

<b>Report to:</b>	Cabinet	<b>Date of Meeting:</b>	Thursday 7 March 2024
<b>Subject:</b>	Procurement of Community Infection Prevention and Control Service		
<b>Report of:</b>	Director of Public Health	<b>Wards Affected:</b>	(All Wards);
<b>Portfolio:</b>	Cabinet Member - Health and Wellbeing		
<b>Is this a Key Decision:</b>	Yes	<b>Included in Forward Plan:</b>	Yes
<b>Exempt / Confidential Report:</b>	No		

### Summary:

This paper seeks Cabinet approval for the following:

- To undertake a Direct Award under Process C of the Health Care Services Provider Selection Regime (PSR) 2023, including publication of a notice to make an award to the existing provider (as set out in schedule 3 PSR 2023) to Mersey Care NHS Trust to provide community infection prevention and control services from the 1<sup>st</sup> September 2024 for a core period of 3-years with the option to extend (subject to satisfactory on-going performance) for a further 2X 1-year periods.
- To give delegated authority for the Director of Public Health in consultation with the Cabinet Member for Health and wellbeing to authorise and execute extensions to the contract within the terms of the Direct Award.

### Recommendation(s):

The Director of Public Health

1. Be authorised in conjunction with the Cabinet Member for Health and Wellbeing to make a Direct Award to Mersey Care NHS Trust from 1<sup>st</sup> September 2024 for the provision of community infection prevention and control services under Process C of the provider selection process.
2. Be authorised in conjunction with the Cabinet Member for Health and Wellbeing to exercise any extension options within the terms of the Direct Award.

### Reasons for the Recommendation(s):

1. The current contracts will expire on 31<sup>st</sup> August 2024.
2. The existing provider of services, Mersey Care NHS Trust, is satisfying the original contract and is likely to satisfy the proposed new contract meeting the selection criteria for Direct Award Process C

3. Assurance of satisfactory performance is evidenced against the five key criteria for assessing provider eligibility under Direct Award Process C:
  - Value
  - Integration, collaboration, and service sustainability
  - Improving Access, reducing health inequalities, and facilitating choice
  - Social Value

Having determined through written confirmation that Mersey Care NHS Trust wishes to continue to provide services under the conditions outlined in the current service specification, officers assessed and evaluated the above key criteria using an agreed set of service specific quality and performance questions and Sefton Council's outline for meeting social value as set out in the PSR Process C guidance.

Scores were compared and moderated. All scores reached satisfactory or above outcomes with all five assessed areas achieving a pass score of 3 or above.

#### **Alternative Options Considered and Rejected:** (including any Risk Implications)

- 1) **Direct Award Process A** – while the service requires highly specialist trained staff limiting the number of providers able to provide the required services, we do not consider the existing provider to be the only capable provider and the Council is not concluding a framework agreement. Therefore, Direct Award Process A is not appropriate.
- 2) **Direct Award Process B** – this service provides specialist and technical assurance to the local authority on infection, prevention and control standards and safety measures relating a number of commissioned health and social care settings and environments. It is not a service **where people have a choice of providers** or **where the number of providers is restricted by the authority**. Therefore, Direct Award Process B is not appropriate.
- 3) **Most suitable provider process** – where the relevant authority is able to identify the most suitable provider this option may be considered without running a complete process. This process is not required as the existing provider meets the criteria for Direct award process C. Therefore, most suitable provider process is not appropriate.
- 4) **Competitive Process** – previous competitive commissioning exercises resulted in very little interest in this service contract. The local authority only received one bid for consideration within the last competitive tendering exercise.

In line with the PSR criteria for Direct Award Process C, **Services are not changing considerably**. Public health officers have recently (within the past three months) reviewed the service specification in conjunction with the existing service provider, to ensure that it is 'fit for purpose' and up to date in view of changes to Covid-19 guidance and regulations. We do not anticipate further changes to the specification being required. Any changes to the financial value of the contract will reflect annual inflationary uplifts and will remain within 25% of the overall contract value.

We therefore conclude that the most appropriate option is to pursue **Direct Award Process C. There is an existing provider for the service and that existing provider is satisfying the original contract and will likely satisfy the proposed new contract**, and the services do not meet the considerable change threshold as defined in the Health Care Services (Provider Selection Regime) Regulations 2023.

## What will it cost and how will it be financed?

### (A) Revenue Costs

The Community Infection, Prevention and Control Service is funded via the core public health budget for which sufficient provision exists. The new contract will similarly be contained within this budget.

The contract will include provision for variation and early termination by the Council for convenience in the event of further reduction in funding and the requirement for the Council to achieve an overall balanced budget.

### (B) Capital Costs

There are no capital costs associated with the re-commission of this service.

### Implications of the Proposals:

**Resource Implications (Financial, IT, Staffing and Assets):**

The cost of this service will be met within the core public health budget.

**Legal Implications:**

The existing providers performance has been assessed against the five key criteria set out in the criteria for Direct Award Process C using performance reporting against annual work plans and a submitted social value statement. Assessments have been individually scored and moderated as per Sefton Council Contract Procedure Rules and will be recorded on the PSR decision making record for publication and or audit purposes. This will enable the Council to decide whether it is satisfied that the existing provider is meeting the existing contract requirements and will likely satisfy the proposed new contract, as required by Regulation 9 of the Health Care Services (Provider Selection Regime) Regulations 2023.

**Equality Implications:**

An Equality Impact Assessment has been completed. The equality Implications have been identified and mitigated.

**Impact on Children and Young People: Yes**

The Community Infection, Prevention and Control Service will provide advice and support to a number of care providers including schools and early years settings responding to and mitigating the effects and impact of outbreaks.

**Climate Emergency Implications:**

The recommendations within this report will

Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	Yes

It is a re-procurement of existing Public Health commissioned service which does not generate additional impacts on the climate emergency.

## Contribution to the Council's Core Purpose:

<p>Protect the most vulnerable:</p> <p>The Community Infection, Prevention and Control Service provides expert advice and support to community settings to reduce transmission of communicable diseases and support early responses to single cases and outbreaks where they occur in:</p> <ul style="list-style-type: none"><li>• Care Homes</li><li>• Supported living.</li><li>• Domiciliary Care.</li><li>• Day Centres / Day Services.</li><li>• Hospices.</li><li>• Hostels and Homeless Shelters.</li><li>• Special Schools.</li><li>• Early year providers.</li><li>• Schools and colleges.</li></ul>
<p>Facilitate confident and resilient communities:</p> <p>The Community Infection, Prevention and Control Service enhances the knowledge and skills of those working in complex settings and with vulnerable groups in Sefton.</p>
<p>Commission, broker and provide core services:</p> <p>Provision of a Community Infection, Prevention and Control Service is a core responsibility of Public Health in the Local Authority.</p>
<p>Place – leadership and influencer:</p> <p>Not applicable</p>
<p>Drivers of change and reform:</p> <p>The Community Infection, Prevention and Control Service supports quality improvements in infection, prevention and control in key stakeholder sectors, increasing their capacity, skills and knowledge.</p>
<p>Facilitate sustainable economic prosperity:</p> <p>Management of cases and outbreaks in community settings is key to sustaining economic growth throughout the borough.</p>
<p>Greater income for social investment:</p> <p>Not applicable.</p>
<p>Cleaner Greener</p> <p>The Community Infection, Prevention and Control Service is part of Mersey Care NHS Foundation Trust. A Trust that is committed to reducing CO2 emissions and the use of plastics.</p>

## **What consultations have taken place on the proposals and when?**

### **(A) Internal Consultations**

The Executive Director of Corporate Resources and Customer Services (FD.7545/24) and the Chief Legal and Democratic Officer (LD.5645/24) have been consulted and any comments have been incorporated into the report.

Discussion and consultation with procurement team colleagues and other public health team members.

### **(B) External Consultations**

Council officers have taken external legal advice on the implementation process for Direct Award Process C under the Health Care Services (Provider Selection Regime) Regulations 2023.

### **Implementation Date for the Decision**

Following the expiry of the “call-in” period for the Cabinet decision.

<b>Contact Officer:</b>	Alan McGee
Telephone Number:	
Email Address:	alan.mcgee@sefton.gov.uk

## **Appendix One**

### **Background: Health Care Services (Provider Selection Regime) Regulations 2023**

The introduction of the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) on the 1<sup>st</sup> January 2024 makes provision for the Direct Award of contract to provide health care services including public health services arranged by local authorities.

PSR was created under Health and Social Care Act 2022 to promote greater integration of health and care services and replaces the Public Contracts Regulations 2015 and the National Health Service (Procurement, Patient Choice and Competition) Regulations 2013.

PSR increases the flexibility afforded to commissioning authorities and removes potential barriers to integrating care and the disruption to stable collaborations that competitive tendering can create. Relevant authorities can make a Direct Award of contracts for health care services based on the following selection criteria:

- Direct Award A – Where there is an existing provider for the services and that provider is the only capable provider.
- Direct Award B – Where people have a choice of providers, and the number of providers is not restricted by the relevant authority.
- Direct Award C – Where there is an existing provider for the services and that existing provider is satisfying the original contract and will likely satisfy the proposed new contract, and the services are not changing considerably.

### **Community Infection, Prevention and Control Service**

- 1.1. In accordance with Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, Regulation 8, the aim of the community infection prevention and control service is to promote infection prevention and control standards within primary and social care providers. In order to protect Sefton residents from communicable disease this service provides root cause analysis, education, advice and audit support. The service also responds to cases, clusters and outbreaks of communicable disease within the community, in partnership where necessary and following agreed protocols.
- 1.2. A key focus of the Service is responding to cases, clusters and outbreaks in primary care, and in community health and social care settings. This response prioritises vulnerable people and complex settings, including care homes, supported living, hospices, settings that provide care for older or clinically vulnerable people, hostels and shelters for people experiencing homelessness, social care providers, general practice and educational and early years settings.
- 1.3. In addition to providing the expertise required to respond to communicable diseases, the service provides strategic leadership, support to community health and social care providers, and complex settings to improve infection prevention and control competence and compliance. This is achieved through engagement,

education and training and supporting sector led improvement. This preventative and upstream input supports responses in Sefton and will help to mitigate future impacts of emerging pathogens, outbreaks or pandemics.

- 1.4. The service will continue its work to reduce and sustain reductions in healthcare-associated infections. In particular, the service will support commissioners to achieve a reduction in the rate of Health Care Acquired Infections with a particular focus on gram negative blood stream infections (GNBSIs) and Clostridium difficile infection (CDI), in line with national objectives and support the Integrated Care System (ICS) to deliver on the requirement for zero tolerance of avoidable Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia.

## Appendix Two.

### **Equality Analysis Report - Sefton Community Infection, Prevention and Control Service 2024**

#### **Details of proposal:**

The community infection prevention and control service promotes infection prevention and control standards within primary, community social care providers.

The service provides root cause analysis, education, advice and audit support. The service also responds to cases, clusters and outbreaks of communicable disease within the community, in partnership where necessary and following agreed protocols.

A key focus of the Service will be around responding to cases, clusters and outbreaks in primary care, and in community health and social care settings. This response will prioritise vulnerable people and complex settings, including care homes, supported living, hospices, setting that provide care for older or clinically vulnerable people, hostels and shelters for people experiencing homelessness, social care providers, general practice and schools and early years settings.

#### **Consideration of Protected Characteristics**

While the Community Infection, Prevention and Control Service it not in itself public facing, it supports and interacts with a range of services that are. It is therefore important that the service considers the needs of people with protective characteristics and to that end, It is written into the service specification that the service provider must deliver services in accordance with the Equality Act 2010, ensuring it will be non-stigmatising and non-discriminatory, providing fair and equitable access.

#### **Ramifications of Proposal:**

An equitable Community Infection, Prevention and Control Service that is accessible to all employees regardless of any protected characteristic under the Equality Act 2010.

#### **Are there any protected characteristics that will be disproportionately affected in comparison to others?**

*The protected characteristics under the Equality Act 2010 are:*

- Age



- *Disability*
- *Gender Reassignment*
- *Marriage and Civil Partnership*
- *Race*
- *Religion or Belief*
- *Sex*
- *Sexual Orientation*
- *Pregnancy and Maternity*

*In addition to the above, the Council has adopted the following as protected characteristics to be included in any equality analysis:*

- *Care Experienced*

There are no protected characteristics that will be disproportionately affected in comparison to others. Mitigations have been implemented to negate any barriers which would prevent individuals with protected characteristics from being able to access the programme.

#### **Consultation:**

The service specification has been shared with UK Health Security Agency, Integrated Care System and environmental health colleagues for review and comments.

#### **Is there evidence that the Public Sector Equality Duties will be met?**

*The Equality Act 2010 requires that those subject to the Equality Duty must, in the exercise of their functions, have due regard to the need to:*

- 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- 2. Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- 3. Foster good relations between people who share a protected characteristic and those who do not.*

*The Act explains that having due regard for advancing equality involves:*

- *Removing or minimising disadvantages suffered by people due to their*

*protected characteristics.*

- *Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.*
- *Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.*

As noted above, the Community Infection, Prevention and Control Service is not public facing in itself. However, access to support from the service for those services that are public facing is ensured through flexible working requirements set out in the service specification. Night, weekend and Bank Holiday infection prevention and control advice and support to those services is provided via Cheshire and Merseyside UK Health Security Agency (UKHSA) out-of-hours service.

**What actions will follow if proposal accepted by cabinet & Council?**

*Include details of any mitigating action and ongoing monitoring to address any of the equality impacts highlighted above.*

This is a renewal of an existing contract. Existing mitigating actions will be included in the delivery of the service. A representative from Public Health will ensure that these mitigating measures are adhered to through regular contract review meetings.