

## KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

### DECISION TO BE TAKEN BY:

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

### DECISION NUMBER:

25/00094

**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:

Long-Acting Reversible Contraception (LARC) Services Recommission

### Decision:

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

1. **APPROVE** the re-commissioning arrangements and continued contracting with primary care via a procurement compliant process for the delivery of Long-Acting Reversible Contraception. The new contract will commence on 1 December 2026 for an initial period of four years and four months, with the option to extend for up to two additional one-year periods, ending no later than 31 March 2033.
2. **DELEGATE** authority to the Director of Public Health to undertake all necessary actions, including, but not limited to awarding contracts, finalising terms, entering into legal agreements, and making any necessary refinements to the commissioning strategy over the life of the contract as described to implement the decision, providing they do not require additional governance.
3. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Finance to utilise the relevant contract extensions.

### Reason(s) for decision:

Kent County Council (KCC) has a statutory duty to provide reasonable access to a broad range of contraceptive substances and appliances as per Section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013.

Provision of Long-Acting Reversible Contraception (LARC) in primary care is an essential public health intervention which enables Kent County Council to meet its statutory duties and to deliver measurable health and economic benefits. Continuing to commission LARC through primary care offers advantages in terms of accessibility, convenience, patient choice, comprehensive care, and cost-effectiveness.

The current Long-Acting Reversible Contraception (LARC) Service in Primary Care contract is due to end on 30 November 2026. To ensure continuity of service, new contracts are required for the delivery of LARC within primary care.

### Background

LARC is an extremely effective form of contraception and supports the prevention of unplanned pregnancies. Unplanned pregnancies are significant contributors to poor health outcomes, and provision of the LARC service plays an important role in reducing the negative consequences and costs of it. Effective contraception reduces pressure on health and social care systems and contributes to improved outcomes for individuals and communities across Kent.

Long-Acting Reversible Contraception (LARC) services are guided by national best practice and have a strong return on investment evidence base. LARC is a clinically effective and cost-efficient contraception method, currently delivered via integrated sexual health services and primary care providers. All practitioners providing the commissioned service have achieved a relevant Letter of Competence issued by College of Sexual and Reproductive Health (CoSRH).

The service provides LARC fitting and removal procedures to women who opt to use these methods to prevent pregnancy. KCC currently commissions LARC in primary care via 102 GP practices across Kent. Trained practitioners in the participating GP practices undertake approximately 11,000 procedures each year. The current service model minimises the need for the patient to travel and ensures a reasonably equitable service access across the county. Use of LARC has not returned to pre-pandemic levels, approximately 5,000 less procedures per year are currently being undertaken.

The outcomes this service will aim to achieve are:

- a. Increase in the number of eligible people in the population choosing LARC as their contraception method.
- b. Sustain and increase the number of GP practices participating in this contract.
- c. The use of LARC increases to contribute to a decrease in the number of unplanned pregnancies and terminations of pregnancy.
- d. A greater awareness in the professional and resident populations of the benefits of LARC.

### **Proposed decision**

The proposal is to continue commissioning LARC directly from multiple primary care providers via a Provider Selection Regime (PSR) compliant procurement process (as per Procurement Act 2023). The recommendation is to maintain and strengthen these services, ensuring the council meets its statutory obligation.

Benefits of this approach include:

- Good geographical coverage across the county ensuring equitable service, as the same service is available regardless of geographical area in the county.
- Continuity of service in local settings fostering accessibility and patient choice.
- The commissioning authority remains close to the communities, able to respond to local needs.
- Direct assurance of each provider's competence which supports good quality and safety of the service.
- Maintaining control and access to service data and ability to audit performance.
- Flexibility for GP practices to contract on behalf of other practices to improve access.
- Value for money benefits demonstrated by the public health outcomes and the resulting return on investment to the wider system.

The commissioning strategy will aim to strengthen the LARC services in primary care and drive best value. LARC recommissioning plans will be developed where possible in alignment with the commissioning model adopted for NHS Health Checks and smoking cessation services which are also delivered by primary care.

## **How the proposed decision supports the Council's strategic statement**

Commissioning of LARC contributes to the objectives of the Council's strategic statement by supporting a preventative approach to improving population health and empowering people to make their own contraceptive choices. By ensuring access to contraception the service helps prevent unplanned pregnancies, which are significant contributors to poor health outcomes, and address health inequalities across Kent.

The service is also aligned to the Council's strategic statement by delivering measurable financial benefits. Preventing unwanted pregnancies reduces demand on health and social care services, avoiding associated costs and improving long-term outcomes for individuals and families.

Locally, the provision of the services supports the [Kent and Medway Integrated Care Strategy](#) and delivers against recommendations within the most recently published [Kent Sexual Health Needs Assessment 2024](#). These include expanding and ensuring local convenient access to contraception, and targeting priority groups, such as young people and those experiencing health inequalities. This is with the aim of ensuring provision is equitable, responsive to local needs, and embedded within wider health and care pathways.

## **Financial Implications**

The funding for these contracts is solely from the Public Health Grant. The funding allocation is £13m for a six year and four months contract. The spend in the first year will be circa £1.7m.

As this is an activity-based contract and an open access service, the costs will be dependent on presenting demand and agreed costs. This has been budgeted for in the financial calculations. The aim is to ensure Kent residents are not turned away if they present with an eligible need, albeit this needs to be affordable. Factors such as the funding levels received via the annual PH grant to KCC, procurement outcomes or changes to unit costs in health and social care may influence the actual value of the contract. Final costs will be subject to activity levels, device prescription price fluctuations and negotiations on tariffs.

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

## **Legal Implications**

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. 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.

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 sought and will be utilised throughout the process to ensure compliance with the relevant legislation.

## **Equalities implications**

An Equality Impact Assessment (EqIA) has been completed for the service. Current evidence suggests 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 will continue to be reviewed throughout the length of the contractual period.

**Data Protection implications**

A Data Protection Impact Assessment (DPIA) has been completed. The DPIA will be continuously updated following contract award to ensure it continues to have the most up-to date information included and reflects any changes to data processing.

**Cabinet Committee recommendations and other consultation:**

**Any alternatives considered and rejected:**

1. **Cease commissioning through primary care** - discarded due to risks associated with reduced accessibility to contraception and increased pressure on specialist integrated sexual health services.
2. **Commission via a single provider model** - discarded due to risks associated with lack of flexibility in provision and poorer geographic coverage.

**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