

KENT COUNTY COUNCIL – RECORD OF DECISION

DECISION TAKEN BY:

Clair Bell

Cabinet Member for Adult Social Care & Public Health

DECISION NO:

19/00064

For publication**Key decision**

Extension of a contracting arrangement for the delivery of Public Health services with an annual expenditure of around £37.5M. This decision is required as the value is over £1m and affects more than two Electoral Divisions.

Subject: Delivery of Public health services

Title: Kent County Council and Kent Community Health NHS Foundation Trust Collaborative Partnership

Decision:

As Cabinet Member for Adult Social Care and Public Health, I agree to the extension of the collaborative partnership arrangement with Kent Community Health NHS Foundation Trust, until at least March 2025, and ongoing delivery of Public Health services through this approach.

Public Health services included are listed below:

- Health Visiting
- School Health Services
- Sexual Health Services
- Lifestyle Services and NHS Health Checks
- Oral Health Services
- Postural Stability Services

Reason(s) for decision:

Kent County Council took the decision to enter into an innovative partnership with Kent Community Health Foundation Trust (KCHFT) in September 2017, with the aim to maximise the opportunity to improve the health of Kent residents, deliver common objectives and accelerate delivery of the Sustainability Transformation Plan (STP), known as the Sustainability Transformation Partnership. This arrangement was also designed to offer the flexibility to align to new local care arrangements.

This decision recognised that KCHFT was integral to the delivery of the STP and recognised that both KCC and KCHFT faced significant challenges which could be better managed through a joint open and transparent approach. The original decision put procurement in "abeyance" until at least March 2020 and a further decision is required on how best to deliver these services in the future.

Legal advice taken at this time confirmed that the approach was permitted within the Procurement Regulations.

KCC has considered a full options appraisal, which was informed by a comprehensive review. This provided substantial evidence that the partnership approach has enabled rapid service transformation and delivery of agreed projects and supported the prevention strand of the STP. Services delivered by the Trust have demonstrated measurable improvements in health, delivered statutory requirements, provided and maintained excellent user satisfaction and given value for money. The views of Internal Audit and the Care Quality Commission (CQC) were considered as part of the review and they have reported significant strength in the organisational delivery, resulting in the Trust being awarded a rating by CQC of "Outstanding".

An extension of five years was recommended to align to local plans being developed in response to the NHS Long Term Plan. It was felt that this arrangement would enable delivery of the recommendations from the review so to benefit local residents and support acceleration of local care.

Outcomes: Both the Partnership and services within it support delivery of the objectives set out in 'Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement (2015-2020)'. It also supports KCC to fulfil its statutory duty as a Public Health Authority, to deliver services which are mandated as part of the Public Health Grant and contribute to the Public Health Outcomes Framework.

Financial Implications: The spend of Public Health services across the 5 years will be in the region of £187,109,535. However, values will be subject to annual review and will fluctuate based on demand and any external investment e.g. through Health partners.

Additional income through Health Partners enables delivery of HIV treatment services and targeted work for NHS Health Checks as set out as part of the STP.

The estimated value for 2019/20 is £37,421,907 with anticipated income of £860K from NHS England and the Kent and Medway STP. Services included are Health Visiting, School Nursing, Postural Stability, Sexual Health, Lifestyle services including Smoking and NHS Health Checks and Oral health. A number of services are open access and, as such, the actual spend will be dependent on demand.

Legal Implications: Regulation 12(7) of the Public Contracts Regulations 2015 enable this type of co-operation between public sector bodies where certain conditions are met. Independent legal advice taken in summer 2019 has supported the legality of the approach.

This form of arrangement builds on duties that already existed to exercise functions with a view to integrating the provision of care and support, under the Care Act 2014 ("CA 2014"), with health provision (section 3, CA 2014). Both parties are also under a duty, under s.82 of the NHS Act 2006, to co-operate with one another to secure and advance the health and welfare of the people of England and Wales.

Equalities implications: Equality Impact Assessments will be completed at a service level as required.

Cabinet Committee recommendations and other consultation:

The proposed decision was discussed at the Health Reform and Public Health Cabinet Committee on the 24th September and was endorsed by the Committee. The proceedings were as follows:

19/00064 - Delivery and Transformation of Public Health Services (Item. 8)

The Chairman advised the committee that, as this and the exempt report later in the agenda (item 12) contained much detailed information, he was minded to take both reports together in a closed session at the end of the meeting. It was important that Members have the opportunity of a full understanding of the issues before being able to comment on them and consider the recommendations, and to do this they would need to be able to have a frank discussion and explore all of the available information. This could only be done effectively in a closed session.

EXEMPT ITEM (open access to minutes)

19/00064 - Delivery and Transformation of Public Health Services (Item. 12)

Mrs V Tovey, Public Health Senior Commissioning Manager, was in attendance for this item.

1. Mrs Tovey introduced the reports for agenda items 8 and 12 and responded to questions of detail from the committee, including the recruitment and training of new nurses and retention and re-training of experienced nurses to take on new roles, for example, as health visitors and school nurses, to offer a new career pathway. The Care Quality Commission's recent rating of Kent Community Health NHS Foundation Trust (KCHFT) as 'outstanding' would help to retain and attract new staff. Other questions included clarity of the conditions that were required to be met for the County Council and KCHFT to enter into this agreement. Mrs Tovey confirmed that the conditions were set out in section 12(7) of the Procurement Regulations and also referenced within the exempt report. Mrs Tovey informed the committee that independent legal advice confirmed the arrangement met these criteria for the delivery of public health services and advised that this would be subject to review during the five years to ensure the conditions continued to be met.

2. It was RESOLVED that:-

- a) the context, risk and assurance associated with the proposed procurement approach for public health services be noted; and
- b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to authorise the County Council to extend the collaborative arrangement with Kent Community Health NHS Foundation Trust, for the services listed in the report, until March 2025, be endorsed.

Public Consultation was carried out in 2015 to inform new models that are currently being delivered. Engagement with local residents and co-production continues to take place to support service changes and feedback from the Public Consultation conducted by the STP will inform delivery of future services for Children and Young People (<https://kentandmedway.nhs.uk/latest-news/help-the-nhs-improve-services-for-children-and-young-people/>).

Local Members have been consulted and engaged via internal governance meetings and public committees.

Any alternatives considered and rejected:

Seven options, including do nothing, were considered and the most viable three options ranked against key objectives, strategic fit and risk. Continuation of the partnership was ranked significantly higher than all the other options and an extension of five years recommended to align to local plans being developed in response to the NHS Long Term Plan. It was felt that this arrangement would enable delivery of the recommendations from the review and so to benefit local residents and support acceleration of local care. Considered options are set out below:

Do Nothing – discounted as this would not meet future pressures and ignores findings from the

review

Option 1: Extend and refine KCHFT only - considered in short list of options

Option 2: Explore integration with KCC only - discounted in favour of option 3 which offered greater opportunities

Option 3: Explore opportunities for system integration - considered in short list of options

Option 4: Procurement of all services - considered in short list of options

Option 5: Procurement of some services - considered as a sub-option of option 4

Option 6: Insource (all or part). – discounted due to risk to workforce stability

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

None

Ce Sen

15th October 2019

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signed

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date