

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

DECISION NO:

18/00051a and
18/00051b

For publication

Key decision

Reason: Expenditure or savings of more than £1m, and affects more than two Electoral Divisions

Subject: Sexual Health Services Provision

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree the following changes to the provision of sexual health services which are due to expire in March 2019:

18/00051 a

- The inclusion of integrated sexual health and related services into the existing Kent Community Health Foundation NHS Trust (KCHFT) partnership
- Formation of a new partnership agreement with Maidstone and Tunbridge Wells NHS Foundation Trust (MTW) and inclusion of integrated sexual health and online STI testing services
- Continued contracting directly with GP surgeries for Long Acting Reversible Contraception (LARC) services delivered within primary care

18/00051 b

Agreement to award contract following a competitive process procurement for online condom scheme and outreach services

Reason(s) for decision:

Background: KCC is required to provide sexual health information and advice; contraception; testing, diagnosis, treatment and management of STIs and HIV; and raising awareness about the prevention of STIs. There are a number of these mandated services available in Kent, several which have been delivered by NHS providers for many years. The workforce required to deliver these services is very skilled and highly competent needing to deal with a complex array of issues and provide quality assured clinical expertise.

Outcomes: The commissioned services support KCC's outcome - Kent Communities feel the benefits of being in work, healthy and enjoying a good quality of life.

The following KCC Supporting Outcomes are also underpinned in this service:

- Physical and mental health is improved by supporting people to take more responsibility for their own health and well being
- Those with long-term conditions are supported to manage their conditions through access to good quality care and support
- Residents have greater choice and control over the health and social care services they receive.

The key outcome expected of the service is an improvement in the sexual health and wellbeing of the population of Kent and a reduction in sexual health inequalities. These are measured by using a range of metrics alongside service KPI's (including user satisfaction metrics).

Financial implications: The total budget for these services is expected to be £12,902,267 annually. However, all services are open-access, mandated and activity-based and therefore the budget may exceed this, based on user need.

Of this total budget, the total annual value of LARC services (decision number 18/00051a) is anticipated to be £2,140,823.

The total annual value for the CYP Condom programme (decision number 18/00051b) is anticipated to be £282,040, with a total of £2,538,360 over a potential 9 year contract (Initial 3 year term with 2 extensions of up to 3 years each).

Legal implications: Provision of this service is a statutory responsibility. TUPE may apply and if necessary legal advice will be sought.

Although the County Council has an initial review of up to 5 years with the partnership agreements under decision 18/00051 a, the agreements by nature are open ended and so there is no formal expiry date. However, the legal documentation will allow for breaks in contract and also for termination of contract if necessary. The public health budget is ringfenced until 2020, after this time there is no guarantee the funding will remain the same. This will be explicitly stated in all contracts and clear break clauses have been included.

Equality Implications: An Equality Impact Assessment for the service has been completed and any recommendations for improvements in service delivery have been incorporated in the service specification. The EQIA will be ready for sharing shortly and will be publicly available and signed off before the decision takes place.

Cabinet Committee recommendations and other consultation:

This matter will be discussed by the Health Reform and Public Health Cabinet Committee on 28 September 2018. The outcome of that meeting will be included in the decision paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

Other options for commissioning were considered, these included doing nothing and de-commissioning the service, providing the service in house, recommission the existing service as is and work in partnership to remodel an updated service. The service is a mandated service and so if we did nothing and let the contracts expire and the service was decommissioned we would not be meeting KCC's mandatory duties. Taking on direct responsibility for service delivery within KCC could have advantages of flexibility of service delivery however it is not a viable option as KCC do not have the clinical staff to be able to provide the services required. It would be a considerable investment in both time and cost to build this capability within KCC.

The contracts have been varied over the last few years to adapt to some of the changing needs however this transformation review of the whole of sexual health services offers an opportunity to look at the service as a whole and how this can be delivered in a more efficient way which meets the needs of the users.

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