

# KENT COUNTY COUNCIL –RECORD OF DECISION

**DECISION 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 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) and Kent County Council (KCC) partnership
- Formation of a new partnership agreement between Maidstone and Tunbridge Wells NHS Foundation Trust (MTW) and Kent County Council (KCC) for the 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**

Award of a contract following a competitive process procurement for online condom scheme and associated 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. In addition, services are jointly funded by NHSE and the level of contribution (which expected to increase) will impact upon the final budget available.

Of this total budget, the total annual value of LARC services (decision number 18/00051a) is anticipated to be £2,140,823. However, all services are open-access, mandated and activity-based and therefore the budget may exceed this, based on user need.

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). This service also has an activity element and actual spend will be dependent on demand and outcome of the tender.

**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 agreements 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 forms part of the decision paperwork.

#### **Cabinet Committee recommendations and other consultation:**

This matter has been discussed by the Health Reform and Public Health Cabinet Committee on 28 September 2018. Please see attached for full minute text.

#### **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:



.....  
signed

16 October 2018

.....  
date



## KENT COUNTY COUNCIL

### HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held at Darent Room - Sessions House on Friday, 28th September, 2018.

PRESENT: Mr G Lymer (Chairman), Mrs C Bell, Mr R H Bird (Substitute for Mr D S Daley), Mr D Butler, Mr A Cook, Miss E Dawson, Ms S Hamilton, Mr S J G Koowaree, Ms D Marsh, Mr K Pugh, Dr L Sullivan and Mr I Thomas

OTHER MEMBERS: Graham Gibbens

OFFICERS: Andrew Scott-Clark (Director of Public Health), Dr Allison Duggal (Deputy Director of Public Health) and Theresa Grayell (Democratic Services Officer)

#### MINUTE EXTRACT

#### UNRESTRICTED ITEMS

**95. 18/00051 a and b - Sexual Health Needs Assessment and Service Commissioning.**  
*(Item. 10)*

*Ms W Jeffreys, Public Health Specialist, and Mr M Gilbert, Senior Commissioner, were in attendance for this item.*

1. Ms Jeffreys and Mr Gilbert introduced the report and updated the statistics set out in para 3.11 of the report; the percentage of late diagnosis of HIV in Kent had increased to 61.7% compared to 41.1% in England as a whole. They and Mr Scott-Clark then responded to comments and questions from Members, including the following:-

- a) the online ordering facility for testing kits allowed customers to access kits discreetly, without having to ask over a counter. It also reduced the demand for clinic visits, which were more expensive, as only those testing positive would then be invited to attend a clinic appointment. Members were assured that kits obtained through the online service would come only from reputable, quality providers, approved and commissioned by the County Council. This saved customers having to search randomly elsewhere on the internet and perhaps finding products which were not quite so reliable;
- b) although the online 'Get It' programme was available only for people over 16, younger customers would be signposted to find support and products elsewhere. A young person logging in would be required to enter their date of birth and would be guided through the system in such a way that they could not then change the entry later to make themselves seem older;
- c) young people would be told how to access the digital offer as it was part of the information provided by the school public health service. The 'Get It' programme had been widely promoted and was accessible through youth hubs and numerous outlets frequented by young people;

- d) the County Council was seeking to have a longer contract for the new condom programme so the service would stay with the same provider for a longer period, thus minimising the frequency with which the access details would change. Members were assured that a longer contract would include the same rigorous performance clauses to ensure that a good quality service was maintained. Kent's digital offer had increased uptake above that of other neighbouring authorities and would continue to be developed. A longer contract period would also give service staff more stability of employment;
  - e) Kent's sexual health services were demand-led, and the County Council had a duty to provide treatment for all people testing positive. The Council had a reserve of cash to cover rises in demand;
  - f) in response to a question about the County Council's scope to own or 'brand' a campaign, Mr Gilbert explained that the 'Get It' campaign was owned by the provider, Metro. Where the County Council bought an existing campaign, it would not usually be possible to own the brand and continue to use it with a different provider. Mr Gilbert undertook to liaise with prospective contractors to explore the possibility of negotiating an agreement for Council ownership or perpetual right to use a new brand for the service. He cautioned, however, that potential providers would most likely not allow the Council to take over their existing brand and use it with another provider. It would, however, be possible for the Council to develop and own a new brand and use it with any chosen provider. This idea was supported by some Members, with the suggestion that Kent could adopt an overall brand to cover its various sexual health services;
  - g) asked about statistics for the prevalence of syphilis and how soon cases were being identified, and how the UK compared to other countries in the way in which it approached the provision of sexual health services, Ms Jeffreys *undertook to look into this and supply information to Members outside the meeting*;
  - h) sexual health service providers were being pro-active in liaising with universities and colleges, youth groups and early years support services to spread awareness of its sexual health services;
  - i) there was still some resistance to take up the offer of testing for STIs, due to the prevailing understanding of personal risk among many people; and
  - j) a view was expressed that Kent should raise the profile of HIV testing and reassure people that requesting a test was a responsible move and not one which need jeopardise insurance, mortgage or loan applications. The extent of change since the HIV campaigns of the 1980s was emphasised. Knowledge and understanding of HIV was just starting in the 1980s, but medical knowledge and public awareness had both increased greatly since then, along with the accessibility of testing and services.
2. It was RESOLVED that:-
- a) the key findings of the needs assessment and changes in delivery of sexual health services be noted;

- b) taking account of Members' comments and concerns set out above, and in particular about branding and ownership, the decision proposed to be taken by the Cabinet Member, to make changes to the provision of sexual health services due to expire in 2019:
- i. the inclusion of integrated sexual health and related services into the existing Kent Community Health Foundation NHS Trust (KCHFT) partnership;
  - ii. the formation of a new partnership agreement with Maidstone and Tunbridge Wells NHS Trust (MTW) and inclusion of integrated sexual health and online STI testing services;
  - iii. continued contracting directly with GP surgeries for Long Acting Reversible Contraception (LARC) services, delivered within primary care; and
  - iv. award of contract following a competitive process procurement for an online condom scheme and outreach services;
- be endorsed; and
- c) the proposed plans for the continued delivery of Kent County Council-commissioned sexual health services, via Kent Community Health Foundation NHS Trust and primary care, be supported.

END OF EXTRACT



