

## KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

### DECISION TO BE TAKEN BY:

Dan Watkins, Cabinet Member for Adult Social Care and Public Health

### DECISION NUMBER:

24/00037

**For publication** *[Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]*

**Key decision: YES**

**Subject Matter / Title of Decision – Extend the MTW partnership (for 12 months) from 1<sup>st</sup> April 2025 until 31<sup>st</sup> March 2026.**

### Decision:

As Cabinet Member for Adult Social Care and Public Health I propose to:

- (a) **EXTEND** the MTW (Maidstone and Tunbridge Wells NHS Trust) partnership for twelve months, from 1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026, to support the Public Health Service Transformation programme; and
- (b) **DELEGATE** authority to the Director of Public Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision to extend.

## **Reason(s) for decision:**

Kent County Council (KCC) Public Health is leading a transformation programme designed to improve service delivery to communities, particularly targeting underserved communities. The transformation work aims to ensure that services are efficient, evidence-based, deliver outcomes and best value.

Many of the services within the transformation programme expire at the same time (March 2025) as they form part of an overarching partnership contracts with Kent Community Health NHS Foundation Trust (KCHFT) and Maidstone and Tunbridge Wells (MTW) NHS Trust.

MTW entered in a Co-Operation Agreement with Kent County Council on 3<sup>rd</sup> May 2019 and this agreement expires on 31<sup>st</sup> March 2025.

MTW provide KCC with West Kent sexual health services across the county.

The West Kent Sexual Health services, HIV services and the online sexual health testing service are highly specialised services, being delivered to a high quality.

The MTW partnership currently provides an effective and efficient mechanism for their delivery and provides value for money. It is recommended that the MTW partnership is extended for a maximum period of twelve months to secure stability across services and the workforce and to allow sufficient time to consider all the interdependencies and risks, whilst the transformation work continues.

A partnership extension would help to:

- Minimise risk of destabilising the workforce; these are specialist roles and as the end of the contract approaches staff may choose to move organisation. The change of service model and/or supplier needs to be carefully managed.
- Maximise interdependencies – this is a complex programme with many interdependencies and sufficient time is needed to explore and consider these in full. For example, HIV commissioning which is currently part of this service but funded by NHSE (NHS England) and due to transfer to the ICB (NHS Kent and Medway Integrated Care Board).
- Allow time to balance resources of Public Health and Integrated Commissioning staff in KCC across a number of recommissioning programmes.
- Develop comprehensive business cases for alternative service delivery models, including financial appraisals.
- Develop understanding and application of new procurement legislation by taking a staged approach across the transformation.
- Build further insights (both service user insights and insights with underserved communities who do not currently access services, but may benefit from accessing services)
- Build engagement with existing providers and other providers in the market and help to shape commissioning models.

All parties will remain committed to delivering efficiencies and financial savings in the extension year in line with current terms to ensure best value.

KCC will closely monitor expenditure alongside performance.

The proposed twelve-month partnership extension would include contract break clauses.

Any substantive service change or updates required prior to the next partnership agreement decision would be managed via fresh decisions.

**Cabinet Committee recommendations and other consultation:**

The proposed decision was discussed at the Health Reform and Public Health Cabinet Committee on 14 May 2024 and the recommendations were endorsed.

**Any alternatives considered and rejected:**

The alternative options, considered but disregarded include: -

- 1) Option 1 – Re-procuring services and putting in place new contracts for 1<sup>st</sup> April 2025. This option has been dis-regarded because there would be little time and officer capacity to ensure services offer the best value and will not allow time to explore alternative service delivery models. With the extension, the service and the workforce will, as a result, not be de-stabilised and service quality will not be compromised.
  
- 2) Option 2 – Contracting outside of the partnership This option is not considered suitable in the short-term as the partnership offers Kent, high quality, stable services within a financial envelop that offers value for money, operating within a partnership. The risk of discontinuing these services in the partnership, at this time, could have an adverse impact on the provider, their workforces and quality.

**Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:**

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signed

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date