

Approval to vary the existing contract with Leeds Community Healthcare NHS Trust to implement additional funding for the Integrated Sexual Health Service in order to respond to the monkeypox outbreak.

Date: 22 November 2022

Report of: Head of Public Health – Health Protection/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

- This report outlines a proposal for one off non recurrent funding which contributes to the Best City Ambition to tackle inequality and improve quality of life for everyone who calls Leeds home by investing in the public health commissioned Integrated Sexual Health Service (ISHS) and contracted to Leeds Community Healthcare NHS Trust (LCHT).
- We will achieve our mission by focusing on improving outcomes focusing on improving access to sexual health service provision in Leeds, to contribute to people living healthy lives for longer, and are supported to thrive from early years to later life.
- Improving access to sexual health services by investing to ensure better and more equal access to essential services in health and learning, developed with and accessible for every community across Leeds.
- Protecting the health of those most at risk.
- Preventing future ill health.

Recommendations

The Director is requested to:

- a) Approve the proposed one-off non recurrent funding of £129,734 to be invested in the ISHS to respond to the unprecedented monkeypox outbreak whilst managing increased demand on sexual health services.

- b) This funding will be spent by the 31st March 2023, any unused funding that cannot be used for this purpose will be returned to the Public Health Team at the Council.
- c) Approve the variation of the current contract (DN206607) with LCHT in accordance with Contract Procedure Rule (CPR) 21.6 and 21.7 for the implementation of this one-off funding.

What is this report about?

- 1 Sexual health services have been at the frontline of the country's Monkeypox response for testing and vaccination, but without any additional funding or resources. Although the service is equipped to manage outbreaks, the scale of the Monkeypox outbreak had been unprecedented. The impact on an already over-stretched service means some clinics have been unable to offer a full range of appointments and services. The impact, in-particular has been borne by large urban clinics with high numbers of Gay, Bisexual and Men who have Sex with Men (GBMSM). This funding will enable the clinic to manage Monkeypox whilst delivering business as usual.

Monkeypox is a rare disease caused by infection with the monkeypox virus. Monkeypox virus is part of the same family of viruses that causes smallpox. The outbreak has mainly been in GBMSM without documented history of travel to endemic countries.

What impact will this proposal have?

- 2 Enable the ISHS to provide an open access service as mandated by the Government, this has been limited due to the requirement of staff to screen, test and vaccinate to control the Monkeypox epidemic.
- 3 An opportunity has arisen to trial patient access software. This will enable ISHS to trial the virtual queuing system, enabling them to develop a virtual waiting list and communicate with patients. Previously, patient waits reached up to 3 hours for sexual health services, creating an overcrowded waiting room. This results in additional stress for patients who were already in a stressful environment. Qudini's Virtual Queue Management system lets patients entering the clinic add themselves to a virtual queue by the reception staff. An accurate wait time estimate is given, as well as capturing patient details to provide further queue position updates via their mobile phone. Patients are now able to leave the waiting room environment to use their wait time productively. All patients at Burrell Street are now managed through Qudini by the clinic staff, with further SMS messages and digital signage platforms updating customers as it nears their turn.
- 4 Sexual health services are at the frontline of the country's monkeypox response for testing and vaccination but without any additional funding or resources. The impact on an already over-stretched service means some clinics have been unable to offer a full range of appointments and services. The impact, in-particular on urban clinics with high numbers of GBMSM has been significant. The clinic has reported:
 - Reduction in available appointments
 - Reduction in available appointments leading to a reduction in certain cohorts of patients/hard to reach/Most at risk populations young people.
 - Reduction in clinical space (clinic room(s) needed as an isolation room for suspected cases and vaccinations).
 - Staff working additional hours.
 - Impact on staffs' health & wellbeing on an already exhausted workforce.
 - Extra workload for the management team e.g. attendance at meetings/completing daily SitRep/vaccination return & ordering.

- Extra admin resource e.g. reception team having to ask additional screening questions for Infection Prevention Control
- Extra workload for clinical team e.g. swabbing, testing, vaccinations, delivering samples.
- Financial implications.

The above initiatives will enable the clinic to re-focus back on business as usual, ensuring those most at risk populations are re-engaged and staff welfare on an overstretched service is priority.

- 5 Swingers venues to date have not welcomed any input from sexual health outreach services, however users of these venues are known to the service and present with Sexually Transmitted Infections (STI). The main hook-up website accessed is Fabswingers.com. For speed of access and assessment, whilst relationship building with the venue(s), a digital advert onto Fabswingers.com will raise sexual health awareness and ideally offer (e.g. by QR code) access to a relevant self-testing pack (3-site Chlamydia/Gonorrhoea screening, plus blood testing for syphilis).

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

☒ Health and Wellbeing

☐ Inclusive Growth

☐ Zero Carbon

- 6 This links into HWB strategy outcomes 'People's quality of life will be improved by access to quality services' alongside a strong focus on prevention.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

☐ Yes

☒ No

- 7 Consultation has taken place with the ISHS, alongside infection prevention control and the vaccination team.

What are the resource implications?

- 8 The spend is required to mitigate the impact of Monkeypox on clinic provision by increasing service provision, vaccinating prophylactically and managing service demand. In addition, spend on sex on premises venues and will contribute to the prevention of future outbreaks thereby a cost-effective prevention approach which will avoid further increased costs in the future.

The funding of £129,734 non re-occurring is to be utilised by 31 March 2023 for the following areas:

- £3,000 for trialling a demo of a patient appointment booking software/virtual queuing system for the ISHS.
- £50,475 to invest in the covid delivery team to deliver the MPX vaccine.
- £66,259 to increase capacity in Leeds Sexual Health Services to backfill capacity diverted to MPX and progress the service development work.
- £10,000 to run a campaign offering online STI testing for swingers.

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

- 9 The skill set required for recruitment to the sexual health posts outlined is in short supply and any recruitment may take from the existing pool of staff. If recruitment is not successful, current

staff will be offered additional hours, CLASS (LCHT agency nurse pool) will also be used for those staff that are vaccination trained (for MPX purposes) and other staff on CLASS known to the service can be used to temporarily backfill posts. The service is currently employing some GPs through CLASS, who are also willing to take on extra sessions. Performance against this variation to contract will be monitored through existing performance management processes. If the service is unable to recruit to deliver on this programme in the required timeframe the funds will be returned to Public Health, Leeds City Council.

What are the legal implications?

- 10 Under the Health and Social Care Act 2012, the Director of Public health has a legal obligation to receive information on all local health protection incidents and outbreaks and take any necessary action. This gives local authorities (public health and environmental health) and the UK Health Security Agency (UKSHA) the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks. Local authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons and advice on, and reasonable access to, a broad range of contraception; and advice on preventing unplanned pregnancy.
- 11 Under Regulation 72(1)(b) of the Public Contracts Regulations 2015, contracts can be modified during their term without a new procurement procedure for any additional works, service or supplies by the original contractor have become necessary and were not included in the initial procurement; where a change of contractor cannot be made for economic or technical reasons; and would cause significant inconvenience or substantial duplication of costs for the Council, provided that any increase in price does not exceed 50% of the value of the original contract.
- 12 As the funding has been allocated on the basis that the activity is to be delivered through the Council's mainstream commissioned service with LCHT and would cause interoperability with the existing service provided by ISHS, any re-procurement of these services would cause significant inconvenience to the Council. Furthermore, the increased funding represents 0.29% of the value of the original contract.
- 13 In varying the current contract with LCHT, there is a potential risk of challenge from other providers who may have bid for the contract when it was originally tendered competitively had this increased funding been included. However, as the outbreak and scale of the Monkeypox virus could not have been foreseen when the original contract was tendered, it is considered that the risk of challenge is low, and it is in both the public interest and Council's interest to proceed with varying the current contract with LCHT and the Director of Public Health should be satisfied that the recommended course of action provides best value for money for the Council.
- 14 The variation of the current contract is a Significant Operational Decision as a minimum and a report is required to meet the Council's obligations of transparency, openness and to show that the matter referred for consideration properly falls within the CPRs and Public Contracts Regulations 2015. The decision pertaining to this report is not subject to call-in.

Options, timescales and measuring success

What other options were considered?

- 15 For the existing covid vaccination team to undertake the Monkeypox vaccines, however this would deplete this team on what is already an essential vaccination programme.

How will success be measured?

- 16 Successful implementation of the Monkeypox vaccination programme whilst managing increased demand in the sexual health service.
- 17 Increase in number of people seen in clinic, this is monitored quarterly.
- 18 Additional KPIs will include:
 - a. to provide clinical support and vaccination to all high-risk positive men who present to ISHS services.
 - b. to ensure that the core sexual health service offer remains unaffected by pressures from MPX management.

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

- 19 The contract variation shall commence on 24 November 2022 to 31 March 2023.

Appendices

- Equality, Diversity, Cohesion and Integration Screening

Background papers

- N/A

Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions. Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being or has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

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| Directorate: Adults and Health | Service area: Public Health/ Health Protection |
| Lead person: Sharon Foster, Head of Public Health (Health Protection & Sexual Health) | Contact number: 0113 378 6035 |

1. Title: To vary the existing contract with Leeds Community Healthcare NHS Trust to implement additional funding for the Integrated Sexual Health Service in order to respond to the monkeypox outbreak.

Is this a:

☐

Strategy / Policy

☒

x Service / Function

☐

Other

If other, please specify

2. Please provide a brief description of what you are screening

A one off non recurrent funding into the integrated sexual health service to support the ongoing management of Monkeypox.

The impact of Monkeypox, on an already over-stretched service means clinics have been unable to offer a full range of appointments and services.

Monkeypox is a rare disease caused by infection with the monkeypox virus. Monkeypox virus is part of the same family of viruses that causes smallpox. The outbreak has mainly been in gay, bisexual, and men who have sex with men without documented history of travel to endemic countries.

This funding will enable the clinic to manage Monkeypox whilst delivering business as usual.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies and policies, service and functions affect service users, employees or the wider community – city wide or more local. These will also have a greater or lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

| Questions | Yes | No |
|---|-----|----|
| Is there an existing or likely differential impact for the different equality characteristics? | | x |
| Have there been or likely to be any public concerns about the policy or proposal? | | x |
| Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom? | | x |
| Could the proposal affect our workforce or employment practices? | | x |
| Does the proposal involve or will it have an impact on <ul style="list-style-type: none">• Eliminating unlawful discrimination, victimisation and harassment• Advancing equality of opportunity• Fostering good relations | | x |

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **How have you considered equality, diversity, cohesion and integration?** (think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

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| <ul style="list-style-type: none"> • Key findings (think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another) |
| <ul style="list-style-type: none"> • Actions (think about how you will promote positive impact and remove/ reduce negative impact) |

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| 5. If you are not already considering the impact on equality, diversity, cohesion and integration you will need to carry out an impact assessment. | |
| Date to scope and plan your impact assessment: | |
| Date to complete your impact assessment | |
| Lead person for your impact assessment (Include name and job title) | |

| | | |
|--|------------------|-------------|
| 6. Governance, ownership and approval Please state here who has approved the actions and outcomes of the screening | | |
| Name | Job title | Date |
| | | |
| Date screening completed | | 03.11.22 |

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| 7. Publishing Though all key decisions are required to give due regard to equality the council only publishes those related to Executive Board, Full Council, Key Delegated Decisions or a Significant Operational Decision . A copy of this equality screening should be attached as an appendix to the decision making report: |
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- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality screenings that are not to be published should be sent to equalityteam@leeds.gov.uk for record.

Complete the appropriate section below with the date the report and attached screening was sent:

| | |
|--|---------------------|
| For Executive Board or Full Council – sent to Governance Services | Date sent: |
| For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate | Date sent: 23.11.22 |
| All other decisions – sent to equalityteam@leeds.gov.uk | Date sent: |