



Joint Public Health Protection Plan 2026 – 2028

NHS Grampian – Aberdeen City Council – Aberdeenshire Council – Moray Council

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Public health is the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society

– D Acheson, 1988¹

[**Health protection** is] ... the protection of individuals, groups and populations through expert advice and effective collaboration to identify, prevent and mitigate the impacts of infectious disease, and environmental, chemical and radiological threats

– Ghebrehewet, Stewart & Rufus, 2016, p.3²

Purpose of plan:	To provide an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness.
Geographical extent of plan:	Territorial NHS Board area.
Statutory responsibility:	Territorial NHS Board, in consultation with relevant local authorities.
Period to be covered:	2 years, in advance, but authors' discretion to review on more frequent basis, if desired.
Author:	Director of Public Health, in collaboration with, and co-signed by, relevant local authority Chief Officer(s) of Environmental Health (or equivalent).
Governance arrangements:	To be formally submitted to the NHS Board and relevant local authority committee for sign-off, via clinical governance/risk management committees.
Status:	Public document. Statutory duty placed on NHS Board to publish plans and any variations to plans. The plans should be available to the public on the NHS Board website and also on request. Plans and variations must be subject to consultation with relevant local authorities.

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¹ Committee of Inquiry into the Future Development of the Public Health Function (1988) HMSO: London

² Ghebrehewet S, Stewart AG & Rufus I (2016) What is health protection? In Ghebrehewet S, Stewart AG, Baxter D et al (Eds) Health Protection: Principles and Practice Oxford University Press: Oxford pp.3-8

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Glossary

ARI – Aberdeen Royal Infirmary

BBV – Blood Borne Virus

CBRN – Chemical Biological Radiological Nuclear

DHSC – Department of Health and Social Care

ED – Emergency Department

EHO – Environmental Health Officer

JHPP – Joint Public Health Protection Plan

MDRO – Multi Drug Resistant Organism

GAS – Group A Streptococci

HAV – Hepatitis A Virus

GJHPCG – Grampian Joint Health Protection Coordinating Group

GLRP – Grampian Local Resilience Partnership

HAI – Healthcare Associated Infection

HPT – Health Protection Team

IPCT – Infection Prevention and Control Team

MCN – Managed Care Network

MOU – Memorandum Of Understanding

OHS – Occupational Health Service

PHS – Public Health Scotland

STAC – Scientific and Technical Advisory Cell

STEC – Shiga Toxin producing Escherichia Coli

RRP – Regional Resilience Partnership

UKHSA – United Kingdom Health Security Agency

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1 Introduction

The Public Health etc (Scotland) Act 2008 defines the protection of public health as involving the prevention, control, and response to: infectious diseases; contamination involving biological, chemical or radioactive substances; and “other such hazards” which constitute a danger to human health.³ The Act requires NHS Grampian to create and publish a statutory Joint Public Health Protection Plan (JHPP) every two years in consultation with coterminous local authorities.

2 Geography and demography

NHS Grampian Health Board is the administrative body for health services in the north east of Scotland, serving a population of over half a million people residing in three coterminous local authority areas (table 1). Nearly half the population (45%) live in Aberdeenshire (circa 264,000), over a third (39%) live in Aberdeen City (circa 227,000), and one-sixth (16%) live in Moray (circa 95,000).⁴



The population of Grampian has increased by 3% over the past decade. Population projections for the next twenty years suggest significant demographic changes to come, specifically a significant reduction in the number of children and a significant increase in the number of adults of pensionable age.⁵

Table 1: Mid-year population estimates for NHS Grampian and coterminous local authorities (Source: NRS population estimates)

	2013	2015	2019	2021	2022	2023
Aberdeen City	225,260	226,680	222,760	220,630	224,250	227,750
Aberdeenshire	258,130	263,250	261,900	263,140	263,750	264,320
Moray	93,940	94,800	94,170	94,270	94,300	94,670
GRAMPIAN	577,330	584,730	578,830	578,040	582,300	586,740

3 The context for health protection in the North East of Scotland

Climate change is expected to cause greater extremes of heat in summer and cold in winter, more frequent extreme weather events, and increased heavy rainfall, flooding and drought.⁶ Extreme weather preparedness plans, including preparedness for storms, flooding, extreme heat, drought, are coordinated by the Grampian Local Resilience Partnership.

Infectious organisms with pandemic potential are characterised by ease of transmission, lack of human immunity, and high case morbidity and mortality. Such organisms might arise due to the evolution of known organisms (such as avian influenza subtypes) or due to the emergence of new organisms from environmental or

³ <https://www.legislation.gov.uk/asp/2008/5/contents>

⁴ <https://www.nrscotland.gov.uk/publications/mid-2023-population-estimates>

⁵ <https://www.nrscotland.gov.uk/publications/population-projections-for-scottish-areas-2018-based>

⁶ <https://adaptation.scot/scotland-and-climate-change/impacts-of-climate-change>

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zoonotic reservoirs. Over two thirds of human infectious diseases are zoonotic. Global deforestation, agricultural development and urbanisation increasingly bring human and animal, vectors and Infectious agents, into closer contact. International travel and migration increase the risk of emergent infectious diseases in one part of the world quickly spreading across the globe.

Pandemic preparedness involves three key elements: public health arrangements; health and social care arrangements; wider ‘resilience’ arrangements. Public health arrangements include plans for public and professional communications, enacting transmission controls (case notification, quarantine / isolation, contact tracing, outbreak management, and vaccination), undertaking surveillance and providing intelligence to inform wider system decisions and actions. Health and social care arrangements include plans for care for the sick, alongside prioritised maintenance of ongoing primary, community and secondary health and social care services. Wider resilience arrangements include multi-agency plans for the maintenance of societal functions and public order.

Antimicrobial resistance poses a significant threat to human health. The introduction of antimicrobials revolutionised modern healthcare and remain a mainstay in the management of infection. The ability of bacteria (and to a lesser extent fungi and viruses) to acquire resistance to drugs used to treat them has long been understood against a lack of development of new antimicrobial drugs. Of particular concern is the projected rise in multi-drug resistant organisms (MDROs).

Socioeconomic factors such as housing quality, overcrowding, air quality, nutrition, physical fitness, and tobacco smoke, can variously influence susceptibility, transmission and severity of infectious diseases. Variation in the social patterning of such factors produces variation in incidence and outcome. The social geography of Grampian includes some of the most deprived, and some of the least deprived, datazones in Scotland.

A **robust healthcare system** is required for the detection, treatment and secondary prevention of communicable and infectious diseases, and robust notification systems between healthcare and public health. Healthcare systems in Scotland continue to experience a range of challenges.^{7,8}

4 Health protection: planning infrastructure

4.1 Grampian Joint Health Protection Coordinating Group (GJHPCG)

GJHPCG oversees the development of the Joint Public Health Protection Plan (JHPP).

GJHPCG comprises NHS Grampian (Health Protection Team, Infection Prevention and Control Team, Medical Microbiology), Aberdeen City Council (Protective Services), Aberdeenshire Council (Protective Services), Moray Council

⁷ <https://audit.scot/publications/general-practice-progress-since-the-2018-general-medical-services-contract>

⁸ <https://www.gov.scot/publications/nhs-scotland-operational-improvement-plan>

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(Environmental Health and Trading Standards), and Animal and Plant Health Agency.

North East Leaders Group for Public Protection provide senior multiagency oversight of the draft JHPP. NHS Grampian Population Health Committee scrutinise and approve the JHPP. NHS Grampian Health Board publishes the JHPP into the public domain.

4.2 Grampian HAI Executive Committee

Grampian HAI Executive Committee has oversight for infection prevention and control for healthcare. Reporting to the committee is the Work Programme Delivery Group and the Grampian HAI Education Group.

4.3 Grampian Resilience Partnership Arrangements

NHS Grampian is a member of the North of Scotland Regional Resilience Partnership and the Grampian Local Resilience Partnership.

NHS Grampian is represented on these resilience partnerships by the NHS Grampian Civil Contingencies Unit and NHS Grampian Health Protection Team.

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4.4 Key health protection plans

Grampian HPT Plans	Review Date
Public Health Incident Compendium	In development

Joint Grampian HPT / Aberdeen City Council Plans	Review Date
Procedure for management of infectious illness on aircraft arriving at Aberdeen	Under review
Procedure for cases of illness in vessels arriving at Aberdeen	Under review

Joint Grampian HPT / Aberdeenshire Council Plans	Review Date
Aberdeenshire seaport plan	Under review

NHS Grampian Plans	Review Date
Major Infectious Diseases Plan	National guidance awaited
High Consequence Infectious Disease Protocol	March 2026
Measles in the hospital protocol	March 2027
Measles post-exposure immunoglobulin protocol	March 2027

Aberdeen City Council Plans	Review Date
Air Quality Action Plan	Under review
Air Quality Progress Report Assessment	June 2026
Contaminated Land Strategy	May 2026
Food Regulatory Service Plan	May 2026
Food Law Enforcement Protocol	Under review
Health and Safety Intervention Plan	May 2026

Aberdeenshire Council Plans	Review Date
Protective Services Service Plan	April 2026
Air Quality Updating and Screening Assessment	July 2026
Contaminated Land Strategy	May 2026
Food Law Service Plan	Jan 2026
Health and Safety Enforcement Policy	Jan 2026
Protective Services Enforcement Policy	Jan 2026

Moray Council Plans	Review Date
Air Quality Updating and Screening Assessment	July 2026
Animal Health and Welfare Service Plan	February 2026
Environmental Health Enforcement Policy	Under review
Food Enforcement Service Delivery Plan	September 2026
Food Safety Incident Procedure	Under review
Food Related Infectious Disease Procedure	Under review
Food Law Intervention Procedures	Under review
Food Sampling Policy	Under review
Health & Safety Enforcement Policy	Under review

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North of Scotland Regional Resilience Partnership Plans	Review Date
Exotic Notifiable Animal Diseases Contingency Plans	National
Health Protection Emergency Services Early Alerting Protocol	National
Major Incident with Mass Casualties Plan	National
Mass Fatalities Plans	Ongoing
North of Scotland Regional Resilience Partnership Coastal Pollution Arrangements	Draft
Pandemic Flu Communications Guidance	National
Scottish Water Emergency Plans	National
Scientific & Technical Advice Cell (STAC) Activation and Management Plan	National

Grampian Local Resilience Partnership Plans	Review Date
Port of Aberdeen Plan	Feb 2027
Major Infectious Disease Incident Response Framework	May 2027
Protocol for managing additional deaths	Under review

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5 Health protection priorities

5.1 Health protection priorities

- Surveillance (timely and accurate notification and recording systems)
- Environmental hazards
- HCID preparedness
- Hepatitis C elimination
- HIV transmission elimination
- Measles preparedness
- Outbreak identification, investigation and management
- Pandemic preparedness
- Sexually transmitted infections including mpox
- Tuberculosis control
- Vaccination and Immunisation

5.2 Health protection risks / challenges unique to Grampian

- Private water supplies
- Radon gas

5.3 Relevant exercises in the last two years

- GLRP Marine Pollution Incident Shoreline Response Exercise – April 2024
- NHS Grampian HCID Tabletop – April 2025
- GLRP / Aberdeen City Council Tall Ships Tabletop – June 2025
- GJHPCG – Legionnaire’s Disease Tabletop – September 2025
- GLRP HazMat Lithium Battery Tabletop – October 2025
- DHSC and UKHSA Exercise Pegasus – September through November 2025

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

- Multi-Agency HazMat Incident August 2024 – HMP Grampian, Peterhead Community Hospital and ARI ED.
- Pertussis 2024 – national increase in incidence mirrored locally, which tested HPT capacity and resilience.
- Dr Gray's Hospital Norovirus Outbreak January 2025
- Multi-Agency Wildfire Response August / September 2025.

6 Health protection: resources and operational arrangements

(a) Outline the resources (NHS and local authority) available to provide health protection services – staffing (expressed as whole time equivalents/full-time equivalents), job titles, roles and responsibilities (statutory and non-statutory), including management, technical and professional staff. Indicate the numbers of NHS and local authority competent persons, as designated under the Public Health etc. (Scotland) Act 2008.

NHS Grampian HPT	WTE	Change since 2024/26
Consultants in Public Health / Medicine	2	=

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Nurse Consultant in Health Protection	1	=
Health Protection Nurse Specialists	2.6	=
Advanced Health Protection Nurses	1.6	=
Lead TB Nurse Specialist*	1	=
TB Nurses*	1.8	=
Healthcare Support Worker	0	- 1
Health Protection Officers	2	=
Health Protection Manager	0.8	=
Health Protection Administrators	3	+ 1
Health Board Competent Persons	12	=
*TB nurses comprise an integrated clinical and public health team		

Aberdeen City Council	WTE	Change since 2024/26
Protective Services Manager	1	=
Environmental Health Manager	1	=
Principal Environmental Health Officer	3.8	- 0.2
Environmental Health Officer	4	- 1.6
Senior Authorised Officer	0.8	- 0.2
Authorised Officer	5	+ 2
Compliance Officer	1	=
Licensing Standards Officer	2	=
Scientific Officer	0.8	=
Senior Pest Control Officer	1	=
Pest Control Officer	2	=
Dog Warden	2	=
Local Authority Competent Persons	9.8	- 2.2

Aberdeenshire Council	WTE	Change since 2024/26
Protective Services Manager	1	=
Team Managers EH	3	=
Senior EHO	8.9	- 2.1
Environmental Health Officers	2.9	+ 0.9
Graduate Trainee EHO	1	+ 1
Authorised Officers	11	- 1
Technical Officers	9	+ 1
Civic Licensing Scotland Officers	4	=
Team Managers TS	2	=
Senior TSO	1	=
Trading Standards Officers	6	- 1
Enforcement Officers	6	- 1
Animal and Health Welfare Officers	6	- 1
Local Authority Competent Persons	19	- 1

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Moray Council	WTE	Change since 2024/26
Service Manager	1	=
Principal Environmental Health Officers	2	=
Senior Environmental Health Officer	1	=
Lead Public Health Officer	1	=
Environmental Health Officers	5	=
Technical Officers	12	=
Trainee Environmental Health Officer	1	=
Principal Trading Standards Officer	0	- 1
Trading Standards Officers	2	- 1
Fair Trade Officers	1.50	+ 1
Trainee Trading Standards Officer	0	=
Local Authority Competent Persons	9	=

NHS Grampian IPCT	2025/26 WTE
Infection Prevention and Control Doctors	6
Infection Prevention and Control Manager	1
Deputy Infection Prevention and Control Manager	1
Senior Infection Prevention and Control Nurses	4.7
Infection Prevention and Control Nurses	6.8
Surveillance Nurses	1.6
Clinical Scientist	1
Antimicrobial Stewardship Nurse	0.6
IPC Support Worker	1
IPC Administrative staff	2.4

- (b) Outline the organisational arrangements in place to facilitate good collaborative working between the NHS, local authorities and other health protection partners, e.g. the veterinary service, Scottish Water etc. How often do the teams meet? How are public health incidents reviewed and lessons shared locally?

GJHPCG meets monthly to review surveillance data and recent incidents, provide updates, and foster collaboration and communication. Grampian HPT and EHO leads meet fortnightly to provide situational awareness. Grampian HPT and Local Authority EHOs participate in routine Northern Regional, and Grampian Local, Resilience Partnership meetings. Grampian HPT participate in the Grampian High Consequence Infectious Disease Group twice per year. Grampian Sexual Health and BBV MCN led by public health meets three times per year. Grampian HPT participates in the Weekly National Health Protection meeting and Situations of Note meetings chaired by PHS. Grampian HPT participates across working groups of the Scottish Health Protection Network. Grampian HPT has regular telephone and email communication with Scottish Water Public Health Team. Grampian HPT and IPCT participate in the NHS Grampian HAI Executive Committee, HAI Work Programme Delivery Group and HAI Education Group.

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- (c) Outline the arrangements to respond out of hours, including staffing and job titles (NHS and local authority), including management, technical and professional staff.

NHS Grampian provides a 24-hour health protection function, through an out of hours public health rota comprising consultants, health protection nurses and registrars.

Aberdeen City and Aberdeenshire Councils provide a 24-hour environmental health function, through an out of rota comprising EHOs.

Moray Council provides an out of hours Emergency Response. Environmental Health Managers are only accessible via a call to the Emergency Response Contact number

NHS Grampian does not provide an out of hours IPC nursing service, instead the oncall Medical Microbiologist is responsible for the IPC function out of hours.

- (d) Outline the arrangements for reviewing Health Protection Out of Hours Standard Operating Procedures or Guidance. How often does this take place?

NHS Grampian HPT review all guidance updates at a weekly operation meeting, and update local oncall aide memoires in response to changes. Guidance that involves partners is reviewed at the monthly GJHPCG meetings.

- (e) Outline the corporate arrangements for ensuring the maintenance of knowledge, skills and competencies for staff who have health protection duties in both the NHS Board and local authority/ies, including keeping up to date for out of hours duties. How is this recorded? How often are the arrangements reviewed?

GJHPCG run annual health protection learning events, to which all partners are invited.

NHS Grampian HPT maintain a programme of health protection CPD and all colleagues participating in HPT daytime and/or out-of-hours rotas are expected to attend or watch these sessions.

Inter-agency visits and shadowing are encouraged, especially for those new to their respective agencies, to build relationships and mutual understanding of roles and expectations.

7 Health protection services: capacity and resilience

- (a) When did the NHS Board and local authorities last assess the capacity and resilience of health protection services?
- (b) What action was taken following the assessment and what further action, if any, is planned?
- (c) When will the NHS Board and local authorities next assess capacity and resilience?

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(d) Describe any mutual aid arrangements in place with other NHS Boards and local authorities. What documentation is in place to evidence the arrangements?

The creation of the renewed JHPP allows for an assessment of WTE capacity every two years. Exercises, incidents and outbreaks are reviewed within the HPT and in the multiagency coordination group. The exercises, incidents and outbreaks detailed in Section 5 all enabled consideration of capacity, resilience and escalation plans.

There is a memorandum of understanding for the provision of mutual aid for health protection through the North of Scotland Public Health Network. The Network comprises NHS Grampian, Highland, Orkney, Shetland, Tayside, and Western Isles. The MOU was last reviewed and agreed in 2023.

8 Health protection: public involvement and feedback

(a) Describe any public involvement in the planning and delivery of health protection services including obtaining feedback from those affected by an outbreak and other public health incidents.

Grampian HPT have invited feedback from all cases of salmonellosis, giardia and cryptosporidiosis following completion of surveillance interviews since 2024. The HPT are now inviting feedback from all cases of STEC, following completion of all actions for cases and contacts. Grampian HPT is now gathering feedback from nurseries, schools and care homes once outbreaks have been declared over. The intention is to continue widening this to all members of the public the HPT interact with.