ambitious programme being led by the Trust in partnership with the Council and others is ground-breaking. If delivered successfully over the next four years it will render a significant improvement in the environmental quality of some of the most degraded watercourses in the Forth catchment.

F.   **BACKGROUND REFERENCES**

The Forth Invasive Non-Native Species Programme: Report by Head of Operational Services to the Environment Policy Development & Scrutiny Panel – 19 January 2012

Public Body Reporting on the Scottish Biodiversity Duty: 2011-2014 – Report by Head of Planning & Economic Development to the Council Executive – 16 December 2014

The Forth Invasive Non-Native Species Programme: Report by Head of Operational Services to the Council Executive – 07 February 2012

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Restoration of the Bathgate Water: Report by Head of Operational Services to the Environment Policy Development & Scrutiny Panel – 12 February 2015

Restoration of the Bathgate Water: Report by Head of Operational Services to the Council Executive – 10 March 2015

Consultation on SEPA's Second River Catchment Management Plan for the Scotland River Basin District – Report by Head of Operational Services to the Environment Policy Development & Scrutiny Panel – 23 April 2015

SEPA consultation on developing the second river basin management plan for the Scotland River Basin District:
http://www.sepa.org.uk/water/river_basin_planning/scotland.aspx

Barriers to Fish Migration - River Almond – Report by Head of Operational Services to the Environment Policy Development & Scrutiny Panel – 04 June 2015

Barriers to Fish Migration – River Almond – Report by Head of Operational Services to the Council Executive – 30 June 2015

Appendices/Attachments:

Contact Person: Graeme Hedger, Senior Professional Officer 01506 776926

CMT Member: Jim Jack, Head of Operational Services

13 September 2016

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West Lothian
Council

ENVIRONMENT POLICY DEVELOPMENT AND SCRUTINY PANEL (PDSP)

ACTIVE TRAVEL PLAN IMPLEMENTATION 2016/17 – PROGRESS REPORT

REPORT BY HEAD OF OPERATIONAL SERVICES

A.   PURPOSE OF REPORT

The purpose of this report is to inform the Environment PDSP of delivery progress in 2016/17 on elements of the West Lothian Active Travel Plan, most notably, funding secured from Community Links and Smarter Choices Smarter Places (SCSP) and forthcoming funding opportunities.

B.   RECOMMENDATION

It is recommended that the Panel notes the content of this report, the level of funding successfully accessed by West Lothian Council and the continued delivery of the Active Travel Plan for West Lothian as adopted by the council in April 2016.

C.   SUMMARY OF IMPLICATIONS

I	**Council Values**	Focusing on our customers' needs; being honest, open and accountable; providing equality of opportunities; developing employees; making best use of our resources; working in partnership.
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Promoting sustainable transport choices is consistent with the Council's Active Travel Plan, Local Transport Strategy, Local Plan and emerging Local Development Plan, emerging Climate Change Strategy and Carbon Management Plan. It is also consistent with Scottish Government policy as stated within the National Transport Strategy.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	Delivery of behaviour change to more sustainable modes of travel could have a positive, direct impact on the West Lothian SOA indicators as follows: Tonnes of CO2 emissions per capita for the West Lothian district, % of primary school children travelling actively to school, % of secondary school children travelling actively to school, number of people killed or seriously injured in road

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accidents, % of residents with access to an hourly or more frequent bus service. Supporting people to make journeys by affordable modes such as walking and cycling could also have indirect positive impacts on other SOA indicators including those pertaining to jobs and economic growth.

V	**Relevance to Single Outcome Agreement**	Outcome 2: We are better educated and have access to increased and better quality learning and employment opportunities.
		Outcome 3: Our economy is diverse and dynamic, and West Lothian is an attractive place for doing business.
		Outcome 4: We live in resilient, cohesive and safe communities.
		Outcome 6: Older people are able to live independently in the community with an improved quality of life.
		Outcome 7: We live longer, healthier lives and have reduced health inequalities.
		Outcome 8: We make the most efficient and effective use of resources by minimising our impact on the built and natural environment.
VI	**Resources - (Financial, Staffing and Property)**	The Sustrans Community Links programme is funded by the Scottish Government (Transport Scotland) and requires 50% match funding. Match has been allocated from the council's existing budgets and expenditure on the Whitehill Depot. The SCSP Programme is funded by a Scottish Government (Transport Scotland) grant. Match funding has been demonstrated during the bid process, and includes planned capital and revenue expenditure by the council. The Council's Finance team continue to be involved in the financial management of projects.
VII	**Consideration at PDSP**	Not applicable.
VIII	**Other consultations**	All programmes discussed in this report were developed in consultation with staff from Operational Services, Planning and Economic Development and Social Policy.

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D. **TERMS OF REPORT**

D1: Smarter Choices Smarter Places (SCSP) 2016/17

For the 2015/16 SCSP programme, each local authority in Scotland was offered an indicative allocation based on a formula of population with a floor of £50,000. Each authority had to submit an application to gain access to their indicative allocation. They were required to develop suitable programmes or projects within this application, of which SCSP would fund a maximum of 50%. This therefore required match-funding or investment to be identified in support of the application. The key aim was to identify projects to achieve measurable behaviour change over the course of the financial year (2015/16).

The guidance on qualifying projects is specific and the purpose of the grant is to target initiatives and measures to distinct communities, to encourage, support and promote modal shift through behaviour change. The grant funding is not available to deliver new infrastructure.

West Lothian Council submitted an application to gain access to the indicative allocation of £163,000. This application was successful.

The Council has worked across internal teams and with external partners to identify at least 50% matched funding/investment, upon which SCSP initiatives will build. This identification of matched investment is required to gain access to the SCSP funding allocation. Moreover, applications were required to demonstrate evidence of partnership working. Internal match funding has been sourced from existing projects committed in the Council's capital and revenue budgets. In-kind staff contribution of up to 25% of the overall SCSP project is allowable.

Matched investment for the SCSP 2016/17 programme is as follows:

-   £43,000 council investment in bus shelters (upgrade and maintenance).

-   Open Space investment by the council including Bankton Mains Park in Murieston, £117,000.

-   A proportion of Village and Town Centre Improvement funding where SCSP work is supporting local initiatives, estimated value of £32,000.

-   In-kind staff contribution from Public Transport, Transportation Policy, Planning & Economic Development and Health Improvement Team staff.

The SCSP 2016/17 programme seeks to build on, and continue, the work initiated by the 2015/16 SCSP programme. Work will focus on three key areas:

-   Active travel signage and mapping, and public transport user information: developing community mapping to promote sustainable travel choices, delivering real time bus information, continuing work on active travel signage.

-   Consistent behaviour change support for workplaces and schools: support for schools to promote walking, cycling and scooting to school and workplace engagement programmes including Love to Ride (online cycling challenge).

-   Building the case – data collection: further data on rail passengers at Armadale, Fauldhouse, Uphall Station, Kirknewton and West Calder.

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The table below shows the indicative distribution of the SCSP allocation.

Project	Allocated SCSP budget
Active travel signage and mapping, and public transport user information	£122,500
Consistent behaviour change support for workplaces and schools	£30,500
Building the case – data collection	£10,500
Total	**£163,000**

D2: Smarter Choices Smarter Places (SCSP) 2015/16

The 2016/17 SCSP programme builds on work initiated in the 2015/16 programme, This delivered the following projects:

- Three new bike lending libraries in Broxburn, Stoneyburn and Lanthorn, with new volunteers and staff trained appropriately.

- A permanent All Ability Cycling scheme with a range of assisted bicycles for those who require additional support, with new volunteers and staff trained appropriately.

- Two rounds of the Step Count Challenge with West Lothian workplaces, one of which saw Gore in Kirkton top the national challenge leaderboard in Autumn 2015

- Initial Local Active Travel Network Plans for towns, to support the ongoing delivery of the council's adopted Active Travel Plan for West Lothian 2016-21.

- Walkit.com, an online walking journey planner, for West Lothian towns which includes a step-free version for those with additional mobility needs.

- Origin-Destination and modal access data on rail passengers at Livingston North, Livingston South, Linlithgow and Bathgate.

- Workplace behaviour change support for council staff, St John's Hospital staff, and West Lothian College staff and students.

- A review of active travel signage on a sample of key off-road routes in Livingston's walking and cycling network.

- Real-time passenger information signs at the Livingston bus interchange.

The matched investment for the 15/16 programme was successfully delivered:

- Bus laybys and pedestrian link to Oakbank employment park.

- New cycle parking at Linlithgow, Livingston North and Bathgate rail stations by Abellio Scotrail.

The total project spend for West Lothian in the 2015/16 SCSP was £137,638. The overall programme encountered an underspend due to the tight timescales of programme delivery (less than 12 months once funding was confirmed) and workplace engagement being lower than anticipated. Some projects initiated under 2015/16 have continued into 2016/17, with spend re-allocated into the current financial year.

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D3: Sustrans Community Links programme and ongoing council investment in active travel infrastructure

The council continues to deliver new active travel infrastructure using match funding support from the Sustrans Community Links programme in 2014-16. Key projects delivered to date include:

- Further work on the Almondvale Park scheme, including play park, riverside path, re-alignment of the National Cycle Network route and a new toucan crossing, new ramp connections to south-bound active travel routes, vegetation maintenance and planting, public art, public seating and picnic areas, lighting.

- New walking and cycling link along the Starlaw Road, further supporting off-road cycle commuting between Bathgate and Livingston.

- New shared use ramps from the National Cycle Network 754 / Union Canal towpath in Linlithgow to Linlithgow Leisure Centre and the schools complex on Preston Road, Linlithgow.

- Upgrade of shared use link between Polbeth and West Calder.

- Feasibility work on a number of potential active travel schemes in preparation for further funding bids.

The council successfully bid for further funding from the Sustrans Community Links programme in 2016/17. Funding has been sought to continue existing projects and pursue projects which have emerged from consultation on the Active Travel Plan and other community engagement processes such as the Whitburn Charrette.

Partial or full funding has been awarded to the following projects, some of which are likely to extend into 2017/18 subject to match funding availability:

- Blackburn to Wester Inch active travel corridor (building on council investment in the new Whitehill Depot).

- Continuation of Broxburn-Bathgate A89 active travel corridor to extend to Greenrigg, via Whitburn and Polkemmet Country Park on the A706/B7066.

- Active travel off-road link between Armadale and Whitburn along the B8084

- Further design and feasibility work on a number of schemes including improved active travel access to Bathgate rail station and active travel connections to Stoneyburn.

- NCN754 / Union Canal towpath links at Braehead Park and Kettilstoun Grove in Linlithgow.

- Upgrade of Sellar's Road in Linlithgow to create an improved active travel corridor between Falkirk Road and Linlithgow Leisure Centre, Linlithgow Academy and linked residential areas.

- Quiet roads consultation.

Further applications are being made to support the resurfacing of the Fauldhouse-Longridge off-road path, and canal towpath links in Broxburn. Sustrans have offered £0.8m in 2016/17.

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D4: Transport Scotland Low Carbon and Active Travel Hub programme

The council has been invited to bid for Transport Scotland's Low Carbon and Active Travel Hub Programme. This European Regional Development Fund (ERDF) programme focuses on developing hubs to support sustainable travel choices in Scotland. Transport Scotland has secured £13.9m until the end of 2018 under the programme, and organisations are invited to bid for minimum £0.5m projects in a competitive challenge. Projects must secure 60% match funding which will be a key issue for many local authorities considering an application and the council continues to explore match funding options from a variety of sources. The challenge competition will most likely open for full bids in late 2016 / early 2017.

The council has been discussing this programme with Transport Scotland throughout 2016, and are developing ideas for a project bid which focuses on a central active travel hub in Bathgate, with mini-hubs in Blackburn, Whitburn and Armadale. This concept aligns well with Community Links and council investment in walking and cycling links between these settlements, the evidence of demand for better walking and cycling links emergent from the Whitburn Charette process, and the ongoing development of community-led bike lending libraries in Armadale and Blackburn.

An initial Pre-Application Support Fund (PASF) has been made available by Transport Scotland in 2016, and the council is submitting a bid to this fund to seek assistance in furthering developing a bid. Up to £10,000 is available. Specifically, the council requires support to identify suitable match funding sources, and identification of physical locations for an active travel hub in Bathgate in particular.

E. CONCLUSION

The council continues to deliver against both infrastructure and behaviour change aspects of the Active Travel Plan for West Lothian. Furthermore, SCSP funding is also supporting bus users in West Lothian through investment in information in particular. Match-funding is an ongoing issue for all external funding applications, and the council continues to seek innovative and consistent ways to source this match funding as it is proven to deliver substantial levels of investment for active and sustainable transport within West Lothian.

F. BACKGROUND REFERENCES

Further information on Transport Scotland's SCSP programme (administered by Paths for All) is available here - http://www.pathsforall.org.uk/pfa/get-involved/smarter-choices-smarter-places-fund.html. Information on the Transport Scotland and Sustrans Community Links programme is available here https://sustranscommunitylinks.wordpress.com/. Information on Transport Scotland's Low Carbon, Travel and Transport ERDF programme is available here - http://www.transport.gov.scot/environment/low-carbon-travel-and-transport.

Appendices/Attachments: n/a.

Contact Person: *Deborah Paton, Deborah.Paton@westlothian.gov.uk, 01506 282329.*

Jim Jack, Head of Service, Corporate Operational and Housing Services.

Date of meeting: Environment PDSP 13th September 2016

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![West Lothian Council logo]

ENVIRONMENT POLICY DEVELOPMENT AND SCRUTINY PANEL

POLICY ON STREET NAMING AND NUMBERING

REPORT BY HEAD OF OPERATIONAL SERVICES

A.   PURPOSE OF REPORT

To seek approval of an up to date Street Naming and Numbering Policy and Procedure and to introduce a charging regime for the provision of street signs for new developments.

B.   RECOMMENDATION

That the Panel agrees to recommend to Council Executive:

1.   the Policy and Procedures on Street Naming and Numbering (Appendix 1); and

2.   the introduction of a charge from 1 October 2016 for erecting name plates for new developments (Appendix 2).

C.   SUMMARY OF IMPLICATIONS

I	**Council Values**	Focusing on our customers' needs; being honest, open and accountable.
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Roads (Scotland) Act 1984. Section 97 of the Civic Government (Scotland) Act 1982 An Equality Relevance Assessment has been undertaken and an Equality Impact Assessment is not required.
III	**Implications for Scheme of Delegation to Officers**	None.
IV	**Impact on performance and performance indicators**	None.
V	**Relevance to Single Outcome Agreement**	Outcome 4: We live in resilient, cohesive and safe communities. Outcome 8 - We make the most efficient and effective use of resources by minimising our impact on the built and natural environment.

VI	Resources - (Financial, Staffing and Property)	It is estimated that the introduction of charging would result in the recovery of some costs for the street naming and numbering service depending on the level of use of the service.
		The proposed introduction of a charge for new street signs will be cost neutral to the council.
VII	Consideration at PDSP	Purpose of the report.
VIII	Other Consultations	None.

D. TERMS OF REPORT

Background

The allocation of an address to a property is a statutory function of the Council as the local authority. It is necessary to ensure that properties can be found quickly by the emergency services and so that mail can be delivered.

Street Naming & Numbering in itself contributes to the character of an area, and this policy document identifies the process whereby street names are identified and approved by the council.

The allocation of a statutory address is an important part of the development process because it is needed at an early stage by utility companies and mortgage providers. It is also important to allow the ongoing updating and maintenance of the Corporate Address Gazetteer used by the council for the delivery of many council services. The service for allocating statutory addresses is currently provided free of charge.

Terms of Report

Policy and Procedures

The policy and procedures document is attached as appendix 1 to this report. It outlines how the process is managed and information is contained in the policy for the areas listed below.

- Approvals Process
- Street Naming Policy
- Property Numbering Policy
- Postcodes
- House Names
- Street Renaming
- Property Renumbering
- Street Name Plates Policy

There is no proposal to change the current procedures for consultation with local members on the naming of streets. If a clear view for a street name is not expressed by the local members during the consultation process then the views of the Executive Councillor for the Environment portfolio will be sought and will be used to resolve the matter.

Proposed Charges - Street Signs For New Developments

For new developments the street nameplates are currently secured through the Road Construction Consent process and erected by the developers at their expense. However, the management of this process with developers has not been straight forward with some delay and difficulties experienced. Therefore, it proposed that the council manage the process by controlling the erection of the sign and charging developers for this service.

The proposed charges for the provision of street nameplates for new developments are contained in Appendix 2. The pricing reflects the costs to the Council of the purchase and erection of new street nameplates. Developers will be advised of the Council's minimum requirements for signing at the time of their application.

E.   Conclusions

The approval of the Street Naming and Numbering Policy and Procedures sets out clear guidelines on how this process is managed and identifies the costs associated with the provision of this service.

The proposed charges in Appendix 2 are considered to be reasonable and comparable to those applied by other Councils. Charging for the erection of new street names signs for new development ensures that the council controls when signs are erected. The charges will be initiated once financial systems are in place.

F.   BACKGROUND REFERENCES

None

Contact Person: Jim Stewart,
Development Management and Transportation Planning Manager, 01506 282327
Email: jim.stewart@westlothian.gov.uk

Jim Jack
Head of Operational Services

13 September 2016

APPENDIX 1

Street Naming and Numbering

Policy and Procedures

Version 1.0 September 2016

1.0   Background

The allocation of an address to a property is a statutory function of the Council as the local authority. It is necessary to ensure that properties can be found quickly by the emergency services and so that mail can be delivered.

The allocation of a statutory address is an important part of the development process because it is needed at an early stage by utility companies and mortgage providers. It is also important to allow the ongoing updating and maintenance of the Corporate Address Gazetteer used by the council for the delivery of many council services.

Street Naming & Numbering in itself contributes to the character of an area, and this policy document identifies the process whereby street names are identified and approved by the council.

In drawing up these procedures, reference has been made to the British Standard 7666 standard for addresses.

2.0 Statutory Address Allocation

The Council is responsible for the naming of streets and numbering of property in new developments. It is also responsible for the renaming or renumbering of existing properties when required. The allocation of statutory addresses is governed by legislation and Section 97 of the Civic Government (Scotland) Act 1982 empowers the Council to allocate statutory addresses. The Council may, in relation to any street or road to which the public have access:

➢ give such name to it as they think fit;
➢ after advertising in a newspaper circulating in their area any proposal to alter its name and taking into account any representations thereupon made to them within 28 days after the date of the first publication of the advertisement, alter any such name;
➢ affix, paint or mark its name on any premises, fence, lamp post, pole or other structure in it so as to be readily legible to members of the public there, and erect poles or other structures there for that purpose;
➢ give each of the premises in it such distinguishing number as they think fit; alter that number when necessary; and require the owner of each of the premises, by notice served on him, to affix or paint that number on his premises so that it is readily legible from the nearest part of the public place giving access to the premises.

The policy and procedures document set out how this function is managed by the council to ensure that street names are not duplicated and that new streets and properties are named and numbered in a logical manner to facilitate easy identification in the event of an emergency.

3.0   Street Naming and Numbering Policies and Processes

The guidance in this document applies to the naming and numbering of new streets and properties. It also applies to the renaming of existing streets and renumbering of existing properties. The processes for managing these aspects of the naming and numbering of roads and properties are contained in Appendix A.

3.1 Approvals Process

The process of allocating street names and numbers is time sensitive. Developers require statutory addresses before utilities companies will provide services. Royal Mail cannot allocate postcodes to properties until statutory addresses are allocated. In order to allocate statutory addresses and street names, the Council must receive an application from the developer to apply for the addresses. Application forms are available on the Council's web site or on request to Roads and Transportation.

The decision on naming streets is delegated under standing orders to the Head of Operational Services subject to a consultation procedures being undertaken with local elected members for the ward within which the street lies. Following research by the Council Historian a shortlist with a preferred option is sent out for consultation.

  ➢ All local members in the ward will be consulted and offered the same opportunity to comment;
  ➢ If there is a clear view expressed amongst the local members (unanimously or by majority) the officers will take the necessary action and decisions under powers delegated to the Head of Operational Services but in accordance with that clear view; and
  ➢ If there is a split decision between the local members then the views of the Executive Councillor for the Environment portfolio will be sought to reach a determination on the street name. Officers will take the necessary action and decisions under powers delegated to the Head of Operational Services but in accordance with those views.

Where possible, we will communicate electronically to speed up procedures.

3.2 Street Naming Policy

It is important for public safety that street names and property numbering sequences make it easy for emergency services to find and identify properties.

In general, new streets should be named after people, places or events associated with the local area, or West Lothian as a whole. New street names can preserve history for future generations, reinforcing the sense of place. Names should meet at least one of the following:

  ➢ commemorate local history, places, events or culture, and in particular any that pertain to the site;
  ➢ honour and commemorate noteworthy persons associated with the local area, or West Lothian as a whole;
  ➢ celebrate cultural diversity in West Lothian;
  ➢ commemorate national and international noteworthy persons;

> ➢ commemorate national and international events;
> ➢ strengthen neighbourhood identity; or
> ➢ recognise native wildlife, flora, fauna or natural features related to the community or the West Lothian as a whole.

The following guidance should also be applied when considering new street names.

To be avoided;

> ➢ New street names should try to avoid duplicating any similar name already in use in a town/village or in the same postcode area ;
> ➢ Multiple use of the same prefix, distinguished only by a different suffix eg. Road, Street, Avenue etc is not good practice due to the confusion this can cause in emergency situations;
> ➢ Each new section of street between major junctions will be given a separate street name if it is considered necessary to avoid extremely lengthy sections of street with a single name;
> ➢ Streets are not named after individual living persons, as there is potential for this to become undesirable at a future date. Use of a person's first name should be avoided in street names, unless additional identification is necessary to prevent duplication or confusion.
> ➢ Names should be easily understood over the telephone in the event of an emergency (they should be easy to spell and pronounce).
> ➢ Names ending in End, Cross, Park, Burn and Stream; and
> ➢ The use of abbreviations, punctuation and similar sounding names is avoided where possible to avoid confusion.

Other endings that have a specific meaning should be used in only in the correct circumstances. This applies to;

> ➢ Named pedestrian walkways should end with either Walk, Path, Way, Close, Pend, Wynd or Lane;
> ➢ Crescent (for crescent shaped roads);
> ➢ Avenue (for roads that could be described as tree lined);
> ➢ Lane, Close, Grove, Place or Court (for small streets and cul-desacs); Wynd (for small streets or paths that are not straight);
> ➢ Square (for a square only);
> ➢ Hill, Brae, Heights, Knowe, Mount or Rise (for a street on a gradient, or atop a hill);
> ➢ Circus (for a roundabout or square only);
> ➢ Terrace or Row (for a street that is predominately serving a terrace of houses); and
> ➢ Green or Gardens (for streets dominated by an area of grass/park).

3.3 Property Numbering Policy

The numbering and renumbering of properties can be complex and Appendix B contains guidance on the detailed numbering process for different categories of properties.

The numbering of new properties does not require consultation and can be carried out quickly if no new street name or renumbering of existing properties is required. The main principles in determining the numbering of properties apply to all types of development and are as follows:

> ➢ Streets will be numbered in a logical manner to facilitate the identification of properties. In general odd numbers are on the left and even numbers on the right.
> ➢ The phasing of the development, access points and local circumstances will be considered in deciding where numbering should start.
> ➢ Cul-de-sacs will be numbered consecutively in the same direction as the main access road, low to high.
> ➢ All properties and premises, including lockups where appropriate, shall be numbered from the street on to which the principal access is gained.
> ➢ In all instances the number 13 is never omitted.

It is the responsibility of the property owner to display the correct statutory address for a property. The number should be clearly visible from the road on to which the property is addressed.

3.4 Postcodes

The Council is responsible for the number and street name elements of the statutory address. The Council supplies this information to Royal Mail, who then allocate a postcode and postal town against this address. The addition of a postal town is to aid the routing of mail. The Royal Mail postal town can often differ from the statutory address town. The statutory address issued by the Council includes all the elements of the address, including the postcode.

3.5 House Names

House names are not covered by the Civic Government (Scotland) Act 1982, and responsibility for a name lies with the property owner. Where West Lothian Council have not numbered a property, the house name forms part of the statutory address, and will be maintained as such by West Lothian Council.

In areas where numbers have been applied, house names can be added to the address held, but only in addition to the allocated number.

Where house names could be construed as offensive or alarming, West Lothian Council reserves the right not to use them in, or add them to, the statutory address.

Upon request from a property owner for the addition or amendment of a house name, Roads and Transportation will amend the Council records, and inform Royal Mail.

3.6 Street Renaming

Only in exceptional circumstances will West Lothian Council consider any proposal from Community Groups, developers, or members of the public to alter the name of an existing street. However, where there is justification, West Lothian Council may propose the renaming of an existing street.

Such circumstances are likely to be when substantial redevelopment is to take place, where there are issues of poor perception of an existing name, or where there are issues of confusion and ambiguity regarding the existing street name.

When application is made by Community Groups, developers or members of the public, the case for renaming and a summary of the opinion of "the requisite number" of existing residents should be supplied to West Lothian Council. The requisite number has the same meaning in relation to that street as identified in section 1(7) of the Roads (Scotland) Act 1984.

Any proposed new name must adhere to the same principles as those set out above for new streets.

Existing properties on affected streets will be consulted with directly, and Statute lays down a period of 28 days within which representations can be made following advertisement in the local press.

In all cases, West Lothian Council will endeavour to minimise inconvenience, and will take into account all representations made to them before any final decision is reached.

A minimum of eight weeks will elapse before new statutory addresses take effect.

3.7 Property Renumbering

Renumbering may be necessary when new development occurs on an existing street, or when West Lothian Council become aware of issues regarding existing statutory addresses. In all cases West Lothian Council will endeavour to minimise inconvenience and achieve consensus.

When an individual owner directly approaches the Council to renumber their property, we will consider the impact of the request in line with the numbering guidelines. Renumbering of properties for illogical and irrational purposes will be resisted. Where residents experience issues/problems with delivery and registration services due to differences between their statutory address (as issued by the council) and the postal address as used by Royal Mail and other delivery services, renumbering can be considered. When requested, the Council can instruct the Royal Mail to update their records to that of the Council's statutory address. We cannot update the Council's statutory address to that held by Royal Mail. Should an owner wish for their statutory address to be that used by Royal Mail, a consultation must be carried out with all property owners affected. In the case of a change to a flat within a block, the whole block must be consulted, and agree to the change to the numbering. If 100% agreement is reached, the renumbering process as described will be implemented. Should full agreement not be reached, the matter will not be taken further.

Alternatives to renumbering should be found if practicable.

Any alteration to an existing numbering scheme should follow the same principles as those set out above for new developments.

Affected parties will be consulted with directly, and a minimum of 28 days will be given for representations to be made.

A minimum of eight weeks will be given before new statutory addresses take effect.

3.8 Corporate Address Gazetteer

All addresses are passed to   the Council's Corporate Address Gazetteer team to be included or amended on the Corporate Address Gazetteer which is maintained to the Scottish Standards as defined by the One Scotland Gazetteer. Our key customers are informed of new / amended addresses on a regular basis. Our key customers are outlined in a separately published schedule and will be published on the council website.

4.0   Street Name Plates Policy

The Council is responsible for the erection of street name-plates in compliance with the Civic Government (Scotland) Act 1982. To ensure timely erection of the signs and a consistent sign type and style for new developments it is considered that this function should be undertaken by the council with the developer being charged the reasonable costs of the erection of the signs.

The proposed fees for this service are outlined on the table of fees which is published separately.

Sign Location

Street name-plates should be erected at the point nearest to where road junctions intersect. For most new developments street name-plates will be freestanding signs. However, at appropriate locations signs will be located on buildings/structures between ground and first floor level to maximise visibility. Street name-plates signs may also be placed on existing walls and fences. Each location will be assessed on it on merits

New Signage

The Council is responsible for the erection and maintenance of all street nameplate signage in the Council area. There is a charge for this service. The Council maintains the responsibility for all signage to ensure uniformity and quality are maintained across the West Lothian and ongoing maintenance once developers have vacated the site.

Developers are asked to submit an application form and plans to enable the Council to determine the minimum number of new signs required.

The purchase, production, delivery and fitting of street name plates take an average of 8 weeks. Orders for plates are placed at regular intervals according to demand. Specialist nameplates used at particular locations can take longer to manufacture and erect.

There is no statutory requirement to inform the owner of a property prior to fixing or erecting a nameplate on their property. As a courtesy, where a new sign is to be erected where there was previously no sign, owner/occupiers will be given a minimum of 10 day notice period that a sign is to be erected on their property.

 The Council will undertake all ongoing maintenance and replacement of signage thereafter.

5.0   Complaints

In the first instance complaints should be made to Roads and Transportation. However, if the complaint is not resolved to your satisfaction West Lothian Council has a formal complaints procedure, details of which can be found online http://www.westlothian.gov.uk/complaints

6.0   Contacts

CONTACTS STREET NAMING TEAM

Team Email: new address to be set up and confirmed.

Roads & Transportation Services
Whitehill House
7 Whitestone Place
Whitehill Industrial Estate
Bathgate
West Lothian
EH48 2HA
United Kingdom
Tel: 01506 280000

West Lothian Council

ROADS AND TRANSPORTATION

STREET NAMING AND NUMBERING

NEW DEVELOPMENT

NAMING AND NUMBERING PROCESS

Developer submits application for new street name(s) and property numbers to be allocated

↓

Consult with Council Historian and identify suitable names in accordance with the policy

↓

Consult with local ward members on suggested names and identifying a preferred option.

↓

Ward members agree with proposed name → No → Referral made to Executive member for Environment Policy and Development Scrutiny Panel for decision.

Yes ↓

Street name confirmed

Inform Relevant Stakeholders

↓

Determine property numbering scheme in accordance with policy and procedures. (House names will be required if no numbering scheme exists).

↓

Produce a numbering plan and a schedule of house numbers and plot numbers

↓

Contact Royal mail to get post codes allocated

↓

Write to Developer and inform relevant stakeholders of Statutory Addresses → Inform Relevant Stakeholders

Transportation Quality System	Activity : Property Renumbering	Version 1	Created : September 2016 By : J Stewart Next Review : September 2017

ROADS AND TRANSPORTATION

Application for new street name(s)

↓

Assess request in accordance with the policy. Advise applicant if a decision is taken not to proceed.

↓

Consult with local ward members on suggested names and identifying a preferred option.

↓

Ward members agree with proposed name —— No ——→ Referral made to Executive member for Environment Policy and Development Scrutiny Panel for decision.

Yes ↓

New street name identified ←——

↓

Statutory consultation takes place along with direct consultation with affected parties. —— Objections ——→ Report consultation to Council Executive for a decision

No Objections ↓

Produce a numbering plan and a schedule of house numbers and addresses with new street name. Confirmation of new Statutory Address to all affected properties ←——

↓

Inform Relevant Stakeholders

Transportation Quality System	Activity : Property Renumbering	Version 1	Created : September 2016 By : J Stewart Next Review : September 2017

West Lothian Council

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┌─────────────────────────────────────────────┐
│ Application for new property number(s)        │
└─────────────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────────────┐
│ Determine property numbering scheme in        │
│ accordance with policy and procedures.         │
│ (House names will be required if no            │
│ numbering scheme exists).                      │
└─────────────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────────────┐
│ Consultation takes place with all              │
│ affected parties.                              │
└─────────────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────────────┐
│ Produce a numbering plan and a schedule of     │
│ changes to property numbers.                   │
└─────────────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────────────┐
│ Contact Royal mail to get post codes allocated │
└─────────────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────────────┐
│ Write to Developer and inform affect parties   │
│ of Statutory Addresses                         │
└─────────────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────────────┐
│ Inform Relevant Stakeholders                   │
└─────────────────────────────────────────────┘
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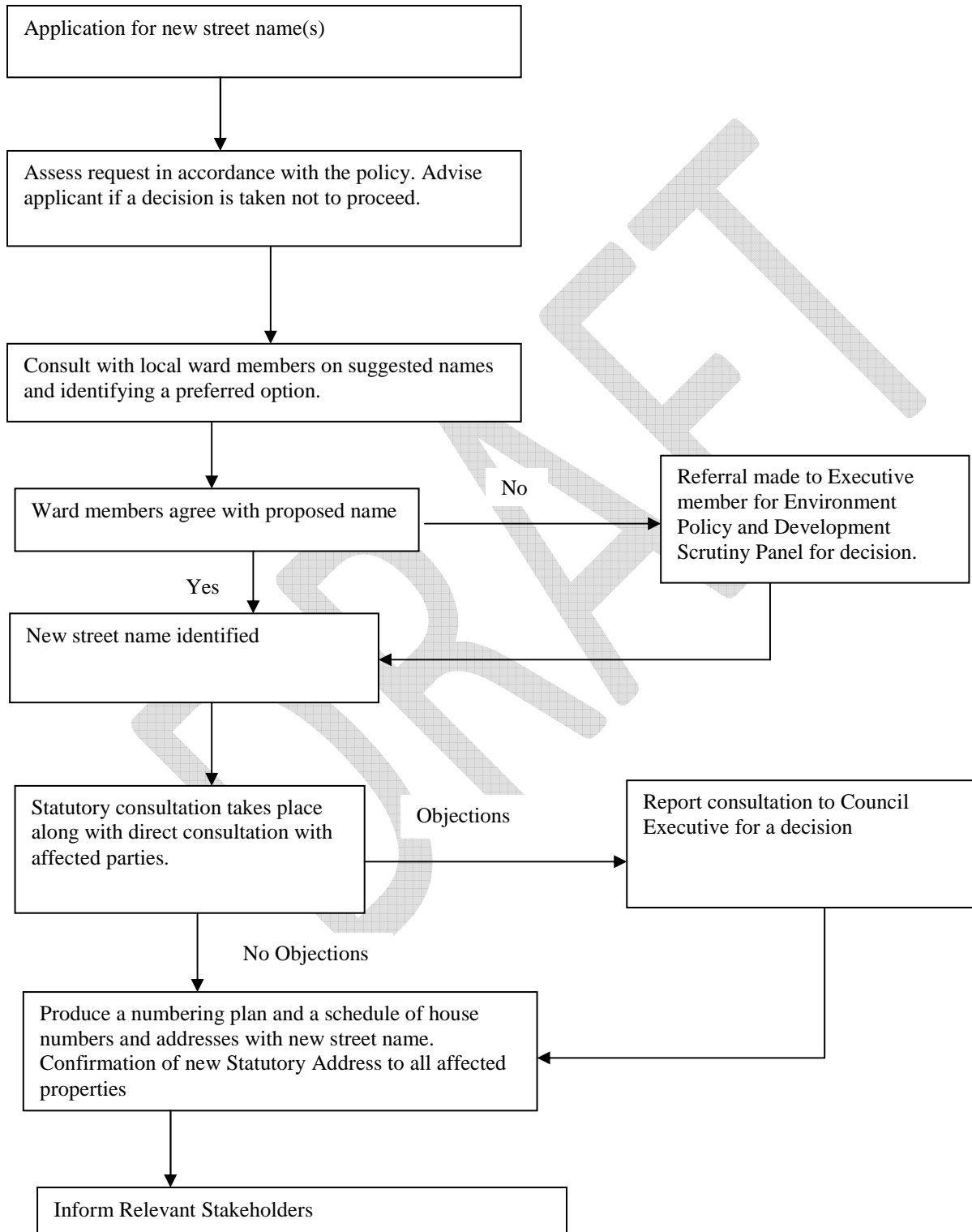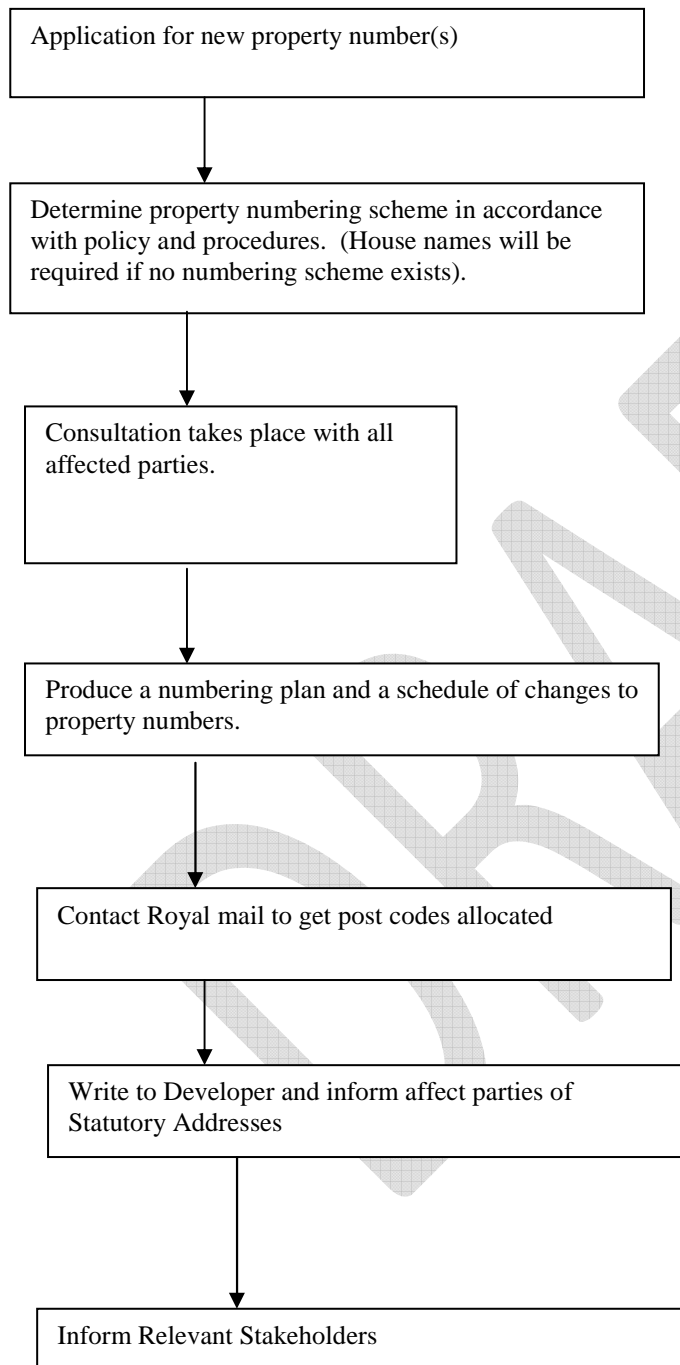
DRAFT

PROPERTY NUMBERING ON STREETS

The origin of the street is the end of the street nearest to the town centre

Numbers increase moving away from the origin.

Odd numbers are on the left side of the street.

Even numbers are on the right side of the street

No numbers will be omitted unless there is a need to do so for future numbering requirements.

Residential Properties

Gap Sites and Property Subdivision

Properties should be given individual numbers. It may be necessary to use a suitable suffix.

If possible subdivision should avoid whole numbers on their own e.g. 1 and 1A should be avoided in favour of 1A and 1B if possible.

Industrial Area

Separate numbers should be allocated where possible to each individual unit.

If there are a number of blocks with multiple units then each block should be given a unique number and each unit will be numbered separately for each block. (See below)

Unit 3, Block 3, 3 Road Street.
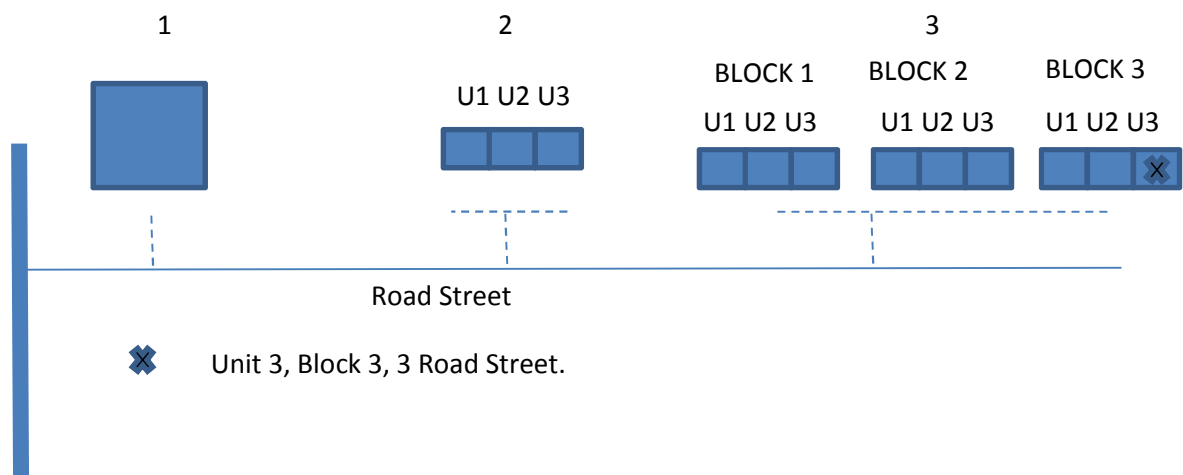
If existing units are being joined the new address is based on the location of the new main access and uses the allocated existing number of the property at the new access point.

Multi - storey Blocks

Each property should have an individual number or letter where possible. The use of the word FLAT to describe each property is good practice.

Each block should have a number or be named off the street.

The numbers can apply internally to the block or named building.

Shopping Malls

Numbering should start at the main entrance and the units should be numbered in a clockwise direction from the left. Numbering should if practical allow for a future subdivision of larger double units.

STREET NAMING AND NUMBERING SERVICES
FEES

New Developments

Item	Charge (£)
Provision and Erection of Street Name Signs	190

West Lothian Council

ENVIRONMENT POLICY DEVELOPMENT & SCRUTINY PANEL

2016/17 WINTER SERVICE POLICY – ROADS AND TRANSPORTATION

REPORT BY HEAD OF OPERATIONAL SERVICES

A.   PURPOSE OF REPORT

The *Code of Practice for Highway Maintenance 2005: Well Maintained Highways:* recommends that councils should review and approve their Winter Service Policy annually The purpose of this report is to seek approval for councils Winter Service Policy for 2016/17

B.   RECOMMENDATIONS

It is recommended that the Environmental Policy Development & Scrutiny Panel approves the submission of the Winter Service Policy 2016/17 as detailed in Appendix A to Council Executive, with a recommendation that the policy should be approved.

C.   SUMMARY OF IMPLICATIONS

I	**Council Values**	Focusing on our customers' needs
		Making best use of our resources
		Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Council's Winter Service Policy.
		Roads (Scotland) Act 1984 and The Code of Practice for Highway Maintenance 2005
III	**Implications for Scheme of Delegations to Officers**	None
IV	**Impact on performance and performance Indicators**	The Policy will ensure that the service is delivered in a consistent and efficient manner which will meet existing performance targets and service standards.
V	**Relevance to Single Outcome Agreement**	Maintaining strategic transport links within the community are necessary in order to deliver the SOA Outcomes. The Winter Service supports Outcomes 1, 2, 10 and 14.
VI	**Resources - (Financial, Staffing and Property)**	Operational Services have a Winter Service budget for 2016/17 of £2.301 million to carry out their statutory duties under the Roads (Scotland) Act 1984 (Section 34).

1

VII	Consideration at PDSP	None.
VIII	Other consultations	The Winter Service Policy was established after an extensive review in 2011.

D.   TERMS OF REPORT

In Scotland, Councils statutory responsibilities regarding the Winter Service are defined in the Roads (Scotland) Act 1984, Section 34 which requires "that a road authority shall take such steps as it considers reasonable to prevent snow and ice endangering the safe passage of pedestrians and vehicles over public roads".

The council's current Winter Service Policy (summarised in Appendix A), is well established and is based on the Codes of Practice *for Highway Maintenance 2005: Well-Maintained Highways.* Following the severe winters of 2009/10 and 2010/11 a full review of the Winter Service Policy was conducted and the Winter Service Policy was updated and approved by council in November 2011.

The updates to the Winter Service Policy for 2011/12 included the inclusion of service standards and a definition for an *"Extreme Weather Event"*; a statement on resilience and salt conservation; and the policy promotes the benefits of self-help in line with Government recommendations.

The *Code of Practice for Highway Maintenance 2005: Well Maintained Highways:* recommends that councils should review and approve their Winter Service policy annually.

The revised Winter Service Policy for 2011/12 was fully implemented and has proved successful in dealing with the "normal" UK winters that we have experienced since.

Following the 2015/16 winter our operational processes were reviewed and the following improvements are being implemented:-

- Additional resources are being utilised from NET`s, Land & Countryside Services to complement our own operatives providing a more robust and flexible rota.

- Domain based forecasting with separate forecasts being obtained for the north and south of the county. This allows treatment plans to be more specific with resources being deployed appropriately providing an improved service to areas in most need.

- Our route maps are being reviewed and updated to reflect any newly adopted streets. These route maps and further information on how the council prioritise gritting can be found on the council website; along with details of our grit bin policy and self-help advice.

E.   CONCLUSION

Following review of the 2015/16 Winter Service Policy, by officers, it is recommended that no changes are required and that this policy as detailed in Appendix A is approved for the coming winter season 2016/17.

2

F.   BACKGROUND REFERENCES

Roads (Scotland) Act 1984

Code of Practice for Well Maintained Highways 2005

Appendices/Attachments: Appendix A – Winter Service Policy

Contact Person: David Wilson, Roads Operations Manager

Tel 01506 776651

Email: David.Wilson@westlothian.gov.uk

Jim Jack
Head of Operational Services

Date: 13th September 2016

3

The Winter Service Policy 2016/17 is summarised as follows:-

Carriageways	Road Type	Treatment
Primary Routes **(SNOW ROUTES)**	Important principal roads, major scheduled bus routes, routes to fire stations, hospitals, ambulance depots and local danger spots on highly trafficked roads and major industrial estates.	Gritting and/or snow ploughing 24 hours a day on all days. Pre grit if required. Planned or reactive.
Secondary Routes Level 1	Other classified routes, distributor routes and connecting routes between centres, minor bus routes, main accesses to schools, medical centres and residential areas.	Gritting and/or snow ploughing during normal working hours i.e. 0800 to 1505 hours Monday to Friday. Pre grit if required.
Secondary Routes Level 2	Residential areas, cul-de-sacs and other unclassified roads.	Gritting and/or snow ploughing during normal working hours i.e. 0800 to 1505 hours Monday to Friday. Reactive treatment only.
Secondary Routes Level 3	Surfaced areas within schools, roads within industrial estates, routes to car parks and car park surfaces.	Gritting and/or snow ploughing during normal working hours i.e. 0800 to 1505 hours Monday to Friday. Reactive treatment only.

1

Footways	Footway Type	Treatment
Primary Routes **(SNOW ROUTES)**	Urban shopping areas and precincts. Routes to schools, accesses to health centres and medical centres, hospitals, etc. main routes to residential areas and bus stops.	**During November and March,** gritting of widespread ice/snow clearing 0500 to 1505 hours Monday to Friday. **During December, January and February** the service will be extended to cover weekends and public holidays (0500 to 1505 hours). Reactive treatment only.
Secondary Routes Level 1	Other routes to schools, residential areas and housing areas in general.	Gritting of widespread ice/snow clearing 0800 to 1505 hours Monday to Friday. Reactive treatment only.
Secondary Routes Level 2	Footway links to car parks, community centres, day centres etc and cycle routes	Gritting of widespread ice/snow clearing 0800 to 1505 hours Monday to Friday. Reactive treatment only.

EXTREME WEATHER EVENT

An extreme weather event will be considered to be an event where continuous snow is forecast and likely to give significant accumulations in excess of 10cm over a substantial proportion of the council area. The snow will also be expected to remain in untreated areas for a prolonged period due to low temperatures before a natural thaw disperses it.

During periods of extreme weather and heavy continuous snowfall when roads and footways are affected by significant levels of lying snow, priority will be given to primary carriageway routes and primary footpath routes and these routes will be known as West Lothian Council's "Snow Routes". These routes are defined within the council policy and will be published on the council website. Gritters and footpath resources will be deployed on these specified snow routes continuously until satisfactory snow clearance has been achieved before resources are deployed to any secondary routes.

2

The policy is aimed at providing a minimum strategic network during periods of extreme weather and will provide access to key facilities and other transport needs.

RESILIENCE and SALT CONSERVATION

West Lothian Council procures and stocks salt supplies for use on the whole of the public carriageway and footway network during the winter period. A minimum stock of 30,000 tonnes of salt will be available at the start of the winter period.

In periods of an extreme weather event or periods of prolonged conditions that demand a high usage of salt it may be necessary to restrict the use of salt to snow routes only. For West Lothian Council, salt will be restricted to snow routes when the council reaches a minimum stock level of salt for 6 days resilience of continuous salting.

GRIT BIN POLICY

- Only provided on sites with difficult conditions.
- Bins will only be located where they can be filled from a lorry.
- Only replenished during and immediately after periods of adverse weather or upon request from the public as resources allow.
- No provision in private areas or car parks for internal use by either Council or any other public or private property such as schools, parks, hospitals, old people's homes, lunch clubs etc. unless a service level agreement is in place.
- Bins will not be designated to serve a carriageway if that carriageway is designated as a primary route or snow route.
- Bins will not be designated to serve a footway if that footway is designated as a primary route or snow route.
- Only written requests for bins will be considered.
- A request will not be accepted unless a location to site the bin has been agreed. Therefore, even if the criterion for locating the bin is met, none will be provided if residents cannot agree a position.
- The position of any proposed bin should not obstruct the passage of pedestrians.
- Grit bins will be left in-situ during the summer months unless the responsible officer confirms that they are causing a public nuisance.
- Bins should be yellow and tagged with a unique id number and their position recorded in the electronic database.

In times of an extreme weather event it is not always possible to service and replenish grit bins due to their location and the deployment of resources in higher priority areas.

In the event that West Lothian Council suspends the grit bin service then Road Services will provide temporary grit bags and grit heaps at strategic locations across West Lothian for use by the public. The locations of the grit bags and grit heaps will be advertised to the public when the service is in operation.

SELF HELP – WHAT CAN YOU DO?

There is no law preventing members of the public from clearing snow and ice from public roads and footways outside their properties and businesses. However, people should

exercise care and caution when attempting to undertake any snow clearing so that they do not create any further hazards through careless or inconsiderate actions.

Being a good neighbour during severe winter weather is usually welcomed. Detailed below is some advice provided by the Government on clearing roads and footways yourself:-

1. Do not use hot water as this could freeze, increasing the risk of injury to persons.
2. Choose suitable clothing for the task to ensure that you remain warm, clearly visible to traffic and that footwear provides a good grip.
3. Do not take unnecessary risks in the road and be aware that vehicles may find it difficult to stop quickly in icy conditions.
4. If shovelling snow consider where you are going to put it to avoid shifting the problem elsewhere, for example, avoid blocking other footways and drainage features such as gullies.
5. Use a shovel with a wide blade and do not overload the shovel with snow.
6. It is easier to remove fresh snow before pedestrians have compressed the snow into compacted ice.
7. Clear a line down the middle of the area to be cleared first to create a safer surface to work from.
8. Spread some salt on the area cleared to prevent the formation of ice.
9. Do not use too much salt as a few grams, about a tablespoon for each square metre that you clear should be sufficient.
10. If there is no salt available then a little sand or grit is a reasonable substitute. It will not have the same de-icing properties as salt but will improve grip underfoot.
11. Salt applied to the road or footway could be washed away by rain or snow and subsequently freeze – in this case a further application of salt should be used soon after the rain has ceased and before temperatures approach freezing.
12. Particular care and attention should be given to steps and steep gradients to ensure that snow and ice is removed – it may be beneficial to apply additional salt at these locations to reduce the risk of injury.

4