

REQUEST FOR ASSISTANT DIRECTOR DECISION – ADD2577

Title: Support for London's Routemap to eliminate hepatitis C by 2025

Executive Summary:

This decision seeks approval for £21,000 to fund a grant agreement with Healthy London Partnership (HLP) and the London Joint Working Group (LJWG) to deliver support to London's hepatitis C partnership, Routemap to Elimination. Specifically, the grant will support HLP and the LJWG to deliver two packages over a period of six months: provision for the Secretariat function to the Routemap Steering Group; and design of a detailed Routemap Partnership Delivery Plan.

Decision:

That the Assistant Director of Health, Children & Young Londoners approves: grant-funding of £21,000 to HLP and the LJWG, on hepatitis C, to deliver two packages that support London's hepatitis C partnership, Routemap to Elimination. Specifically, the grant will support HLP and the LJWG to deliver two packages over a period of six months:

- provide the Secretariat function to the Routemap Steering Group – meeting in July and September 2022.
- design of a Routemap Partnership Delivery Plan that is SMART and links closely to potential funding sources for the actions outlined in the delivery plan. The development of the PDP may include partnership workshops (such as on Primary Care engagement and best practice) and other methods to design and agree content. The PDP will be drafted by October, in preparation for submission and discussion at the London Health Board on Wednesday 30th November.

AUTHORISING ASSISTANT DIRECTOR/HEAD OF UNIT

I have reviewed the request and am satisfied it is correct and consistent with the Mayor's plans and priorities.

It has my approval.

Name: Jazz Bhogal

Position: Assistant Director of Health,
Children & Young Londoners

Signature:



Date:

11/7/22

PART I – NON-CONFIDENTIAL FACTS AND ADVICE

Decision required – supporting report

1. Introduction and background

- 1.1. Hepatitis C is a blood-borne virus that, if left untreated, can cause cirrhosis, liver cancer, liver failure and death. However, hepatitis C is now curable. Newer treatments are available with shorter treatment times, better outcomes and fewer unpleasant side effects. The NHS is aiming to eliminate hepatitis C as a public health threat by 2025 – five years earlier than the 2030 goal set by the World Health Organization (WHO). According to the WHO, elimination is defined as an 80 per cent reduction in new infections from 2015 levels; 80 per cent of those eligible being treated; and a 65 per cent reduction in mortality from hepatitis compared with 2015 levels.
- 1.2. In 2018, London accounted for nearly a third (31 per cent) of new hepatitis C antibody-positive laboratory reports in England. The most recent London-specific estimates indicate 13,800 chronic infections at the end of 2018. National estimates in the most recent hepatitis C reports indicate that prevalence decreased by 11 per cent from 2018 to 2019, so the current burden for London is likely to be lower than the 2018 figure – but is still likely to be at least 10,000.
- 1.3. The GLA has been supporting the work of the London Joint Working Group (LJWG) on hepatitis C and substance use since 2019. Over the period 2019 to 2021, the LJWG was commissioned to provide services, with a value of £30,000, relating to hepatitis C elimination work, approved under cover of MD2439 in 2019-20; MD2688 in 2020-21; and delegated authority records.
- 1.4. Further services were necessitated by the COVID crisis, which has resulted in delays to hepatitis C testing and some of the work that had been planned for 2020-21. The value of the additional services required in 2021-22 was £21,000; the GLA extended LJWG's then-contract via ADD2523.
- 1.5. During this period the GLA undertook a stocktake of the hepatitis C landscape in London, and of how the Mayor can best support efforts going forward to enable London to eliminate hepatitis C via the Routemap to Elimination plan.
- 1.6. As a result of this review, the Routemap Steering Group (RSG) and the GLA identified that for London to achieve elimination of hepatitis C by 2025, decisive investment and action was required in 2022-23 to catalyse momentum to that point. Consequently, the RSG and GLA concluded that London required two key actions to be delivered in 2022-23:
 - a detailed Routemap Partnership Delivery Plan, with SMART deliverables that align closely to potential funding sources and take advantage of the close opportunities to reach those who are, or might be, affected by HIV
 - support and maintenance for the Routemap to Elimination partnership – specifically the RSG.
- 1.7. To this end, the GLA is seeking to continue its commitment of £21,000 to the hepatitis C partnership in London with a focus on these two actions by grant funding Healthy London Partnership and the LJWG (whose management and administrative functions are hosted by Adfam).

2. Objectives and expected outcomes

- 2.1. Following from the review, by the RSG and the GLA, of the hepatitis C partnership landscape in 2021-22, it clearly emerged that London's hepatitis C partnership needs a clear and detailed

partnership delivery plan that aligns closely to future funding sources, so that those actions in the plan are realistically deliverable.

- 2.2. Further, the Routemap to Elimination has noted that similar population groups are affected by HIV and hepatitis C. There are opportunities to amplify the impact for those communities by better aligning work programmes and activity. HLP hosts the HIV Fast Track Cities Initiative; enabling HLP, in partnership with LJWG, to design the Routemap Partnership Plan will therefore also ensure those opportunities are more present, connected and deliverable.
- 2.3. The RSG and GLA review also highlighted the importance of partnership working in London on hepatitis C, which has largely been sustained due to the work of the LJWG for over 13 years. It is clear these partnerships and relationships need to continue if London is to eliminate the virus by 2025. As such it is a key objective of these grant agreements with the LJWG and HLP to continue to support the apex of this partnership work – the RSG – in a professional and co-ordinated manner.
- 2.4. Therefore, the GLA is intends to enter into grant agreements for six months with HLP and the LJWG, to deliver the following outcomes:
 - Design a detailed Routemap Partnership Delivery Plan, with SMART deliverables that align closely to potential funding sources. This will be presented at the London Health Board in November 2022, where there will be a ‘deep dive’ session on the HIV Fast Track City Initiative and hepatitis C elimination.
 - Provide a Secretariat function (in partnership with the LJWG) to the RSG, including timely circulating of meeting papers and minutes; logistics of meetings; management of pre and post-meeting partnerships; and governance.

3. Equality comments

- 3.1. The London Health Inequalities Strategy Implementation Plan sets out the Mayor’s vision to create a healthier, fairer city where nobody’s health suffers because of who they are or where they live. It has a strong focus on supporting some of London’s most vulnerable groups, who suffer some of the greatest health inequalities. The people hepatitis C affects are among the most vulnerable in society, who often have to overcome additional barriers to access healthcare – for example, because of a lack of permanent address or a negative perception of public services.
- 3.2. Injecting drug use remains the most important risk factor for hepatitis C infection. In 2016 it was estimated that almost two-thirds of people who inject drugs in London had hepatitis C. There is also a high prevalence amongst the homeless, people in prison, and men who have sex with men. Individuals originating from regions where the prevalence of hepatitis C is high, such as South Asia and Eastern Europe, are also at increased risk.
- 3.3. The general public know very little about hepatitis C, and due to the high occurrence amongst people who inject drugs, the infection also bears its share of stigma. This can prevent people from seeking treatment.

4. Other considerations

- 4.1. One of the pledges in the Mayor’s manifesto was to bring a new focus on the hepatitis C target of ending new infections by 2025. The Mayor supported this work in his first administration including

a visit to a testing van to mark World Hepatitis Day in July 2019, launching the London Routemap to Elimination in 2020 and a video message to support the LJWG conference in 2021.

- 4.2. One of the objectives in the Health Inequalities Strategy is that people and communities are supported to tackle HIV, TB and other infectious diseases, and address the stigma surrounding them. The Health Inequalities Strategy also includes a focus on supporting some of London's most vulnerable groups, who suffer some of the greatest health inequalities.
- 4.3. Our Vision for London – to which the Mayor, along with NHS England, Public Health England and London Councils are signatories – also includes a commitment to using the learning from work on HIV to help diagnose and treat other blood-borne viruses (including hepatitis C) and sexually transmitted infections. To that end, HLP,
- 4.4. The London Routemap to Elimination was developed in 2019 in consultation (delivered by the GLA and the LJWG) with leaders in the hepatitis C field from across NHS England and NHS Improvement; local government; Public Health England; the Operational Delivery Networks; local authority public health teams/Association of Directors of Public Health; outreach projects; pharma companies; and the third sector. There was unanimous agreement that a coordinated and concerted approach to eliminating hepatitis C in the capital was needed.
- 4.5. The production of a Partnership Delivery Plan to support the delivery of London's Routemap to Elimination will take note of how the Plan will work with those partners mention in 4.4, particularly the newly formed United Kingdom Health Security Agency (previously PHE) and the Association of Directors of Public Health London Network, who are both policy lead agencies for Hepatitis C. The Partnership Delivery Plan is intended to highlight the opportunities for action that the partnership can uniquely provide, rather than replicate the actions of individual organisations that are already scheduled for delivery.
- 4.6. The grant agreements approach has been chosen as the preferred route for procurement for the following reasons:
 - The recommendations for the GLA to commission this work are made by the Routemap Steering Group, and the GLA is not receiving any benefit; rather, it is seeking to enhance performance across London's hepatitis C community so that it can achieve elimination of the virus by 2025. Note, it is not in the RSG's interests, or that of the wider partnership, that this work is undertaken internally within the GLA.
 - With HLP and the LJWG offering to complete this work on behalf of the RSG within six months, we expect to leverage further funding from partners, such as the NHS and potentially the pharmaceutical industry.
 - The RSG will remain the central point of governance for managing the development and implementation of the partnership delivery plan – with a submission of the partnership delivery plan made to the London Health Board in late November, to gain profile and broad ownership of the delivery plan. Note, following this collaboration for the publication of the delivery plan and the London Health Board, no further funding will be available for this specific project from the GLA.
 - The market is unlikely to provide another adequately knowledgeable provider to deliver this highly specialised piece of work in the six-month timeframe allowed. Both HLP and the LJWG are credibly placed and trusted partners of the GLA with expert knowledge of the London landscape and the city's aim to achieving elimination of hepatitis C by 2025.

- There are strong ties between the HIV and hepatitis C policy agendas, in part because they are both blood-borne virus in which their testing, treatment and lived experience can impact similar communities and population groups. HLP currently host the HIV Fast Track Cities Initiative and it is therefore advantages that the Partnership Delivery Plan is considered in close proximity to the HIV agenda, with a view that

- 4.7. Legal has advised that no legal comments are required for this ADD, and that no exemption from the Contracts and Funding Code is required.
- 4.8. There are no conflicts of interest to declare from those involved in the drafting or clearance of this form.

5. Financial comments

- 5.1. Approval is sought for expenditure of £21,000 in grant funding with Healthy London Partnership (HLP) and the London Joint Working Group (LJWG) on Hepatitis C to support the work to eliminate hepatitis C in London.
- 5.2. The cost will be funded from the Health Team's Programme budget for 2022/23 (specifically the (Health Inequalities Strategy workstream budget) under the 'Public Health and Health & Care Partnerships' recovery foundation.

6. Legal comments

- 6.1. No legal comments required

7. Planned delivery approach and next steps

Activity	Timeline
Signing of grant agreements with LJWG and HLP	June 2022
Delivery start date	June 2022
Kick-off meeting	June 2022
Monthly grant agreement check-ins	June/July/August/September/October/November
Routemap Steering Group meeting	July and September 2022
Primary Care workshop (tbc)	September 2022
Draft Partnership Delivery Plan submitted for LHB	October 2022
London Health Board	November 2022
Delivery end date	November 2022
Project closure	November 2022

Appendices and supporting papers:

N/A

Public access to information

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FoIA) and will be made available on the GLA website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary. **Note:** This form (Part 1) will either be published within one working day after it has been approved or on the defer date.

Part 1 – Deferral

Is the publication of Part 1 of this approval to be deferred? NO

If YES, for what reason:

Until what date: (a date is required if deferring)

Part 2 – Sensitive information

Only the facts or advice that would be exempt from disclosure under the FoIA should be included in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form – NO

ORIGINATING OFFICER DECLARATION:

Drafting officer to
confirm the
following (✓)

Drafting officer:

Matt Creamer has drafted this report in accordance with GLA procedures and confirms the following:

✓

Corporate Investment Board

A summary of this decision was reviewed by the Corporate Investment Board on 11 July 2022.

✓

ASSISTANT DIRECTOR OF FINANCE AND GOVERNANCE:

I confirm that financial and legal implications have been appropriately considered in the preparation of this report.

Signature



Date

12/7/22