

Leeds Community Healthcare NHS Trust – Community Infection Prevention and Control Cooperation Agreement variation

Date: 04th August 2022

Report of: Advanced Health Improvement Specialist, on behalf of Chief Officer (Health Protection and Sexual Health)

Report to: Director of Public Health

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

In 2018 Leeds City Council and Leeds Community Healthcare NHS Trust (LCH) entered a cooperation agreement to provide specialist infection control services across LCH and the wider community of Leeds. This includes proactive infection control services such as training and reactive management of outbreaks including new and emerging infections.

Approval is being sought to implement a permanent variation to the existing co-operation agreement held with LCH to include an additional £416,000 per annum for the Leeds Community Healthcare NHS Trust - Community Infection Prevention and Control (IPC) service. This is to maintain the current position, capacity and capability achieved through Covid-19 outbreak management funding which has now ceased.

Recommendations

The Director of Public Health is recommended to:

- a) Accept the requirement to maintain resilient infection prevention services in Leeds, building on the learning from the Covid-19 pandemic.

- b) Approve the contract variation to the co-operation agreement for Community Infection Prevention and Control held with Leeds Community and Healthcare NHS Trust (LCH) (DN384500), in response to a sustained requirement to provide infection prevention services. This is at a cost of an additional £416,000 per annum from 1st April 2023 until the agreement expires or terminates.

What is this report about?

- 1 This report is about the LCH and Leeds City Council Cooperation Agreement and the variation to the co-operation agreement DN384500 that provides the Community Infection Prevention Service to include an additional £416,000 per annum. This is an essential critical service post COVID-19 to enable the Council to continue to manage COVID along with an anticipated difficult winter; this service has been in place since the start of the COVID-19 pandemic (July 2020) and was previously funded by the Contain Outbreak Management Fund (COMF), this funding has now been withdrawn and it is expected that the Public Health ring-fenced grant is used for Public Health functions including Public Health challenges arising directly or indirectly from COVID-19.
- 2 In 2018 Leeds City Council and LCH entered a cooperation agreement to provide specialist infection control services across LCH and the wider community of Leeds. This includes proactive infection control services such as training and reactive management of outbreaks including new and emerging infections.
- 3 Approval is being sought to implement a permanent variation to the existing co-operation agreement held with Leeds Community Healthcare NHS Trust - Community Infection Prevention and Control (IPC) service. This is to maintain the current position, capacity and capability achieved through Covid-19 outbreak management funding which has now ceased.
- 4 As a result of the learning from the pandemic, the ongoing impact of Covid-19, the challenges of monkeypox, seasonal influenza and other infections, the priority must remain to protect the most vulnerable and ensure health inequalities are addressed.
- 5 The value of the existing co-operation agreement is £529,200 per annum, the additional recurrent variation from April 2023 will be £416,000 per annum. Total budget/agreement from April 2023 will be £945,200 per annum which will be funded from the Public Health ring-fenced grant.

What impact will this proposal have?

- 6 As the response to the pandemic changes to living safely with Covid-19, it is important that the IPC service can continue to be vigilant, ensuring robust surveillance and outbreak management processes are in place, and work closely with local and national health partners. It is also critical that the IPC service helps to develop confidence in local communities to return to working and socialising differently and safely.
- 7 Whilst we learn to live with Covid-19 it is important to remember that the pandemic is not over. During the Living with Covid transition the health protection system will continue to be vigilant for new variants and surges as vaccine effectiveness wanes and be in a position to respond. In the medium to longer term epidemiologists predict that the virus will eventually become endemic, i.e., the virus will remain circulating in the population but will become more stable and predictable, much like seasonal influenza.
- 8 The existing IPC service has the specialist skills, knowledge and expertise to deliver on the above providing first line operational response to emerging variants of concern and surge capacity. Additional resource is required to:

- Increase capacity and capability of existing LCH Infection Prevention Service to ensure there is sufficient capacity to implement contact tracing alongside partners in the system and provide expert resource and safely manage outbreaks in the Leeds community.
- Local outbreak management of Covid-19, influenza and other infections in complex settings (for example, care homes/ schools / hostels) in line with system partners.
- Collaboratively provide direct infection prevention and wider support to complex groups and households. · Preventative proactive training, advice & guidance (e.g., care homes, schools/ workplaces, hostels) regarding infection control. · Local engagement & intelligence gathering (e.g., Voluntary Community Sector/ LA front-line e.g., home carers).
- Participate and play a lead role in system wide discussion around roles and responsibilities in relation to Covid-19 and other outbreaks of infection of concern such as influenza.
- Increased provision of Infection Prevention and Control (IPC) training (increased frequency and additional training requirements including PPE, COVID specific topics, new updated evidence) to care homes using innovative ways of ensuring delivery.
- Monitor and report monthly on numbers training and evaluations in addition to the core contract.
- Increased provision of IPC training to homecare and other community settings such as luncheon clubs using innovative ways of ensuring delivery.
- Continue the development and deliver an IPC package for schools and early year's settings and engaging with existing work across the city.
- Provide IPC expertise to the management of covid-19 outbreaks, influenza outbreaks and other infections of concern which are likely to be higher post pandemic.
- Monitor the number of outbreaks providing daily contact to schools, early years and care settings and a daily update across the system.
- Support with Covid-19 vaccine delivery programme and in line with the core contract promote and deliver influenza vaccination.
- Manage and respond to IPC enquiries relating to Covid-19.
- Promote best practice based on evidence across the Leeds Health and social care system.
- Provide a 7-day service, Monday – Friday 8am-5pm, Saturday, Sunday 9-5pm.
- Ensure the ability to set up IPC services to manage a surge in Covid-19 cases.
- Ensure the core contract priorities such as health care associated infection targets and AMR activity are re launched.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

9 In line with LCC policy, the proposal aims to ensure a robust and resilient IPC offer for the city, which is crucial for responding to infectious diseases (including new and emerging outbreaks), outbreak management and vaccine delivery across the population and in high-risk community settings.

What consultation and engagement has taken place?

Wards affected: All

Have ward members been consulted?

Yes

No

- 10 Public Health Programme Board agreement was sought on 28th July 2022. Councillor Arif, Cabinet Member for Public Health & Active Lifestyles, will be briefed on 18th August 2022.
- 11 This is a Key Decision which is subject to call-in as the maximum cost of the services within the scope of this decision is greater than £500k due to the variation value of £416,000 being a recurrent variation. This was published on the list of Key Decisions on 15th July 2022.
- 12 An Equality, Diversity, Cohesion, and Integration Screening has been completed in relation to this decision.

What are the resource implications?

- 13 The value of the existing co-operation agreement is £529,200 per annum, the additional recurrent variation from April 2023 will be £416,000 per annum.
- 14 The total budget/agreement from April 2023 will be £945,200 per annum which will be funded from the Public Health ring-fenced grant.

What are the key risks and how are they being managed?

- 15 As the response to the pandemic changes to living safely with Covid-19, it is important that the IPC service can continue to be vigilant, ensuring robust surveillance and outbreak management processes are in place, this includes proactive infection control services such as training and reactive management of outbreaks including new and emerging infections, working closely with local and national health partners. The provider can respond to the additional requirements as previously funded through COMF funding.
- 16 It is also critical that the IPC service helps to develop confidence in local communities to return to working and socialising differently and safely. It is understandable that many people, particularly those with existing health conditions, may feel vulnerable and find the changes a difficult adjustment. As a city, we want to ensure people are supported with this transition and that we respond with compassion and kindness; our Team Leeds ethos has championed this throughout the Covid-19 pandemic.
- 17 Whilst we learn to live with Covid-19 it is important to remember that the pandemic is not over, during the Living with Covid transition the health protection system will continue to be vigilant for new variants and surges as vaccine effectiveness wanes and be in a position to respond. In the medium to longer term epidemiologists predict that the virus will eventually become endemic, i.e., the virus will remain circulating in the population but will become more stable and predictable, much like seasonal influenza. The existing IPC service has the specialist skills, knowledge and expertise to deliver on the above providing first line operational response to emerging variants of concern and surge capacity.

What are the legal implications?

- 18 This is a Key Decision which is subject to call-in as the total cost of the variation within the scope of this decision is greater than £500k. This was published on the list of Key Decisions on 15th July 2022.

19 This report does not contain any exempt or confidential information under the Access to Information Rules.

20 The decision to vary this cooperation agreement falls within Clause 1.5.2 of the Council's Contracts Procedure Rules as it is an agreement with another public body co-operating to perform a public function and falls outside of the Public Contract Regulations 2015 pursuant to Regulation 12(7). Therefore, it is not a procurement for the purpose of the Contracts Procedure Rules or Public Contract Regulations 2015. The risk of challenge is minimal given that this relates to a Regulation 12(7) co-operation arrangement between public bodies and is exempt from the full procurement rules under the Public Contracts Regulations 2015 and Contracts Procedure Rules.

21 In making their final decision, the Director of Public Health should be satisfied that the course of action chosen represents best value and ensures the local authority meets its statutory obligations.

Options, timescales and measuring success

What other options were considered?

22 This decision represents the best value for money option as the skills and local knowledge already existing in the IPC team. This has been benchmarked with other LA capacity and within the constraints of IPC capacity. The IPC service has continued to perform well against outcomes in the Cooperation Agreement and operated under significant pressure during the pandemic, through the requirement to scale up to meet the unprecedented demand (funded through non-recurrent Covid-19 outbreak management funding).

How will success be measured?

23 Success will continue to be measured through quarterly monitoring and review meetings between LCH and Leeds City Council, against the Cooperation Agreement outcomes as set out below:

- To deliver a safe, integrated, and effective system of IPC in place within the wider community across Leeds.
- To ensure LCH is meeting its statutory obligations regarding infection prevention and control as detailed in the Health and Social Care Act 2008.
- To establish and maintain an effective partnership ensuring a robust, flexible, and responsive IPC across LCH and the wider community of Leeds.
- To deliver a timely and effective response to outbreaks or incidents of infectious disease as directed by the outbreak control team.
- To support a year-on-year reduction in Health Care Associated Infections (HCAI) both within LCH provided services and the wider community healthcare economy, in line with locally/nationally agreed performance targets.
- To deliver a continued improvement in IPC standards both within the wider community healthcare economy and LCH managed activities.
- To enable both parties to work with partners across the whole health and social care economy to reduce and manage incidents and

- outbreaks of infection with the intention of reducing the adverse impacts of HCAI and communicable disease both to the individual and to the wider community.
- To work flexibly and ensure the ability to respond to emerging infections and health care associated infections in line with national policy and guidelines.
- To deliver a 7 day a week community infection prevention service.

24 Evidence-based best practice will continue to be shared locally, regionally, and nationally.

What is the timetable and who will be responsible for implementation?

25 The contract variation will be in place from 1st April 2023.

Appendices

- Equality Assessment.

Background papers

- None.