



Report to Policy Committee

Author/Lead Officer of Report: Ruth Granger

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Report of: *Director of Public Health*

Report to: *Adult Health and Social Care Policy Committee*

Date of Decision: *20th September 2023*

Subject: *Community Infection Prevention and Control Service*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2267				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

Purpose of Report:

Good Infection Prevention and Control (IPC) is a foundation for good care. This report recommends putting in place a Community Infection Prevention and Control service to support providers and ensure that the city has adequate measures in place to support infection prevention and control across a number of service areas.

This paper outlines why the service is needed, the proposed model, costs and funding source for this service with an aim to put it in place in the 23/24 financial year.

Recommendations:

It is recommended that Adult Health and Social Care Policy Committee:

- Approve the allocation of £250,000 (maximum) per year for three years with an overall allocation of £750,000 from the Public Health Grant reserve for the purpose of increasing capacity for Infection Prevention and Control and agree to commission a Community Infection Prevention and Control Service, as set out in this report.

Background Papers:

None

Lead Officer to complete:-	
1	<p>I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</p> <p>Finance: Anna Beeby (Finance) Adam Elwis (Procurement and Supply Chain) Legal: Patrick Chisolm Equalities & Consultation: Ed Sexton Climate: signed off by Susan Hird Assistant Director of Public Health</p>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>
2	<p>SLB member who approved submission: Greg Fell Director of Public Health</p>
3	<p>Committee Chair consulted: Angela Argenzio Chair Health and Social Care Committee</p>
4	<p>I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</p> <p>Lead Officer Name: Ruth Granger</p> <p>Job Title: Consultant in Public Health, Public Health Team, Sheffield City Council</p> <p>Date: August 2023</p>

1. *Current position, need for change and evidence considered.*

- 1.1 Infection Prevention and Control (IPC) is an important part of daily life in all settings and is a foundation for protecting the health of the population. Handwashing, appropriate disposal of waste, wearing Personal Protective Equipment (PPE), and vaccination are all fundamental components of prevention, provision of quality care and reducing the spread of infectious diseases.
- 1.2 Poor IPC practice leads to harm for service users and staff through catching infectious diseases and also brings reputational and litigation risks for providers. The Infection Prevention and Control 10 point code of practice sets out what all providers of health and social care should follow. The law states that the code is to be taken into account by the CQC when it makes decisions about registration against the IPC (cleanliness) requirements.

1.2.0 *Learning from the Covid 19 Pandemic*

- 1.2.1 Prior to the Covid-19 pandemic Sheffield had been identified as having a low level of IPC support in community settings through audits conducted by Public Health England (now UK Health Security Agency). Benchmarking by Directors of Public Health has shown Sheffield to spend a low level of Public Health Grant on community infection prevention and control compared to other areas in Yorkshire and the Humber.
- 1.2.2 During the Covid pandemic we saw the vital importance and effectiveness of good infection prevention and control practice in protecting those who were vulnerable and were receiving services from Local Authorities, private providers, NHS providers and in a range of other settings such as nurseries.
- 1.2.3 Outbreaks provide important insights into the effectiveness of systems to protect health. During the Covid 19 Pandemic and with other infectious diseases we have seen examples of outbreaks where poor Infection Prevention and Control practice has been implicated in the spread of disease. For example in outbreaks of Covid in care homes and in cases of E-Coli in early years settings.
- 1.2.4 During the pandemic we put temporary arrangements in place to increase IPC support and we now need to consider a longer-term sustainable model of delivery. A range of providers need support to ensure that they are following good practice with Infection Prevention and Control to prevent infection and reduce risks. This is needed to provide assurance to the Council that we are meeting our obligations for duty of care and the assurance responsibilities of the Director of Public Health.

1.2.5 Our assessment is that while some settings have good knowledge and practice of effective infection prevention and control (IPC), there are a significant proportion with poor knowledge and practice who need to be supported to follow good practice. We are not assured there is currently sufficient skills and capacity within providers or within existing support systems to enable good IPC practice across the system.

1.3.0 *Legal requirements of the council*

1.3.1 There are a number of responsibilities and accountabilities that relate to this proposal.

1.3.2 Section 2B(1) of the National Health Service Act 2006 Act places a duty on local authorities to take such steps as they consider appropriate to improve the health of people in their area, which includes providing services or facilities for the prevention, diagnosis or treatment of illness.

1.3.3 The Director for Public Health has a duty to be assured that services that prevent and control infectious disease are in place.

1.3.4 Directors in Children's Services, Adults Services, Housing Services and the ICB have accountabilities for the services commissioned.

1.3.5 Although direct responsibility for the health and safety of people placed in a setting by the service will lie with the provider, Directors can encourage and promote good IPC practice through commissioning and purchasing arrangements.

1.3.6 Sheffield City Council could be at risk of being the subject of Civil Court claims in the event of a critical incident resulting from poor IPC, where the organisation had a direct contracting or purchasing arrangement. Examples of a purchasing arrangement could include where we provide a 'grant' to a provider to provide child care or provide funding to an adult care organisation based on individual placements. Even if claimants were unable to establish that in a particular case any duty of care to the claimant had not been made out or breached, there would still be costs arising from the litigation, which in the case of a major incident could be very large.

1.3.7 In addition there are risks faced by Sheffield City Council if a provider is deemed by a regulator to have poor infection prevention and control practice and there are limits placed on the provider on for example receiving new referrals. This would have implications for Sheffield City Council and/or ICB commissioners in needing to find alternative provision.

1.3.8 Sheffield City Council receives a ring fenced Public Health Grant to deliver functions and contribute to public health outcomes. The criteria of the grant and how this proposal meets these criteria is detailed in the section about how this proposal will be funded.

1.4.0 PROPOSAL

1.4.1 We propose to make a provision of funding from within the Public Health Grant Reserves in order to create a dedicated specialist Community Infection Prevention and Control team. This team of specialist nurses would join the existing two nurses within the Integrated Care Board to provide expertise, advice and interventions under the following core principles:

- a) To build expertise and knowledge that supports good practice in infection, prevention and control across priority service areas.
- b) To ensure settings have tailored and targeted guidance and support that meets their specific needs in relation to infection prevention and control.
- c) To ensure the LA and ICB have the right information and advice to support commissioning arrangements and management of risk in relation to infection prevention and control.
- d) To support settings with advice to prevent and manage outbreaks of infectious disease

1.4.2 Currently Sheffield has two Infection Prevention and Control nurses who work in community settings and are based in the ICB. One predominantly works with primary care and the other with adult care homes. This is insufficient in the context of the broader range of settings that hold risks in terms of infection. It is comparatively low in resource and scope compared to neighbouring areas.

1.4.3 It is intended that the additional proposed resource would add to the existing team to create one Community Infection Prevention and Control Service that is and able to reach the range of providers that have been identified. Additional capacity in the team would also help maintain business continuity and resilience.

1.5.0 Range of provider areas to be included in the Community IPC service

1.5.1 The table below outlines the service areas that would be covered within the proposed service. These services are prioritised based on the severity of impact of infection for these groups.

Service Areas covered within the current delivery model	Additional service areas that will be covered in the proposed Community Infection Prevention and Control Service delivery model
-Adult Care Homes -Primary Care (GP practices)	-Domiciliary Care -Supported Living and Extra Care -Early Years Child Care Settings -Special Schools -Children's Care Homes

	-Places of supported accommodation for vulnerable people (including homeless provision)
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1.6.0 Functions of a Community Infection Prevention and Control service

1.6.1 Through consultation with service leads and commissioners of the above service areas we have devised the following service principles and functions:

- Provide guidance and expertise on Infection Prevention and Control that is appropriately tailored to each type of setting.
- Provide training and audit/quality measurements to support improved quality and the measurement of improvement.
- Work with commissioners of services to feedback risks and ways that commissioners can support good practice in Infection Prevention and Control
- Provide reactive support to settings experiencing cases of infectious diseases to minimise risk and spread of infection. This will substantially increase the support available to manage outbreaks of disease.

1.7.0 Additional Capacity Proposed

1.7.1 In order to create the level of capacity required to carry out the functions above, there will need to be an addition of four Infection Prevention and Control nurses plus administration support to the existing two members of staff. Each Nurse will have a lead area and will be connected to the service in their day to day work to ensure there is join up, shared priority setting, and communication. The nurses will be managed within one team to ensure there is robust clinical supervision and oversight.

1.8.0 Hosting arrangements

1.8.1 Our preferred option and intention would be for the team to be hosted within the NHS in the Integrated Care Board. This is in order to meet the following requirements:

- To have a team hosted in one place to provide professional support, resilience and business continuity in the team
- To ensure that Infection Prevention and Control nurses could be provided with appropriate clinical supervision and support
- To ensure that the team are hosted by an organisation who commission at least one of the services that the Community Infection Prevention and Control team are supporting. (for example - the ICB commission Care Homes)

1.8.2 The proposal to host this Community Infection Prevention and Control Service is currently being considered by the ICB. If this is not possible then alternative hosting or procurement options would be considered.

1.9.0 Costs

- 1.9.1 The anticipated costs are to include 4 additional Infection Prevention and Control Nurses at an NHS pay band and an administrator at an NHS pay band. There is also the potential need for increases in management time to manage the team. The anticipated cost is between £220,000 - £250,000 per year. A range is proposed due to potential increases in nationally agreed pay increases and awaiting decision by the Integrated Care Board about their ability to host and the costs related to this.

2.0 HOW DOES THIS DECISION CONTRIBUTE ?

- 2.1 This work is part of the following goal in the corporate plan:
Healthy lives and wellbeing for all: Sheffielders all have the opportunity to lead long, healthy, active and happy lives and can connect to the right health and wellbeing support at the right time.

Supporting good practice in Infection Prevention and Control supports good quality service provision and healthy lives for the vulnerable people who use those services.

- 2.2 This work is part of the Sheffield Health and Well Being Strategy objective which is *'everyone has equitable access to care and support shaped round them'* as we are committed to care being of a good standard with the fundamentals like good infection prevention and control done well.
- 2.3 This work contributes to improvements in the following Public Health Outcomes Framework measures : E08 'mortality rate form a range of communicable diseases including influenza'.
- 2.4 Our internal council debriefs from our learning in the Covid pandemic highlighted that Sheffield has limited Infection Prevention and Control capacity to support providers with good practice. In addition we also expect that the UK Covid-19 Public Enquiry will make recommendations in relation to Infection Prevention and Control.
- 2.5 It is also support's delivery upon the safe and well outcome of the Adult Care Strategy Living the Life You Want to Live.

3.0 HAS THERE BEEN ANY CONSULTATION?

- 3.1 There is not a requirement to consult with individuals on this proposed service. This is because the public would expect that infection prevention and control risks are being managed by settings. This service is to support services with good practice so they can run services in a safe way.

- 3.2 We have consulted with range of commissioners within Sheffield City Council and the Integrated Care Board who commission services where IPC is important.
- 3.3 We have consulted with staff who delivered IPC support to providers during Covid to hear and learn from their insights into which services need ongoing support to improve IPC practice.
- 3.4 We will consult with commissioned providers of services once we are clearer the service can be provided so that they can influence and shape the service to ensure good practice can be supported.
- 3.5 The new Community Infection Prevention and Control Service will work with staff, service users and their families to learn and develop effective ways to improve Infection Prevention and Control practice in their areas. Behavioural insights learning will be used with stakeholders to identify the barriers to good IPC practice and how best to improve practice.

4.0 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.2 The people of Sheffield who use the priority services we have identified are the groups in the city who are the most vulnerable to infection. They have health needs or long term health conditions (such as residents of supported living or users of domiciliary care) and may also be more vulnerable to the serious effects of catching an infectious disease (such as young children using early years settings).
- 4.1.3 Supporting services which are being provided to the most vulnerable to follow good practice in infection prevention and control is an important part of protecting their health and contributes to reducing health inequalities in ensuring those who are most vulnerable don't face additional risks from infectious diseases.
- 4.1.4 We saw through the Covid pandemic that those with protected characteristics under the Equality Act (including those from minoritized ethnic groups and those with disabilities) can be disproportionately impacted by the effects of infectious diseases. Therefore a service to support improved service provision will support addressing health inequalities.
- 4.1.5 The new service will work with staff, service users and their families to tailor advice on good Infection Prevention and Control to meet their needs.

4.2 Financial and Commercial Implications

- 4.2.1 Local authorities receive an annual ringfenced public health grant from the Department of Health. The core condition of this grant is that it should be used only for the purposes of the public health functions of local

authorities. The key mandated functions are defined in Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

4.2.2 One of the mandated functions of the grant is 'protecting the health of the local population'. The Grant is required to be spent to address the outcomes in the Public Health Outcomes Framework and those detailed in the Local Health and Well Being Strategy.

4.2.3 This work is part of the Sheffield Health and Well Being Strategy objective which is *'everyone has equitable access to care and support shaped round them'* as we are committed to care being of a good standard with the fundamentals like good infection prevention and control done well.

4.2.4 It is part of work to improve the measure in the Public Health Outcomes Framework which is E08 'mortality rate from a range of communicable diseases including influenza'

4.3.0 **Commercial and procurement implications**

4.3.1 If this commissioning strategy is agreed officer will then look to determine a final procurement strategy. At present the intention is to work with the ICB with additional funding for a Community Infection Prevention and Control Service to be allocated using existing arrangements for transfer of funds from the Public Health Grant to the ICB for Infection Prevention and Control. A workplan is set for the delivery of the existing work by the 2 existing IPC nurses. This work is paid for quarterly in arrears and is governed by quarterly performance management meeting and annual reports to the Health Protection Committee.

4.4.0 **Legal Implications**

4.4.1 Please see section 1.3 for details of the responsibilities and accountabilities that relate to this proposal and the accompanying risks associating with a lack of emphasis on Infection Prevention and Control within the contracting or purchasing process.

4.4.2 This proposal therefore seeks to mitigate these risks by providing a Community Infection Prevention and Control service that supports providers to have good practice in Infection Prevention and Control.

4.5.0 **Climate Change Impacts**

4.5.1 The provision of the service will result in small scale office based impacts such as energy and water use, use of products and equipment and staff travel.

4.6.0 Other Implications

4.6.1 The Community Infection Prevention and Control Service would support commissioners and providers across a range of services. The decision on this service has been delegated from Strategy and Resources Committee to the Adult Health and Care Committee. This paper is also being briefed to two other committees who have services that will be impacted by this increased support: Education Children and Families and the Housing Policy Committee.

5.0 ALTERNATIVE OPTIONS CONSIDERED

5.1 The following options have been considered:

	Description	Financial implications	Recommendation
1	Maintain current service level only	0	It is not recommended to follow this option as the LA and ICB will not be able to be assured of meeting statutory responsibilities
2	Increase by two members of staff	£121,000-138,000	It is not recommended to follow this option as the LA and ICB will not be able to be assured of meeting statutory responsibilities to the range of services detailed in this paper
3	Increase by four members of staff and integrate with existing team in ICB.	£210-250	Recommended option to enable support to range of providers detailed in this paper and integration with existing commissioners in SCC and the ICM.

6.0 Reasons for recommendation

1. To put in place a Community Infection Prevention and Control service to support providers and ensure that the city has adequate measures in place to support infection prevention and control across key service areas.
2. To improve the levels of good practice in Infection Prevention and Control by providers of services commissioned by Sheffield City Council and the Integrated Care Board
3. To fund this service using the Public Health Grant which is provided to Local Authorities to ensure that the objectives of the Health and Wellbeing Strategy are met and the Public Health Outcomes Framework measures are improved.