Decision report

From: Dr Anjan Ghosh, Director of Public Health

To: Diane Morton, Cabinet Member for Adult Social Care and Public Health

Subject: Public Health Service Transformation **-** Sexual Health Service

Decision no: 25/00041

Key Decision: Yes – It involves expenditure or savings of more than £1m

Classification: Unrestricted

Past Pathway of report: Adult Social Care and Public Health cabinet committee

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary:

Kent County Council has a statutory duty to provide certain sexual health services as per Section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013.The services are funded from the Public Health Grant, with the Integrated Care Board funding HIV treatment and care via a Section 75 agreement. The contracts for the current service expire on 31 March 2026.

Consideration of future provision has been subject to an extensive transformation programme, which responded to a series of strategic developments, challenges, and opportunities in the commissioning landscape, and is underpinned by an evidence-based review of all internal and external Public Health funded services and grants. The Programme included the evaluation of existing service models, a health needs assessment, external peer review and collaboration with key stakeholders to identify recommendations for future service delivery.

A proposed five-year commissioning strategy is set out, which uses learning from the transformation process. The new service models will feature enhancements that focus on improving equity and access, and delivering efficiency through digital solutions, whilst continuing to adhere to national best practice.

It is proposed that Sexual Health Services are recommissioned, with the aim of commencing services from 1 April 2026. The process will adhere to ‘Spending the Council’s Money’ and relevant procurement legislation.

The total spend for the services in scope of this decision is estimated at £70.3m across a five-year period.

Recommendation(s):

The Cabinet Member for Adult Social Care and Public Health is asked to:

I. **APPROVE** the proposed Sexual Health Services commissioning model and agree to the re-commissioning and award of contracts relating to Kent's Sexual Health services effective from 1 April 2026 for a maximum of 5 years.

II. **AGREE** that Kent County Council extend the Section 75 agreement with the Integrated Care Board and for KCC to commission HIV treatment and care services together in line with current arrangements.

III. **DELEGATE** authority to the Director of Public Health to take relevant actions, including but not limited to, entering into and finalising the terms of relevant contracts or other legal agreements, as necessary, to implement the above decision.

IV. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, the exercise of any extensions permitted in accordance with the extension clauses within the contracts.

V. **DELEGATE** authority to the Director of Infrastructure in consultation with Director of Public Health to enter into any necessary contracts or other legal agreements, as required to implement this decision.

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1. Introduction

1.1. This report seeks the committee's endorsement for the proposed commissioning strategy for sexual health services due to be implemented from 1 April 2026 to 31 March 2031. The sexual health service contracts in scope of this decision, which are due to expire on 31 March 2026, are:

- West Kent Specialist Integrated Sexual Health service including HIV treatment and care (Maidstone, Gravesend, Dartford, Tonbridge & Malling, Tunbridge Wells, Sevenoaks)
- East Kent Specialist Integrated Sexual Health service including HIV treatment and care (Swale, Canterbury, Thanet, Dover, Folkestone & Hythe, Ashford)
- Psychosexual Therapy (Kent wide)
- Community Pharmacy Sexual Health Service (Kent wide)
- Online Sexually Transmitted Infection (STI) Testing Service and E-Bureau patient management team (Kent wide)

1.2. The approach will be to commission a new model to ensure the council meets its statutory obligations whilst utilising learning from service innovations to date. It is informed by people with lived experience insights, engagement with stakeholders, and peer review, and aims to enhance delivery in future contracts creating a high quality, more uniform and equitable approach to delivery across west and east Kent that ensures best value for money.

1.3. Kent County Council (KCC) has a statutory duty to provide certain sexual health services as per Section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013. These include the three broad responsibilities of:

I. Testing and treatment for sexually transmitted infections (STIs) excluding the treatment of Human Immunodeficiency Virus (HIV).
II. Advice on, and reasonable access to a broad range of contraceptive substances and appliances.
III. General advice and promotion of key messages to enable positive sexual health outcomes and to prevent ill sexual health.

1.4. There is a national specification and guidance set for sexual health services in England, to which KCC will continue to adhere. Equally, KCC must report nationally on data related to sexual health including the number of infections detected.

1.5. Sexual Health is a key part of ensuring the overall health and wellbeing of the Kent population. Good sexual health and wellbeing can improve fundamental aspects of people's lives including protection from long term consequences of disease and risks to physical and psychological health, as well as to contributing to people's access to education, economic participation and increasing opportunities in the social and community spheres. STIs and unplanned pregnancies are significant contributors to poor health outcomes, and provision of these statutory services plays an important role in reducing the negative consequences and costs of ill sexual health.

1.6 Sexual health services are guided by national best practice and have a strong return on investment evidence base. For example, all first-time patients to the integrated sexual health service are offered a full STI screen to help identify and treat infections whilst preventing further potential transmissions. Further, the online testing service has a return on investment of £2.50 for every £1 spent.

2. Strategic alignment and background

2.1. Provision of sexual health services aligns with national strategies such as the Women's Health Strategy for England (2022) by the Department of Health and Social Care. Additionally, the services align to the Office of Health Improvements and Disparities (OHID) policy, Sexual and reproductive health and HIV: Applying all our health. Locally, the provision of the services supports the Kent and Medway Integrated Care Strategy and delivers recommendations within the recently published Kent Sexual Health Needs Assessment 2024.

2.2. The service will continue to support the Public Health Outcomes Framework by the Department of Health & Social Care. This includes a set of sexual health data indicators which aim to focus commissioned service delivery on areas which will have a positive impact upon public health outcomes for the population. It also allows for benchmarking progress and success. As an example, this includes the total prescribed long-acting reversible contraception figures for Kent benchmarked against other authorities.

2.3. It will also support KCC's strategic direction as presented in Framing Kent's Future – Our Council Strategy 2022-2026. Public Health (and sexual health) has links to all four priorities in this strategy:

I. Priority 1 – Level up Kent – By delivering actions with our partners to help deprived communities in coastal areas. Sexual health services are inherently preventative in nature and therefore, all work within these services aligns to the prevention commitment of this priority.

II. Priority 2 – Infrastructure for communities – By ensuring Kent's population has the option to reasonable access to physical sites that offer the opportunity to seek support from sexual health services, including rural communities. Whilst equally strengthening the digitalisation of options to access services.

III. Priority 3 - Environmental step change – By ensuring efficiencies are considered when designing and utilising access to services, treatment and care options, and communications with professionals and residents.

IV. Priority 4 - New models of care and support - By integrating our services further within geographical locations and seeking innovation and learning from across the system and other UK commissioners and experts. Also, by collecting and analysing appropriate data to enhance support for Kent's population and creating commissioning efficiencies.

2.4. KCC's Securing Kent's Future - Budget Recovery Strategy which was approved in Autumn 2023. Most notably, point 4.6 within this strategy document as this decision will prioritise Best Value considerations through the procurement processes. Also, it supports Objective 3 of the strategy in relation to policy choices and the scope of the Council's ambitions by evaluating the statutory minimum requirements to create efficiencies.

2.5. Finally, this decision will also contribute in supporting the **Kent and Medway Integrated Care Strategy** in collaboration with partners across the system, by supporting happy and healthy living for all through a preventative and early identification approach to STIs. Furthermore, this decision specifically will allow for greater focus on reducing health inequalities. Sexual health also supports giving young people the best start in life through health promotion and prevention elements of the contracts. Finally, services aim to empower patients and carers through the contributions to improvement in health and care services.

3. Current providers and services

3.1. The sexual health services in scope are outlined below along with a summary of the current provision of each service. These include:

- **Specialist integrated sexual health service (including HIV treatment and care):** Provides Kent's population with open access, confidential, non-judgmental services including STI and blood borne virus (BBV) testing, treatment and management, the full range of contraceptive provision and health promotion and prevention including relevant vaccinations. In Kent, these are provided in clinics and via outreach. The

service saw 61,360 attendees at clinics in 2024/25. West Kent is provided by Maidstone and Tonbridge Wells NHS Trust (MTW), and east Kent is provided by Kent Community Health NHS Foundation Trust (KCHFT).

- **Psychosexual therapy:** A specialist talking therapy which aims to help with a variety of sexual problems including but not limited to psychological support after treatment for breast cancer, erectile dysfunction, a loss of libido, and fears and anxiety about sex which can include assisting patients who are post medical procedure or have experienced previous abuse. The psychosexual service is highly specialised and supported 308 new patients in 2024/25. Psychosexual Therapy is currently delivered via KCHFT.

- **Online STI testing and E-Bureau:** A free and confidential online service which allows Kent residents to order and return STI testing kits via the postal service to test for a range of STIs. This is a cost-effective way to provide services, and 45,372 kits were issued in 2024/25. The service includes a clinical team known as the 'E-Bureau' function which contacts people who test positive or reactive to initiate a care pathway and attempt to notify any of the individual's recent sexual partners to break the chain of infection. The Online STI testing service is subcontracted via MTW and the E-Bureau element is delivered by them directly.

- **Community pharmacy sexual health service:** Access to community pharmacies across Kent for Emergency Oral Contraception (EOC) (under 30s only) and to pick up simple chlamydia treatment after a diagnosis is made in clinic or online. The intention is that during the life of the contract a review of viability will be completed to include this in a new primary care contracting model. This is because KCC intends to manage General Practice (GP) and Pharmacy contracts directly, rather than via a third party as it does currently. This will enable the council to explore efficiencies with GPs and Pharmacies and allow for KCC to have a greater control over the programme. Further, it is anticipated that a national EOC contract will begin to be delivered during the life of this contract. This will mean that the EOC element of the community pharmacy sexual health service will no longer be commissioned by KCC. This decision is supported as it will result in access to EOC for a wider age range within the population of Kent. This contract is currently commissioned via KCHFT.

3.2. KCC has two long-standing formal partnership-based co-operation agreements with MTW and KCHFT. A formal partnership was permissible with these National Health Service (NHS) organisations to provide the services in scope and has provided an effective mechanism for addressing several key challenges including financial uncertainty, rising demand and the need to retain a specialist workforce. Both co-operation agreements come to an end on 31 March 2026.

4. Public Health Service Transformation Programme (PHST)

4.1. 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 provide best value.

4.2. The PHSTP sets out a seven-stage process and the Integrated Commissioning team working on the sexual health services in scope has completed the initial six stages of this programme. The last stage is implementation. A summary of sexual health findings can be found below:

Proforma exercise – A desktop analysis of current need and service provision

4.2.1 The current services are performing well and achieving targets set.

4.2.2 There are good partnerships and working relationships with the commissioned providers and other services which link closely to sexual health including health visiting, drug and alcohol services and primary care.

4.2.3 The services in scope are delivered by a specialised workforce and there is a limited marketplace due to the complexity, clinical standards, and training required to deliver sexual health services.

4.2.4 The services would benefit from further integration, more collaboration, alignment in practice and pathways, and shifting focus towards outcomes.

4.2.5 The service has successfully implemented a number of innovations that support best value including being the first in the country to introduce symptomatic online testing during the pandemic, the introduction of a webchat function and continually developing clinical triage processes.

2024 Kent Sexual Health Needs Assessment

4.3. The 2024 Kent Sexual Health Needs Assessment was completed to address gaps in the information collated in the proforma stage and to update knowledge and information after the last Sexual Health Needs Assessment in 2018. It found that services are mostly meeting the needs of the population, although certain groups have been highlighted to ensure that there is proportionate focus and support for those groups to tackle health inequalities. Additional to the above findings, the sexual health needs assessment outlines:

- Whilst Sexual Health services are well-utilised and respected by the population, work to ensure that availability and access is proportionately suitable to all groups of the population is recommended, including people who use drug and alcohol services, those in more deprived areas, women, and young people.

- In Kent, STI detection rates are increasing but we remain lower than England averages. Testing rates have also risen in line with the diagnosis rates which means that we are finding, and therefore able to treat, more infections. But STI detection rates remain below our target levels and therefore a continued increase in testing is needed to protect the population.

- The Kent population needs to be aware of contraceptive options available to support them and address rising rates of unplanned pregnancy. Services being available at times and days that suit people will be a focus of the services.

Stakeholder workshops

4.4. The Attendees were supportive of amending the service specifications in scope to focus on alignment of geographical integration of the service offer, increased collaboration between providers and other stakeholders, as well as improving outcomes and increasing focus on identified populations to reduce health inequalities.

4.5. Attendees supported maintaining and enhancing current service models, noting their alignment with national best practices and their ability to be responsive and accessible for the needs of people in Kent. They agreed to adopting a system-wide approach to sexual health.

4.6. Collectively, the vision statement for sexual health services in Kent was decided upon:

''Kent has an open access and equitable system offering specialist sexual health support and healthcare for individuals. Residents, or those working and studying in Kent are aware of the services for sexual health and feel able to access the services for advice, support and/or treatment. Your support is evidenced based, person centred, accessible and responsive to help improve your health outcomes. The system is open to innovation and works collaboratively to reduce stigma and barriers, respond to different needs, promote awareness, align services with effective pathways, delivered by a skilled workforce.''

Resident views

4.7. As part of the overall PHST Programme, an organisation was commissioned to obtain insights from Kent residents who may not engage with current services. The feedback for sexual health services highlighted a preference for services to be multifaceted, localised and accessible.

4.8. This will be taken forward in the revised services model by ensuring that face-to-face clinics remain an option for people to access support in their preferred way which is via sexual health clinics and experts. Furthermore, increasing visibility of the services to ensure that people are more aware of how, when and where to access support via the full suite of sexual health services is important. Respondents reported that having multiple ways to access support is the best way to help them interact with the offer.

Peer Review

4.9. Surrey County Council was consulted for a peer review exercise and their feedback included:

- The vision statement is strong and captures the spirit of a well-functioning sexual health service (see section 4.6).

- Outcomes should be the core focus of the service.
- Having a more collaborative and equitable approach to delivery was favourable, including support of the commissioning model.
- Stressed the importance of maintaining relationships with providers, including pharmacies and primary care as the market is specialised and experiencing a period of high financial demand.
- Supportive of the development of a 'Kent Sexual health collaborative' as recommended by the 2024 Kent Sexual Health Needs Assessment. The collaborative is a newly formed partnership group which assists with a system wide approach to sexual health and encourages reduction in duplication, increasing value for money and identifying innovations and best practices to increase efficiencies.

5. Service model

5.1. During the transformation work, expected high level outcomes for the services were collaboratively designed and supported. These include:

- Open access and equitable sexual health services for people in Kent.
- Individuals requiring sexual health services are aware of them and how to access them.
- The services are evidence based, person centred, accessible and responsive to help improve health outcomes.
- The services are open to innovation and work collaboratively to reduce stigma and barriers, respond to different needs, services are aligned with effective pathways, and are delivered by a skilled workforce.
- Sexual Health services in Kent reduce health inequalities and inequities

5.2. As part of the Public Health Service Transformation Programme, a long list of options was explored in order to identify potential changes and enhancements to the existing service model for sexual health services in scope. These were scored against pre-determined critical success factors to determine a preferred option.

5.3. Options considered but rejected included:

- **Option 1**: **Keep all current services the same – no change / do nothing –** Whilst the services will mostly remain the same, amendments to the services were deemed necessary to generate efficiencies and enhancements. Further, changes in the contracting have been deemed necessary in order to facilitate better collaboration and equity across the sexual health service landscape.

- **Option 2: Discontinue / decommission the services –** Decommissioning the service was concluded as a non-viable option that would place KCC in breach of the Public Health grant conditions as KCC has statutory responsibilities to provide sexual health services.

- **Option 3: Add more to the service offer – do the maximum –** Whilst this would be beneficial for Kent residents, KCC is experiencing cost pressures and there is no additional funding to enhance the service in a manner which requires more financial investment. Also, the current

service is meeting statutory obligations. Further, efficiencies and enhancements can be generated within the existing financial envelope.

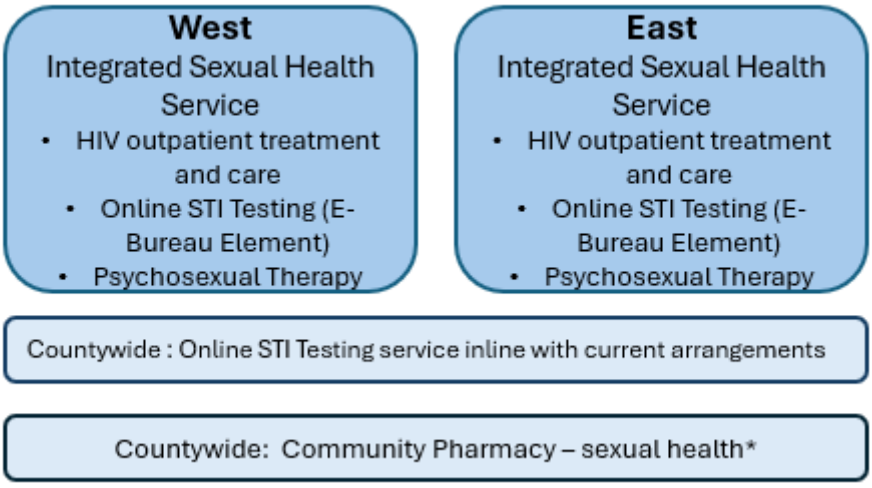
5.4. Preferred option:

- **Option 4: Strengthen and enhance specifications with insight and collaborations from stakeholders to create a uniform and equitable approach to delivery across west and east Kent.** This will result in contracts, one for west Kent and another for east Kent, providing an equitable and fair offer across the county, reflective of local need. This option ensures that all learning from the seven-stage transformation process is utilised and applied in a way that satisfies a blend of statutory duty, multifaceted feedback and local need.

- Digital enhancements will continue to be developed and prioritised where appropriate to create increased value for money, for example, with the online testing service offer and within clinic settings for efficiency and service quality. Specifications will ensure there is no duplication of service offer, that the sexual health system works as one to ensure best value for money, the specialised nature of the market continues to develop, and the voice of the population is reflected in service development and changes.

5.5 Summary of the revised service model

5.5.1 The revised service model is illustrated below and includes a fully integrated local offer across the county arranged into two lots. The service model gives equity of access to Kent residents, and it offers stability whilst enabling innovation and enhancing KCC's negotiation power.



5.5.2 Psychosexual therapy and E-bureau services will be commissioned to align across the geographical areas of the east and west of Kent. HIV treatment and care will continue to be an integral part of the sexual health services integrated offer in each geographical locality.

5.5.3 Online STI Testing will remain as a whole county offer due to economies of scale, innovations and efficiencies.

5.5.4 Community Pharmacy sexual health services will initially continue to be subcontracted and cover the whole of Kent. However, this will remain under review in line with anticipated changes to the national EOC contract and any outcomes of the internal review of KCC contracting with primary care (including pharmacy) directly in the future.

5.5.5. Advantages of this approach include:

- Equitable service as people receive the same service regardless of area in the county.
- Value for money benefits demonstrated with focus on outcomes.
- Smoother access pathways as psychosexual therapy and the E-Bureau function become embedded into the integrated service.
- Better patient experience and outcomes associated with HIV treatment and care continuing to be embedded into the integrated sexual health service.
- Opportunities for collaboration, sharing of best practice and fostering a whole systems approach.
- Stronger relationships and oversight between KCC and community pharmacies. This will have the additional benefit for other KCC commissioned pharmacy services.
- Aligns with feedback from Kent residents in that they want the services to remain multifaceted, localised, and accessible.

5.7. Following award of the contracts to successful providers, KCC will facilitate collaboration and joint working in order to reach the commissioning aspirations as set out above. Some of these changes will take place over a phased approach.

6. Commercial implications

6.1. The contracts for the current services in scope are due to expire 31 March 2026.

6.2. A make or buy assessment has been conducted to establish whether it is possible for the council to deliver these services directly. The outcome of the assessment showed that KCC does not have the necessary specialist expertise, clinical governance and infrastructure required to deliver specialist sexual health services directly

6.3. The procurement of sexual health services is governed by new legislation, The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) effective from 1 January 2024. The services will be procured using this legislation and will follow appropriate governance and approval routes.

6.4. The council intends to offer contracts covering a maximum period of 5-years which will see new services mobilised no later than 1 April 2026 with a review during the first two years of the contracts.

7. Financial Implications

7.1. The funding for these contracts is from the Public Health Grant and the Kent and Medway Integrated Care Board (ICB) for the HIV treatment and care element. The total estimated funding commitment from KCC for this decision is approximately £76.5m over 5 years.

7.2. Factors such as the funding levels provided via the annual PH grant to KCC, uplifts to the annual national agreement for the NHS Agenda for Change staff pay award scheme, and levels of activity may influence the actual annual value of the contract.

7.3. In the unlikely event that the grant in future years is insufficient to cover the contract value, prices or activity levels will be renegotiated to fit the available budget.

7.4. In addition to these services, the Public Health Grant is also invested into property services to provide premises in which these statutory sexual health services are delivered.

7.5. Strategies to maximise service efficiencies, offer best value, and maximise outcomes for people accessing the services will include exploration of digital options, a more restricted focus on services with highest return on investments such as online testing, and an increase in prevention work to stop and reduce the short, medium and long-term financial costs of ill sexual health.

7.6. NHS England (NHSE) has had a long-standing statutory obligation to provide HIV treatment and care services. To promote a more integrated approach and seamless patient experience, KCC entered into a Section 75 agreement with NHSE to incorporate HIV treatment and care services into the KCC-commissioned sexual health service offer. In the financial year 2025/26, the statutory responsibility for commissioning HIV treatment and care services is transferring from NHSE to the Kent and Medway Integrated Care Board (ICB). KCC will continue to deliver a Section 75 agreement with the ICB to continue providing these services.

7.7. Property and Infrastructure elements to be progressed in accordance with this decision and the Property Management Protocol.

8. Legal Implications

8.1. Under the Health and Social Care Act 2012, Directors of Public Health (DPH) in upper tier and unitary Local Authorities have a specific duty to protect and enhance the population’s health.

8.2. KCC commissions the services set out in this paper as part of its statutory responsibilities and as a condition of its Public Health Grant. These responsibilities are outlined in Section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

8.3. The recommissioning of these services will be compliant with the Provider Selection Regime (PSR) introduced under the Health and Care Act 2022. Appropriate legal advice is being sought.

9. Equalities implications

9.1. An Equality Impact Assessment (EqIA) has been completed for the service. Current evidence suggests that there no negative impacts to people because the service model is not reducing or changing in nature. This recommendation is an appropriate measure to advance equality and create stability for vulnerable people. The EqIA is included as Appendix A.

9.2. The EqIA will continue to be reviewed throughout the length of the contractual period.

10. Data Protection Implications

10.1. A Data Protection Impact Assessment (DPIA) will be completed by Kent County Council in conjunction with the providers following agreement of the approach by the Cabinet Committee. These documents will relate to the data that is shared between Kent County Council, the providers and the Office for Health Improvement and Disparities and any other services or organisations involved with the data. This will serve to identify, analyse and minimise data related risks. This will meet the councils' legal requirements as set out in the General Data Protection Regulations.

10.2. The DPIA will be updated following contract award and prior to the contract commencement date, to ensure it continues to have the most up-to date information included and reflect any changes to data processing because of the specification enhancements. The DPIA will be reviewed throughout the life of the contract.

11. Conclusions

11.1. Sexual Health services are key in ensuring the overall health and wellbeing of the Kent population, protecting from long term consequences of disease and risks to physical and psychological health, poor health outcomes, and reducing the negative consequences and costs of ill sexual health.

11.2. As part of an extensive Transformation Programme, the current services have been subject to comprehensive review, which included market, stakeholder and public engagement and peer review. The learning from these activities has been used to design a new service model for future delivery.

11.3. The service model will ensure an equitable service is delivered across the county, that maximises digital innovations and provides an efficient service that meets needs identified within the needs assessment.

11.4. It is proposed that Sexual Health Services in Kent are recommissioned with new services mobilised no later than 1 April 2026. The revised service model will enhance the existing service, deliver greater efficiency, whilst ensuring compliance with the council's statutory obligation.

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12. Recommendation(s):

12.1 The Cabinet Member for Adult Social Care and Public Health is asked to:

I. **APPROVE** the proposed Sexual Health Services commissioning model and agree to the re-commissioning and award of contracts relating to Kent's Sexual Health services effective from 1 April 2026 for a maximum of 5 years.

II. **AGREE** that Kent County Council extend the Section 75 agreement with the Integrated Care Board and for KCC to commission HIV treatment and care services together in line with current arrangements.

III. **DELEGATE** authority to the Director of Public Health to take relevant actions, including but not limited to, entering into and finalising the terms of relevant contracts or other legal agreements, as necessary, to implement the above decision.

IV. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, the exercise of any extensions permitted in accordance with the extension clauses within the contracts.

V. **DELEGATE** authority to the Director of Infrastructure in consultation with Director of Public Health to enter into any necessary contracts or other legal agreements, as required to implement this decision.

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13. Background documents and information

- The Health Care Services (Provider Selection Regime) Regulations 2023.
- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, part 2, regulation 6.
- Framing Kent's Future – Our Council Strategy 2022-2026.
- Securing Kent's Future – Budget Recovery Strategy, October 2023
- Kent and Medway Integrated Care Strategy.
- Sexual and Reproductive Health and HIV: Applying All Our Health
- Women's Health Strategy for England (2022).
- Kent Sexual Health Needs Assessment (2024).
- Public Health Outcomes Framework (Department of Health & Social Care)
- Health and Care Act 2022
- Health and Social Care Act 2012

14. Appendices

- Proposed Record of Officer Decision: Appendix A
- Equality Impact Assessment: Appendix B

15. Report Authors:

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