EXECUTIVE NOTE

THE HEALTH PROTECTION AGENCY (SCOTTISH HEALTH FUNCTIONS) AMENDMENT ORDER 2007 SSI/2007/316

The above instrument was made in exercise of the powers conferred by section 2(7) of the Health Protection Agency Act 2004. The instrument is subject to negative resolution procedure.

Policy Objectives

The purpose of the instrument is to confer additional functions on the Health Protection Agency (HPA) to fulfil requirements of the World Health Organisation's (WHO) International Health Regulations 2005 (IHR 2005), due to come into force on 15 June 2007.

The IHR 2005 are a legally binding international instrument, the purpose of which is to 'prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with international trade and traffic. 'Disease' is defined as 'an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans.' The United Kingdom is a State Party of the WHO and, as such, is bound by its requirements.

The HPA is a UK non-departmental public body with some powers to operate in Scotland, including on issues such as radiation. Scottish Ministers also previously conferred some public health functions on the HPA in relation to Scotland, as set out in the Health Protection Agency (Scottish Health Functions) Order 2006 (S.S.I. 2006/559). Those functions provide back up specialist chemicals and poisons advisory services to Scotland.

Health Protection Scotland (HPS) is a Directorate of the NHS National Services Scotland (formerly the Common Services Agency, which is its legal identity). Amongst its functions, HPS leads the co-ordination of the Scottish health protection response to a communicable disease or environmental incident in Scotland.

Article 6 of the IHR 2005 requires each State Party to notify to WHO, by way of a National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory. Following a notification, a State Party shall continue to communicate with the WHO on the incident. The intention is that the HPA is to be the Focal Point for all of the countries of the UK, as the IHR clearly envisage that there is one singular National Focal Point for each State Party.

Article 20 of the IHR 2005 also requires State Parties to issue to the WHO a list of ports authorised to issue and extend new Ship Sanitation Control Certificates and Ship Sanitation Control Exemption Certificates. These will replace deratting and deratting exemption certificates as the internationally-recognised documents which certify that there is no evidence of infection or contamination on board a ship arriving from a foreign port, or that procedures necessary to rid the ship of infection or contamination have been carried out.

The instrument therefore confers new functions on the HPA in relation to Scotland, namely the function of assessing events that might constitute a public health emergency of international concern (within the meaning of the IHR) when such potential events have been communicated to it by the Common Services Agency (the legal entity of the HPS); and acting as the UK National IHR Focal Point for Scottish interests, including the notification of such events to the WHO. The agency is also given the function, again for centralised notification reasons from the UK, of sending to the WHO, lists of ports authorised to offer Ships Sanitation Control Certificates and Ships Sanitation Control Exemption Certificates. Such notifications will be communicated through HPS.

Consultation

The conferral of these functions on the HPA will not affect in-country arrangements in Scotland for the notification and handling of public health incidents, nor for the authorisation of the issue of Ship Sanitation Control and Exemption Certificates. Only the HPS has therefore been consulted on the contents of this instrument.

Financial effects

This instrument has no financial effects on the Scottish Executive, the NHS, local government or on business.

Scottish Executive Directorate of Health Improvement
6 June 2007