

# **The Health Protection Stocktake Working Group**

## **Interim Report - July 2011**

## **KEY CONCLUSIONS AND RECOMMENDATIONS**

152. We have emphasised in this report the many successes of health protection in Scotland. We have also recognised the professionalism and dedication of its staff at all different levels. It is clear that there is a solid platform on which we can build for the future. Our initial conclusions, set out below, are designed to achieve this and set in train a culture of improvement, which we are confident will strengthen Scotland's resilience to meet future challenges.

- **Capacity and Resilience**

1. **Scotland, as a small country, has some impressive strengths to build on but there are also weaknesses in current capacity and resilience arrangements. Smaller Boards realistically will face a lack of capacity and resilience in dealing with multiple or large incidents or even in coping with larger volumes of routine work. Overall future challenges, as set out in this report, suggest that demands on capacity will increase and that we must find ways to accommodate them.**
2. **Mutual aid exists in principle but is only adhered to in practice in the North of Scotland. Arrangements should be strengthened in other areas of the country.**
3. **On call arrangements currently exist separately in each NHS Board. We recommend further examination of the scope for combined on call arrangements between NHS Boards to maximise capacity and use resources efficiently (though clearly this could be part of any new approach to alternative models of working).**
4. **Scotland relies on the Health Protection Agency for advice on radiation, chemicals and emergency planning. It is vital that this provision continues with the advent of Public Health England. Scotland should have access to the same level of service and expertise as is available to the Department of Health and the NHS in England on those issues.**

- **Roles and Responsibilities:**

5. **Roles and responsibilities should be clearer. In due course we will be reviewing both the current MOU between the Scottish Government and HPS and the NHS Boards health protection remit. These will be replaced with a new tripartite MOU.**
6. **There is a need to improve communication between HPS and NHS Boards. Interchange should be arranged between staff (in both directions) and other activities considered to strengthen relationships and engender mutual respect and to help soften existing boundaries. This should include a wide range of**