

# Nottingham City Council Delegated Decision



**Nottingham**  
**City Council**

Reference Number:

2829

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Department:

Children and Families

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Subject:

Community Infection Prevention and Control

Total Value:

£691,674 (£230,558 per annum) (Type: Revenue)

Decision Being Taken:

1) To approve Nottingham City Council's funding for a 'Community Infection Prevention and Control service' for an initial 36 month period from 1/4/2017 to 31/3/2020 at an annual budget of £230,558.

2) To approve the transfer of £691,674 (£230,558 per annum) through a Section 75 Agreement to Nottingham City Clinical Commissioning Group to act as lead commissioner of a 'Community Infection Prevention and Control service'.

**Reasons for the Decision(s)**

Funding is required to ensure the continued delivery of an effective 'Community Infection Prevention and Control service' in Nottingham City. This service is essential to the protection of citizen's health by reducing healthcare associated infections.

At present Nottingham City Council commission a 'Community Infection Prevention and Control service' for independent healthcare providers including GP practices, dentists and nursing homes. Alongside this, Nottingham City Clinical Commissioning Group (CCG) commission an infection control service which supports the local NHS community provider (CityCare).

The proposal is to transfer the commissioning budget for the 'Community Infection Prevention and Control service' to Nottingham City CCG in order to enable the procurement of a single service addressing all aspects of community infection control. The pooling of funding will ensure the most effective use of available resources and reflects the joint working relationship between Nottingham City Council and the CCG in the delivery of this public health activity. Within the tender documentation there will be provision for an optional 3 year extension; which if proposed a further delegated decision making would be undertaken, as appropriate.

A 'Community Infection Prevention and Control service' to reduce the risk of healthcare associated infections (HCAIs) reflects Nottingham City Council's commitment to the delivery of the Public Health Outcomes Framework (PHOF) domain 3, Health Protection: 'The population's health is protected from major incidents and other threats, while reducing health inequalities'.

**Key Facts:**

- Within Nottingham City's population of approximately 310,000 people, HCAIs cause significant rates of morbidity and mortality. It is essential to reduce rates of HCAIs, as well as ensure that patients with a HCAI receive seamless care when being transferred from one healthcare organisation to another. It is also vital to ensure that organisation's work together across the health economy to develop strategies to reduce HCAIs
- The 'Community Infection Prevention and Control service' is integral to health economy-wide working and ensures that staff working within healthcare settings (across Nottingham City boundary) are following robust policies and procedures to reduce HCAIs
- The main policy driver for the 'Community Infection Prevention and Control service' is the Health and Social Care Act (2008) Code of Practice for the NHS on the prevention and control of HCAIs and related guidance. Prevention and control of HCAIs is a national priority for all areas of health and social care.

**Key Aims and Objectives of the Service:**

- Ensure all staff working within community based services providing health services within Nottingham City are aware of their responsibilities to the infection prevention and control agenda
- Ensure compliance with all the relevant required legislation relating to infection prevention and control

- **Ensure all patients have their risk of infection minimised by staff adhering to the principles of infection prevention and control; following robust policies and procedures to reduce HCAIs**
- **Ensure patients with infections are identified promptly and managed in accordance with national guidance, and that outbreaks of infection are identified and managed promptly and reported to the relevant authorities**
- **Undertake environmental infection prevention and control audits including all care homes and nursing homes to reduce HCAIs.**

**Key Outcomes:**

- **Identification and management of HCAIs within community-based services**
- **Community-based services providing health services within Nottingham City are compliant with latest legislation relating to HCAIs**
- **Identify and manage serious incidents (SIs) including Clostridium difficile associated deaths and Clostridium difficile associated complications**
- **Audit relating to infection prevention and control carried out with community-based health services**

**Education to those working within community-based health services relating to infection prevention and control.**

**Other Options Considered:**

- 1. Do nothing other than maintain the existing contract for the Infection Prevention and Control Service with the current provider. This option was rejected as the current contract ends 31 March 2017 and a longer term solution is required.**
  
- 2. Nottingham City Council to remodel and procure a new service through an open tender process to run from 2017/18 onwards. This option was rejected as it is more cost effective to transfer the commissioning process to the City CCG. Transferring the funding will also enable the CCG to commission a single joint service, and thus ensure that potential efficiencies resulting economies of scale are maximised.**
  
- 3. Decommission the service. The service would cease to operate in Nottingham City resulting in an increase in healthcare associated infections (HCAI) infections within community healthcare settings, and an increased risk to health for local citizens. In addition there would be a risk to the reputation of the local authority and to the joint working relationship with the Nottingham City CCG.**

**Background Papers:**

**None**

**Published Works:**

**None**

**Affected Wards:**

**Citywide**

**Colleague / Councillor Interests:**

**None**

**Consultations:**

**Those not consulted are not directly affected by the decision.**

**Crime and Disorder Implications:**

**None**

**Equality:**

**EIA not required. Reasons: This is a continuation of existing activities, so there will be no adverse impact on citizens**

**Social Value Considerations:**

**N/A**

**Regard for NHS Constitution:**

**Local authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making this decision relating to public health functions, we have properly considered the NHS Constitution where applicable and have taken into account how it can be applied in order to commission services to improve the health of the local community.**

**Decision Type:** Portfolio Holder

**Subject to Call In:** Yes

**Call In Expiry date:** 11/05/2017

**Advice Sought:** Legal, Finance, Procurement

**Legal Advice:** The proposal in this report is to delegate the commissioning of community infection prevention and control services to the CCG. The City Council can delegate its health related functions to the CCG pursuant to S.75 of the National Health Service Act 2006. The health related functions which the City Council is permitted to delegate are set out in statutory regulations and the relevant functions for community infection prevention and control services are 'the functions of local authorities under or by virtue of section 2B of the National Health Service Act 2006.' A s.75 agreement must be in writing and set out the agreed aims and outcomes of the arrangements. It should state how the new arrangements are likely to be an improvement in the way in which those functions are exercised. It is also necessary that the City Council and the CCG should have consulted those persons who appear to them to be affected by the new arrangements. Advice provided by Andrew James (Team Leader Contracts and Commercial) on 16/05/2016. Advice confirmed still valid by Andrew James (Team Leader Contracts and Commercial) on 28/03/2017.

**Finance Advice:** The annual value of the new contract is £230,558; this is within budget for 2017/18. The annual value of the previous contract was £236,397, with the new contract representing a saving of £0.006m. It is to be expected that delegation of the function to CCG under the section 75 and the joint procurement of the service should result in less commissioner resources being utilised. Although this won't realise financial savings it should increase the capacity of the department. The CCG use the standard national NHS contract terms and conditions for all services they commission which includes a 12 month notice period in addition, as part of the negotiation process, Public Health have promised the CCG that we will honour the agreement for a minimum of 3 years, therefore should funding for Public Health be reduced the retention of this contract will take priority over others when looking at which services can be reduced.

Advice provided by Liesa Joanne Sisson (Finance Analyst) on 24/03/2017.

**Procurement Advice:** There are no significant procurement implications arising from this decision. The proposal to transfer the budget to CCG in order to procure a single service for all aspects of community infection control is supported from a procurement perspective. However, it is noted that a robust and compliant process in line with EU procurement regulations should be followed by CCG.

Advice provided by Julie Herrod (Procurement Officer) on 29/04/2016.  
Confirmed advice still valid 28/03/2017

**Signatures**

Alex Norris (Portfolio Holder for Adults and Health)
SIGNED and Dated: 04/05/2017
Alison Challenger (Director of Public Health)
SIGNED and Dated: 24/04/2017