

HEALTH AND WELLBEING BOARD – 23RD MAY 2024
REPORT OF THE DIRECTOR OF PUBLIC HEALTH
LEICESTERSHIRE HEALTH PROTECTION REPORT ANNUAL
REPORT 2023

Purpose of Report

1. The purpose of this report is to provide the Health and Wellbeing Board (HWB) with a summary of the assurance functions of the Leicester, Leicestershire, and Rutland (LLR) Health Protection Assurance Board. It also updates the HWB on health protection performance, key incidents and risks and other significant matters.

Recommendations

2. It is recommended that:
 - a. The Health Protection Annual Report 2023 be noted.
In noting the report, the Health and Wellbeing Board recognise the specific health protection issues that have arisen locally, the steps taken to deal with them, and the areas of focus for the coming year.

Link to the local Health and Care System

3. Health protection assurance is a statutory duty of the local authority, via the Director of Public Health. It is therefore a key element of the Joint Health and Wellbeing Strategy (JHWS) and of Leicestershire County Council's core business. It is an essential element in local health and social care strategies and initiatives.
4. Links to the County Council's strategic plan:
 - Safe & Well: Ensuring people are safe and well protected from harm, by working with partners.
 - Improved opportunities.

Policy Framework and Previous Decisions

5. The NHS and Social Care Act (2012) resulted in most of the former NHS Public Health responsibilities being transferred to upper tier and unitary local authorities including the statutory responsibilities of the Director of Public Health. Each local authority is now required, via its Director of Public Health to assure itself that relevant organisations have appropriate plans in place to protect the health of the population and that all necessary action is being taken.
6. Integrated Care Boards (ICBs) were legally established on 1 July 2022, replacing clinical commissioning groups (CCGs), taking on the NHS planning functions and absorbing some planning roles from NHS England. The former Public Health England organisation was abolished in 2022 and a new organisation, the United Kingdom Health Security Agency (UKHSA), established.

The key strands of health protection activity are:

- i. Outbreaks and communicable disease (including COVID-19)
 - ii. Screening Programmes
 - iii. Immunisation Programmes
 - iv. Healthcare associated infections
 - v. Preparedness and response to incidents and emergencies
7. The local authority does not commission the majority of services which contribute to protecting the health of the population, but the Director of Public Health should be assured that arrangements are robust and that they are implemented in a way which meets the needs of the population for which they are responsible.
 8. The Leicester, Leicestershire, and Rutland (LLR) Health Protection Board reports into each of the three Health and Wellbeing Boards for Leicester, Leicestershire and Rutland and enables local authorities to discharge their health protection assurance responsibilities.
 9. Dashboards, reports and/or updates are received and reviewed at the quarterly LLR Health Protection Board. They cover the key domains identified above. This data is reviewed by the board and if needed, stakeholders are asked to produce more detailed assurance for the board on an exception basis. The LLR Health Protection Board is linked into a number of other Health Protection groups across the local system.

Key Domains of Health Protection Assurance

Prevention and Control of Infectious Diseases: Organisational Roles/Responsibilities

10. UK Health Security Agency (UKHSA), formerly Public Health England (PHE) is an executive agency made up of both national specialist teams and regional

health protection teams. UKHSA have established programmes to reduce the impact of common infectious diseases through detecting, analysing, responding, delivering and engaging with the wider health system. UKHSA lead on the epidemiological investigation and the specialist health protection response to public health outbreaks/incidents and has responsibility to declare a health protection incident, major or otherwise.

11. NHS England is responsible for ensuring that their contracted providers are mobilised to deliver an appropriate clinical response to outbreaks/incidents. This responsibility devolves down to local Integrated Care Boards (ICB) to use contractual arrangements with provider organisations to make relevant resources available (including screening/diagnostic and treatment services).
12. The local authority, through the Director of Public Health, has overall responsibility for the strategic oversight of an incident/outbreak and to gain assurance that the local health protection system is robust enough to respond appropriately.

COVID-19

13. The first confirmed case of COVID-19 in Leicestershire was recorded in March 2020. The director of Public Health for Leicestershire, produced a Local COVID-19 Outbreak Control and Prevention Plan to build on existing health protection plans and response mechanisms put into place to contain any outbreaks. The plan prioritised preventing the spread of COVID-19 and associated disease, early identification and proactive management of local outbreaks, coordination of capabilities across agencies and stakeholders and assuring the public that this was effectively delivered.
14. A summary of COVID-19 cases recorded during the period of increased surveillance from February 2020 until October 2022 is attached in Appendix 1. COVID-19 vaccination remains a vital tool in reducing the risk of ill health as a result of COVID-19 infection, particularly in those at higher risk of worse outcomes from infection owing to age, existing illness, or other vulnerability. A spring booster programme was announced for 2024 and has been underway since April for a smaller cohort than the winter booster programme.

Measles

15. England saw a resurgence of measles in 2023, with 368 cases confirmed across the Country, 44% of which (160 cases) were in the neighbouring West Midlands, and 8 cases recorded in the East Midlands. The majority of cases were identified from October 2023.
16. Having identified a downward trend in MMR (measles, mumps and rubella) vaccination uptake in June 2023, a local measles elimination group was

established in LLR as a proactive measure. NHS England released their vaccination strategy in December 2023 highlighting similar concerns of a decline in MMR uptake. Whilst, to date, measles cases in the County remain low, proactive and preventative measures continue to be implemented.

Diphtheria

17. In 2022, an outbreak of diphtheria nationally was reported among migrants arriving in small boats to England. 13 confirmed cases of diphtheria were identified in arrivals to Kent in 2023 with no onward transmission to the wider population linked to this group. UKHSA revised national diphtheria guidelines to update advice on the management of suspected cases. Population based control measures have been in place since mid-November 2022, with mass antibiotic prophylaxis and vaccination recommended within 10 days of arrival for those who have transited through an initial reception centre.
- An LLR Integrated Care System (ICS led) control centre was established in November 2022 involving a multi-agency group. Vaccination was delivered locally via a mobile vaccination unit. Local communications were developed and shared with primary care.

MPOX

18. Cases of MPOX were detected in the UK in May 2022. The outbreak has mainly been in gay, bisexual, and other men who have sex with men without documented history of travel to endemic countries. In Leicestershire, whilst no outbreaks were identified, the NHS arranged for local swabbing and vaccination in at-risk groups, increasing capacity around key events such as 'Leicestershire Pride'. The vaccine offers 78% protection against the virus from one dose (14 days after receiving the vaccination).

Immunisation and Screening:

Organisational Roles/Responsibilities

19. For Section 7A NHS public health functions (Screening (cancer and non-cancer), Immunisations including COVID-19 and Influenza (flu), and Child Health Information Systems) commissioning responsibility currently remains with NHS England. Over the course of 2022/23, national and regional NHS England teams supported progress towards joint working. Formal joint working across ICBs and regional teams continues whilst assessment of readiness and final approval for delegation by ministers is awaited. Delegation is expected to be completed by April 2025.
20. UKHSA is responsible for setting immunisation policy through expert groups (the National Screening Committee and Joint Committee on Vaccination and

Immunisation). UKHSA will continue to support the NHS through provision of authoritative clinical guidance and coordinated procurement and supply of vaccines.

21. Local authorities, through the Director of Public Health, require assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local population. This includes providing public health information and advice to relevant bodies within the local area, and collaborative activity to maximise vaccination uptake and coverage. Directors of Public Health and teams provide independent scrutiny of the arrangements of NHS England, UKHSA and providers of immunisation services.

Immunisation

The complete routine immunisation schedule is published annually by the UK Health Security Agency, with details given in the Appendix 2.

22. Coverage of childhood immunisations continues to be relatively high in Leicestershire, exceeding performance for all childhood immunisations compared to the England average. Good coverage helps ensure that the local population is protected and does not become susceptible to outbreaks of vaccine preventable diseases.
23. Data has shown a national decrease in children receiving routine childhood immunisations since 2019. Leicestershire has followed this national trend of reduced coverage, nonetheless, it still remains above the national average.

Human Papillomavirus (HPV)

24. From 01/09/2023, the HPV vaccine programme changed from a 2 dose to a single dose vaccine schedule for eligible adolescents and men who have sex with men (MSM) aged under 25 years, as advised by JCVI. Uptake rates in Leicestershire are given in the Appendix 2.

Seasonal Flu

25. Population flu vaccination coverage was updated for the 2022-23 season. Uptake has improved since the COVID-19 pandemic. In 2019, vaccination coverage in the population aged 65 and over was 74.1%. This has now increased to 81.2% for the 2022-23 season, compared to the England average of 79.9%, and greater than The World Health Organization (WHO) recommendation of 75% coverage.

26. The flu vaccination programme continues to be a priority during the 2023/24 programme, with a return to pre-pandemic cohorts eligible for a free NHS vaccination. Multi-agency arrangements were established across Leicestershire to manage the delivery of the seasonal vaccination programmes including both COVID-19 and influenza. Flu vaccine uptake rates for 2023 are given in the Appendix 3.

Key Issues for 2024 (Immunisation): [OBJ]

- Increase uptake of MMR vaccine in line with national strategy.
- Maintaining uptake of influenza vaccine, particularly in at-risk groups including care home residents.
- Increase uptake of HPV amongst boys & girls, to reverse the downward trend in coverage.
- A new LLR immunisation board to be set up from April 2024.
- Delegation of commissioning responsibilities from NHS England to the ICB by April 2025.

Screening

27. The strategic framework of the Major Conditions Strategy focuses on primary prevention, secondary prevention, early diagnosis, prompt and urgent care, and long-term treatment and care. Screening plays a vital role in each of these. The purpose of screening is to detect conditions in the healthy population who have an increased likelihood of developing disease.

The framework can be found here:

<https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/major-conditions-strategy-case-for-change-and-our-strategic-framework--2>

28. The Health Protection Team monitor and support service providers for the following screening programmes: bowel cancer, cervical and breast. Data is shared in the Appendix 4. Overall, cervical and breast screening programmes nationally have experienced a downward trend. Locally, Leicestershire has seen a downward trend in these screening areas, however a similar or better than England average performance continues. Bowel cancer screening coverage and uptake rates have increased both locally and nationally.

Key Issues for 2024 (Screening):

- Changes to the bowel cancer screening eligibility.
- Continue to strengthen multi-agency regional and local plans to target areas of poor uptake and coverage for each of the screening programmes.
- Work with the ICB and PCNs to improve areas of performance to meet national targets.

Sexual Health

Table 1 in Appendix 5 summarises diagnostic and detection rates for the main sexually transmitted infections in Leicestershire.

29. Leicestershire Public Health commission the integrated sexual health services (ISHS) which detect, prevent, and treat sexually transmitted infections (STIs) in the local population. The service has comprehensive arrangements for testing for Sexually Transmitted Infections and a variety of testing options for HIV.
30. The ISHS contract covering Leicestershire covers the period 1 January 2019 to 31 March 2024. From April 2024 the ISHS service provision is being commissioned as an independent service. Leicestershire maintains the current agreement for one year to 31 March 2025 with the longer-term service provision to be procured in 2024.
31. The emphasis remains on self-managed care whilst preserving the quality of testing, results notification, and partner notification. The main site of delivery for Leicestershire services will be delivered from the Loughborough Hub, supported by the outlying spoke clinics across county locations.
32. There is also a separate online service that commenced on 1 April 2024. This online service also offers a range of testing options for STIs and treatment for chlamydia. Online service access has increased since the COVID-19 pandemic and this service will enable those in our most rural areas to access services.

Chlamydia Screening

33. While Leicestershire's screening rate is worse than the East Midlands average, it has improved compared with the previous year (20.2% in 2021 and 20.9% in 2022) and has gone from being significantly worse than England to being similar to England so we are on an upward trend albeit there is some scope to increase screening rates further.

Chlamydia Detection

- 34.A Benchmarking against goal: <2,400 2,400 to 3,250 ≥3,250 national

benchmarking criterion for chlamydia detection exists:

Only 13 out of 152 local authorities in the country meet the benchmarking target of 3250 per 100,000 females aged 15-24, and this is not considered a reliable method for monitoring Leicestershire's performance. A more reliable method of comparison

is to compare with performance over the previous year. Leicestershire's chlamydia detection rate has increased from 583 cases in 2021 (1,484 per 100,000 population) to 760 cases in 2022 (1,934 per 100,000). Whilst this reflects an upward trend in chlamydia detection, it is recognised that if screening rates increase, detection rates may also increase.

Key Issues for 2024 (Sexual Health):

- Monitor the STI testing rate (excluding chlamydia aged under 25) per 100,000 (all ages).
- Monitor gonorrhoea diagnostic rates due to recent increasing rates (115.4% increase in Leicestershire). Whilst an increase in rates can be positive if resulting from increased testing activity, this needs to be monitored locally to better understand the causes. The increase in rates in the latest year mirrors national trends and exceeds pre-pandemic rates and rates since 2012. Leicestershire still performs significantly better than England on the gonorrhoea diagnostic rate per 100,000 and there is no statistically significant change in trend over the last five years.
- Improve the HIV testing coverage in Leicestershire in particular, including an emphasis on testing and repeat testing for gay, bisexual, and other men who have sex with men.
- It is recommended that work takes place to encourage early diagnosis of HIV for heterosexual men in Leicestershire in particular. It is also recommended that trends in individual districts be monitored so that action can be taken to address any ongoing variation in late diagnosis rates.

Tuberculosis (TB)

35. In 2022, 32 cases of TB were notified in residents of Leicestershire, a rate of 4.5 per 100,000 population. This was significantly lower than the rate for the East Midlands (7.9 per 100,000), and also significantly lower than the rate for England (7.7 per 100,000).

36. The 2022 TB rate for Leicestershire represents an increase of 1 per 100,000 compared to 2021, when the rate was 3.5 per 100,000.

37. The proportion of 2022 Leicestershire cases for which the patient was born outside of the UK is given in the Appendix 6. In Leicestershire, over a quarter of non-UK born cases were diagnosed within two years of UK entry.

Source: [UKHSA Leicestershire 2022 annual report](#) [accessed 05/10/2023]

Key issues for 2024 (TB):

- Improve BCG and TB screening and vaccination eligibility criteria awareness particularly for those with parents and/ or grandparents from a non-UK country of origin with a high incidence prevalence.
- Engaging with non-UK born arrivals at an early stage to encourage engagement on TB screening initiatives and uptake of BCG vaccination and screening in line with national recommendations. LLR TB Community Engagement will focus on this.
- Support the development of a bespoke plan for Leicestershire's population, with a health inclusion approach as part of the wider LLR strategy.

Health Care Associated Infections

38. Many healthcare associated infections (HCAI) are preventable. When they do occur, they can have a significant impact on patients and on the wider NHS and care systems. LLR ICS is breaching all alert organism trajectories with *Clostridioides difficile* (C. diff) at a significantly high number. This has been escalated with providers, and mitigating actions are detailed below along with ongoing routine monitoring, reporting and interventional processes. With the establishment of the ICB, annual trajectories now include community and indeterminate associated cases.

Organisational Roles/Responsibilities

39. The NHS Outcomes Framework is a set of indicators developed by the Department of Health and Social Care to provide a framework in which to measure and monitor how well the NHS is performing. NHS England hold local ICBs to account for performance against indicators under this domain.
40. UKHSA, through its consultants in communicable disease control, will lead the epidemiological investigation and the specialist health protection response to HCAI outbreaks and has responsibility to declare a health protection incident.
41. The local authority, through the Director of Public Health has overall responsibility for the strategic oversight of a HCAI impacting on their population's health. See Appendix 7 for information regarding Healthcare Associated Infections Incidence in LLR for January- December 2023.
42. LLR Trusts continue to investigate HCAI alert organism cases, conducting Post Infection Reviews and Root Cause Analyses (RCAs) when required, cascading learning outcomes to relevant teams. Public Health Infection Prevention and Control (IPC) colleagues conduct reviews of C. diff cases within care homes,

where necessary. If learning outcomes involve General Practice, the ICB IPC team support communication and escalate actions where necessary.

43. The ICB IPC team continue to provide operational support for General Practice, including assistance with community bacteraemia RCAs where necessary. Alert Organism guidance is advised and relevant shared learning from community RCAs discussed at ICB IPC Question and Answer sessions and forums for GP IPC Leads and Link Practitioners.
44. System IPC Leads continue to monitor respective bacteraemia cases and convene review meetings to discuss LLR bacteraemias, including source origins, possible interventions, and mitigations for improvement. This has included focus on antimicrobial prescribing practice (including avoidance of broad-spectrum antibiotic use except where necessary), operational groups to review monthly C. diff data and develop reduction action plans.

Meticillin-resistant Staphylococcus aureus (MRSA)

45. NHS Improvement has continued to set healthcare providers the challenge of demonstrating a 'zero' tolerance of MRSA blood stream infections (BSI), however, in March 2018 NHS Improvement announced a change in how MRSA BSI cases were to be reviewed. From April 2018 University Hospitals of Leicester (UHL) and LLR ICB were exempt from completing a formal post infection review as this was now only for organisations with the highest rates of infection.

C.Diff Infection

46. NHS providers are required to input information to the UKHSA data capture system relating to information prior to admission to hospital. This information is intended to allow the categorisation of non-hospital onset cases based upon the timing of prior admissions to the reporting Trust. Locally, the ICBs continue to hold providers to account where, following a review of individual cases, a lapse in care was identified that may have contributed to the person acquiring a C. diff infection. During 2023-2024 both UHL and the ICB breached their nationally set trajectories.
47. The ICB IPC team have facilitated C. diff education sessions with the UHL C. diff Nurse Specialist at both Primary Care Webinars and IPC Lead/Link Practitioner Forums. There are plans for collaborative working with the ICB IPC team and other stakeholders on community C. diff strategies.

Escherichia Coli (E. coli) Bacteraemia

48. E.coli bacteraemia rates, chiefly community acquired, were static or increasing during the year and are a focus for ongoing IPC work. Efforts continue to engage

the whole local health and social care economy to assess the overall approach to reducing E.coli blood stream infections.

Key Issues for 2024 HCAI:

- For the year 2023/2024, the LLR ICS has a combined national trajectory of 204 C. diff cases (incorporating all 3 ICB Sub Sectors). This trajectory includes all healthcare, community, and indeterminate associated cases. Currently LLR ICS has an actual total of 266 C. diff cases (April 2023 to January 2024).
- The ICB IPC team and local authority public health IPC teams are in the process of sharing education resources, to expand IPC learning access for both General Practice and care home staff (including sessions on C. diff and Carbapenem Resistant Organisms).
- A new ICS IPC Community of Practice has been convened with relevant stakeholders and is in the process of identifying current system issues and developing/ co-ordinating relevant strategies.

Emergency Planning and Response (including severe weather and environmental hazards)

Organisational Roles/Responsibilities:

49. Emergency planning has been a local authority function since before the Health and Social Care Act (2012), however with Public Health in the Authority there are additional opportunities to consider around the health protection aspects of this function.
50. The local authority continues to engage with the Local Resilience Forum in undertaking their annual exercise programme, responding to incidents, and undertaking learning as required.
51. The Local Health Resilience Partnership (LHRP) is co-chaired by LLR ICB and local authority Public Health. The LHRP provides a strategic forum for local healthcare organisations to facilitate preparedness and planning for health emergencies at a suitable system and Local Resilience Forum level. The LHRP also supports NHS England, Local Government, and UKHSA to ensure member organisations develop and maintain effective health planning arrangements for major emergencies and major incidents.

Key Issues for 2024 (Emergency Planning):

- Ensure partners are clear on the response structure to major incidents, the causes of delays in action and on the coordination of groups.

- Ensure that there is an on-going approach to learning from experience and that issues identified from real events are acted upon.
- Continue to review contingency plans as appropriate according to national and local guidance and ensure further testing response arrangements.
- Changes in average temperatures as well as an increased likelihood of extreme weather events, including prolonged hot periods, as well as heavier downpours.

Air Quality

52. Poor air quality is the largest environmental risk to the public's health, leading to significant levels of morbidity and premature mortality. Research in 2023 estimated that 48,625¹ adults die prematurely each year in the UK due to particulate matter pollution. The health risk is disproportionate in certain groups within the population, such as children and young people and older adults, and those that are pregnant or have long term health conditions.

¹ <https://www.ucl.ac.uk/news/2023/oct/uk-air-pollution-regulations-will-reduce-deaths-do-little-protect-ecosystems#:~:text=Air%20pollution%20is%20harmful%20to,due%20to%20particulate%20matter%20pollution.>

53. The current Air Quality Joint Strategic Needs Assessment (2018-21) concluded that as air quality cannot be controlled by geographical boundaries or individual efforts, collective, systematic efforts were required to reduce air pollution and its harmful effects on health. The JSNA recommendations focussed on four key areas; aligning and collaborating on local air quality initiatives, prioritising structural efforts to reduce emissions of air pollutants, universal and focused efforts to reduce exposure to poor quality for all (and specifically those most at need) and strengthening cross organisational working.

54. These recommendations informed an action plan delivered by a cross-organisation Leicestershire 'Air Quality Partnership', chaired by Public Health since 2019. This Partnership and action plan has focused on better data and intelligence, active travel promotion in identified hot spots, and communications to educate the wider public on both the acute and longer-term effects of poor air quality so that they can better protect themselves and their families. Pilot work in South Wigston has been established via members of the group to trial targeted interventions and learning with monitoring for pollution outside of a school. This work was driven by key data around children's ED attendances due to viral wheeze and asthma, overlaying with air quality data.

55. Relationships have also been developed with the LLR Air Quality Forum. A representative from public health is in attendance to provide the link with the work of the Air Quality Partnership..

56. The LLR Respiratory Working Group, chaired by the ICB plays a key role in linking air quality monitoring data, health data, clinical colleagues and processes together (alongside housing).

Key Issues for 2024 (Air Quality):

- To be determined by both the renewed Health Needs Assessment (HNA) and Partnership action plan, but early work indicates that it will likely focus on health inequality, active travel and growth. A renewed HNA and therefore action plan will be finalised in 2024, taking into account changes in road and industry behaviours post-pandemic and new evidence from documents such as the Chief Medical Officers Report on air quality (2022) and a local report from Earthsense on air quality in the county. The Partnership is now jointly chaired by Public Health and Environment and Transport.
- Health and Wellbeing is also a core aspect of the Leicestershire Local Transport Plan 4 Strategy and members of the Public Health department are supporting the development of this, chairing a Health and Carbon workstream. The Local Highway Design Guide will also have a health impact assessment completed with its final report.

Conclusions

57. Overall, the Director of Public Health is assured that the correct processes and systems are in place to protect the health of the population.

- Areas that require continued focus include: Ensuring local health and care systems have the capacity to respond to major incidents including emergency planning and response (e.g. severe weather).
- Maintaining and improving progress on key health protection indicators particularly relating to:
 - Communicable disease.
 - Environmental hazards especially air quality.
 - Screening.
 - Immunisation.
 - Hospital Acquired Infections.

Background Papers

Annual report of the Director of Public Health, Leicestershire County Council

[Leicestershire Director of Public Health Annual Report 2023 \(leics.gov.uk\)](https://leics.gov.uk)

Public Health Directory of Services for Leicestershire

[Public Health Directory of Services for Leicestershire](https://leics.gov.uk)

List of Appendices

Appendix 1 – COVID-19 Surveillance Report

Appendix 2- Childhood immunisations uptake

Appendix 3- Seasonal flu vaccine uptake

Appendix 4- Screening uptake

Appendix 5- Leicestershire Sexual Health Indicators

Appendix 6- TB

Appendix 7- Healthcare Associated Infections Incidence

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Consultation

58. There is no requirement for consultation in relation to this report.

Relevant Impact Assessments

59. The JSNAs give due regard to the equality and human rights of different population groups, with particular focus within the JSNAs. Sources of inequalities and recommendations are designed to alleviate issues created through identified inequalities.

Equality and Human Rights Implications

60. There are no equality implications arising from this report. The report would seek to have a positive impact overall and would not have an adverse effect on any section of the community.

61. Certain socially excluded groups are at greater risk of environmental hazards e.g., poor air quality in areas of socio-economic deprivation. Some groups are at increased risk of particular infectious diseases e.g., TB in some migrants and asylum seekers. Certain groups and individuals are also less likely to avail of the protection afforded by immunisation and screening e.g., in areas of socio-economic deprivation.

62. There are no human rights implications arising from this report.

Environmental Implications

63. Air quality is an important element within the Leicestershire Environment Strategy [Environment Strategy 2018-2030: delivering a better future \(leicestershire.gov.uk\)](https://www.leicestershire.gov.uk/environment-strategy-2018-2030-delivering-a-better-future)

Community Safety Implications

64. This report has no community safety implications.

Partnership Working and Associated Issues

65. Partnership working across health, local authorities, police, fire, districts etc is essential to ensure robust health protection and emergency planning arrangements are in place.

Financial Implications

66. Most Health Protection actions and interventions are the financial responsibility of partners outside of Leicestershire County Council. This report has no implications for finance.

Data Protection Implications

67. A Data Protection Impact Assessments (DPIA) has not been completed as data presented is not patient identifiable.

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