

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Clair Bell

Cabinet Member for Adult Social Care & Public Health

DECISION NO:

19/00064

Unrestricted

Key decision: YES

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: Kent County Council and Kent Community Health NHS Foundation Trust collaborative partnership

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to 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 is 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)’. They support 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 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 supporting provision, 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:

This item will be discussed at the Health Reform and Public Health Cabinet Committee on the 24th September 2019 and the outcome of that discussion included in the decision paperwork which the Cabinet Members will be asked to sign.

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/>).

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 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).

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