

## **CABINET**

**5 AUGUST 2014**

### **ACQUISITION OF PREMISES IN CHATHAM FOR SEXUAL HEALTH SERVICES**

Portfolio Holders: Councillor Alan Jarrett, Finance  
Councillor David Brake, Adult Services

Report from: Dr Alison Barnett, Director of Public Health  
Perry Holmes, Assistant Director, Legal and Corporate Services

Author: Dawn Hollis Senior Public Health Manager, Commissioning and Assurance

#### **Summary**

This report seeks delegated authority for the Assistant Director, Legal and Corporate Services in consultation with the Portfolio Holders for Finance and Adult Services to take a lease of premises in order to relocate some Contraceptive and Sexual Health (CASH) services to new central Chatham premises and to seek approval to add the scheme to the Capital Programme.

#### **1. Budget and Policy Framework**

- 1.1 As the rent payable for the property to be leased will be above £20,000 per annum but below £1,000,000 per annum, the delegation of authority to take a lease is a matter for Cabinet.
- 1.2 The capital cost of fitting out the premises and moving to them can be funded from the Public health budget. The Addition to the Council's capital programme is a matter for Council. The next meeting of Full Council is not until 16 October 2014. A long term search, (starting in March 2013) was carried out for suitable premises for CASH and the preferred premises is a very good choice that will not be replaced with an alternative without difficulty and a further delay of several months. Waiting until 16 October for approval at Full Council for the addition of the scheme to the capital programme is likely to result in the owner of the property letting it to another applicant during the next three months and officers would, therefore, be back to needing to look for a new property.

- 1.3 Therefore, it is proposed that the Chief Executive uses the urgency provisions as set out in paragraph 4.1 of the Employee Delegation Scheme to agree the addition to the Capital Programme, to avoid the risk of losing the opportunity to take a lease on the premises. The use of these urgency provisions will be reported to Full Council on 16 October 2014 for information.
- 1.4 The national framework for sexual health improvement recommends that the location of sexual health services needs to take into account rapid access to high quality services, including consideration of public transport as well as opportunistic access in locations frequented by younger adults but also discreet enough for other users.

## **2. Background**

- 2.1 The Council owns in excess of 1,000 property assets and, next to staff, property is the Council's largest single cost. Effective management is therefore essential if the Council is to fulfill its core objectives and provide good quality, value for money services.
- 2.2 To ensure that the Council's property assets contribute to its priorities, outcomes, objectives and key actions, as set out within the Council Plan, all properties are considered in the context of rationalisation.
- 2.3 This report brings forward proposals to lease new premises in order to relocate and centralise existing CASH services currently located at Lordswood Healthy Living Centre, Medway Youth Trust and Balmoral Healthy Living Centre.

## **3. Public Health Services**

- 3.1 Sexual health services for the population of Medway are the commissioning responsibility of Medway Council. The contracts for the provision of services and the locations from which services are currently provided were transferred from Medway PCT on 1st April 2013 as part of the transfer of public health responsibilities to the Council. The existing contraceptive and sexual health services (CASH) contract with Kent Community Healthcare Trust (KCHT) allocates the responsibility for sourcing and providing suitable premises from which to operate with the Commissioner. It was recognised from April 2013, that some existing locations were not fit for purpose and it was agreed that suitable locations in Chatham would be sought. The public health directorate and the Council's property team have been searching for a suitable property to relocate some of the contraceptive and sexual health services (CASH) into and have now identified suitable premises.

## **4. Location of CASH Services**

- 4.1 Prior to April 2013, the provision of premises for the CASH service was the responsibility of Medway PCT. One of the locations that the CASH service was provided from was Elm House, New Road, Chatham. In the autumn of

2011, the PCT decided that Elm House was not fit for purpose and would require significant investment to refurbish the building to a state that was fit for the provision of clinical services.

- 4.2 Following a consultation exercise, Elm House was closed and the various services were re-located. The CASH service from Elm House was temporarily re-located to Lordswood Healthy Living Centre, as this was the only location within Medway that could house the size of the service at that time. The intention was to move services back to Chatham as soon as a suitable location was found. From the data available it would appear that the majority of the footfall from Elm House did not attend Lordswood but rather attended the already busy clinics at Balmoral Gardens and possibly the more expensive genito-urinary medicine (GUM) clinics.
- 4.3 As at June 2014, the current locations for CASH services across Medway are mostly in Healthy Living Centres.

<b>Venues</b>
Keystone, Strood
Parkwood HLC
Lordswood HLC
Balmoral Gardens HLC, Gillingham
Twydall HLC
Rainham HLC
Medway Youth Trust, Chatham

## **5. Rental of Property in central Chatham**

- 5.1 The public health directorate and the property team have now identified a suitable property in central Chatham and terms have been agreed with the landlord. Indicative estimates of costs can be found in the exempt appendix.

## **6. Re-commissioning of Sexual Health Services**

- 6.1 The re-commissioning plan for sexual health services is to commission an integrated sexual health service from one provider from 1 April 2015. This service will include CASH and genito-urinary medicine (GUM) service, (the current Providers are Kent Community Health Care Trust and Medway Foundation Trust).
- 6.2 It is the intention that the new contract for an integrated sexual health service would include the requirement for the new provider to take on the responsibility for identifying where sexual health services should be located and for sourcing those premises. Funding for premises would form part of the finance envelope for the contract.
- 6.3 The needs assessment has indicated that a premises solution for sexual health services within Medway could be based on a hub and spoke model. This would ensure that there was sufficient local provision for the low cost,

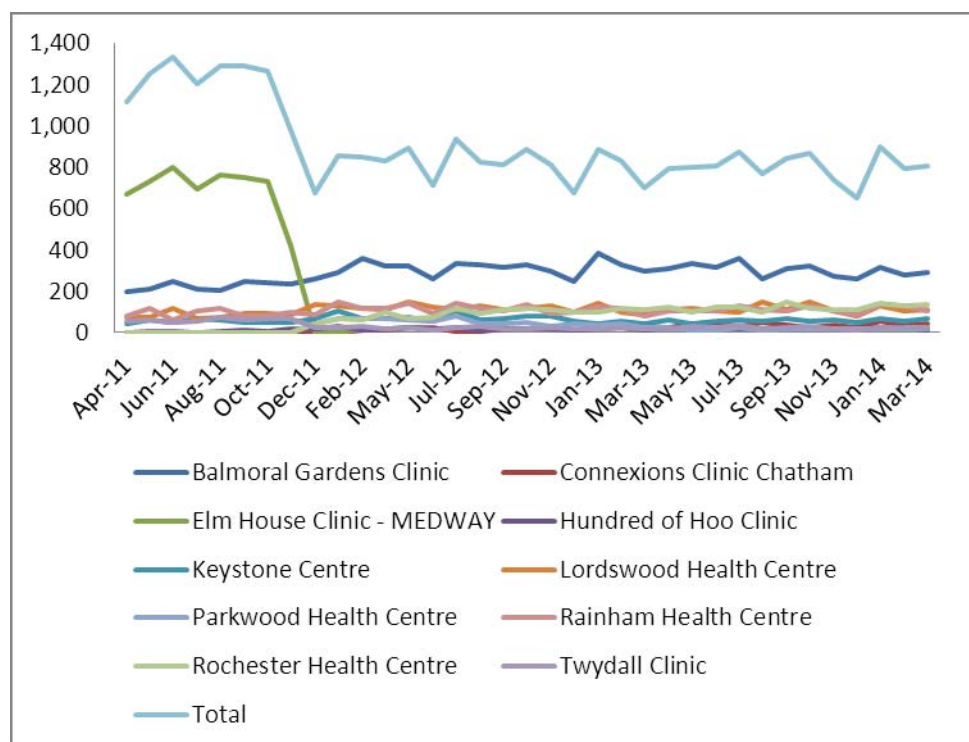
high frequency activity as well as central provision for the higher cost, complex activity.

## 7. Chatham as a Location for Sexual Health Services

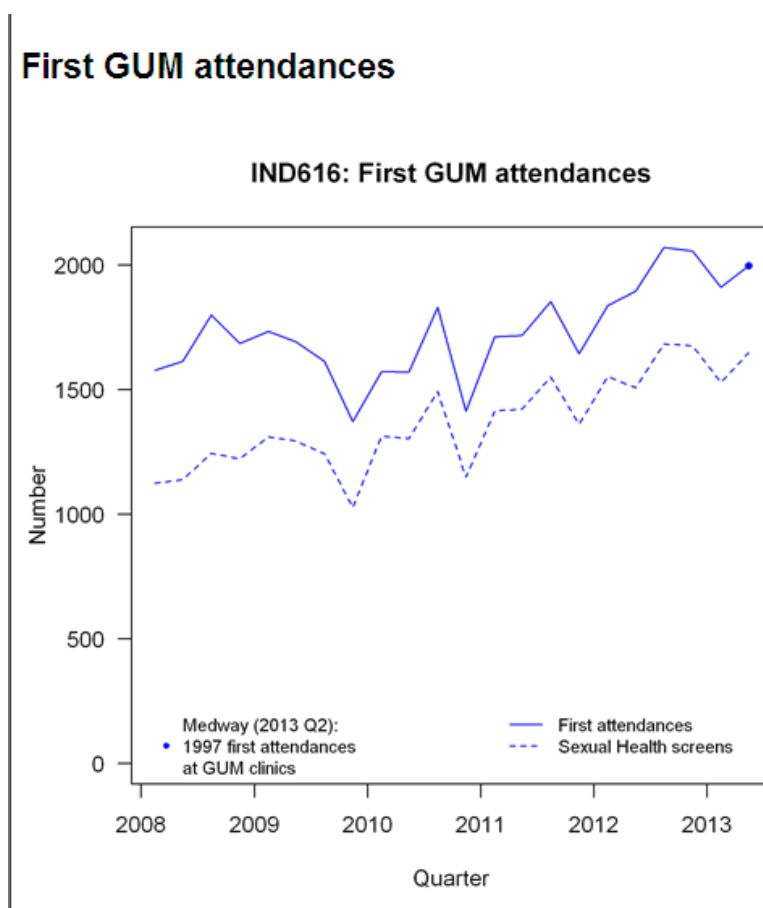
7.1 The sexual health needs assessment supports the provision of a centre in central Chatham. Sexual health services are mostly used by young people aged 15 to 30 as they have a greater need for contraception and are at highest risk of a sexually transmitted infection. Chatham is easily accessed by people of this age group. Public transport links to and from Chatham to other areas of Medway are good. Chatham is a popular location for entertainment, leisure and shopping by young people.

7.2 Analysis of sexual health clinic activity shows that attendances at CASH clinics across Medway have dropped by approximately 400 a month since the closure of Elm House at the end of 2011. Conversely attendances at GUM clinics at MFT have risen by approximately 400 a month in the same time period. It cannot be confirmed at this time that the shift in activity is a direct like for like shift.

CASH Activity data Apr 11 – Mar 14



## GUM First Attendance Data 2008 - 2013



### **8. Healthy Living Centres**

- 8.1 The majority of CASH services are currently provided out of Healthy Living Centres (HLCs). For commercial analysis please see Exempt Appendix
- 8.2 If services were to remain in HLCs at their current level these costs would need to be included in the financial envelope for running the service.

### **9. Current Providers**

- 9.1 When sexual health services are re-commissioned, the current Providers will need to re-tender along with any other bidders. Any future Provider will need to engage with Public Health as to where to best locate services. Any proposed change in location will need to be considered both by the Commissioner and by the Overview and Scrutiny Committee. Further information on the current providers is set out in the Exempt Appendix.

### **10. Options**

- 10.1 It is considered that there are three possible options for the provision of sexual health premises in central Chatham:
- 10.1.1 Continue to commission the provision of CASH services from the locations of Lordswood HLC, Balmoral HLC and Medway Youth Trust building

10.1.2 Build the cost of securing premises in central Chatham into the new contract and require a new Provider to source, refurbish and lease a suitable property

10.1.3 Acquire a lease on a suitable premises in central Chatham for operational and financial reasons with the recommendation that

- the re-commissioned service specification will require the property to be used as a centre for sexual health services in Medway due to its location and capacity
- the new service specification requires the provider to build their service provision around use of the Chatham centre in ways that best meet the needs of Medway residents.

10.1.3 is the preferred option.

## **11. Advice, analysis and options**

11.1 *Continue to commission the provision of CASH services from Lordswood HLC, Balmoral HLC and Medway Youth Trust building* – this option does not provide a suitable service to the population of Medway. The cost of delivering services from HLCs is unsustainable. All this has the potential to impact adversely on public health outcomes.

11.2 *Build the cost of securing premises in central Chatham into the new contract and require a new provider to source, refurbish and lease a suitable property* – this option would delay the provision of sexual health services in Chatham by over a year from now. A new provider would be tasked with sourcing a premises and refurbishing it after contract award. Whilst potentially, the sourcing of a location would be possible during tender, it would be unlikely that a provider would be willing to take on a lease or refurbishment of a property at risk. This option is also unlikely to have any financial benefit over other options, as the cost of providing any accommodation will need to be built into the cost envelope for the new service.

11.3 *Medway Council to acquire a lease on a building in central Chatham* – this option will provide services from a suitable location at the earliest opportunity. The current provider could move in and then hand over to an in-coming provider. There are added benefits that any staff that TUPE to the new provider would already be in the new location. Depending on the terms of the lease, it may also be possible to transfer elements of the lease from Medway Council to the provider for the duration of the sexual health services contract.

11.4 A screening Diversity Impact Assessment is attached at Appendix 2 and a full Diversity Impact Assessment will be prepared before any decisions are made and the Assistant Director Legal and Corporate Services will have due regard to it when deciding whether and how, to exercise the powers delegated to him by Cabinet.

## 12. Risk Management

<b>Risk</b>	<b>Description</b>	<b>Action to avoid or mitigate risk</b>	<b>Risk rating</b>
Adverse reaction to relocation proposals	Service Users and staff react badly to the proposals.	Consultation with staff and service users. Staff are keen to move back to premises in Chatham. The sexual health needs assessment has confirmed that service users want services situated in venues that are appropriately accessible in relation to time and location	C2
The council is committed to the lease of a premises beyond when it needs the premises	The lease extends beyond when the Council needs it	Agree a lease term which is suitable for the service, contains a break-clause so the lease can be ended and allows the council to sublet to service providers	D2

## 13. Consultation

13.1 Consultation has taken place as part of a sexual health needs assessment, which was undertaken to help inform the re-commissioning plan for sexual health services from April 2015. This consultation confirmed the need for appropriately accessible services in relation to time and location. Chatham town centre is an appropriate location for all service users, providing excellent public transport links, car parking, as well as links with social and leisure activities.

## 14. Financial and legal implications

14.1 The current charge for a consultation/examination (C/E) room at a HLC is £128 per session. For the CASH service, three C/E rooms are required per session, 10 sessions run per week for 46 weeks a year. Including rental of admin support space, the cost could be in excess of £200,000 per annum. Further information is set out in the Exempt Appendix

14.2 Overall running costs for a central Chatham property are estimated at £55,000 per annum.

14.3 It is possible that some of the rental costs could be recouped by renting out seminar space to other services on a sessional basis.

14.4 Annex A of the public health ring-fenced grant determination 2014/15 allows the grant to be used for both revenue and capital purposes.

- 14.5 Under Part 4 of Chapter 3 of the Council's Constitution, the decision to take a lease of new premises is one for Cabinet as the rent payable will be over £20,000 per annum.
- 14.6 The Council has power under section 120 Local Government Act 1972 to acquire land for any of its functions, including Public Health Services.
- 14.7 In considering whether to move CASH services to new premises in Chatham, Medway Council must comply with its duties in section 149 Equality Act 2010 to have 'due regard' to the need to eliminate discrimination, advance equality, and foster good relations. The Assistant Director Legal and Corporate Services must therefore have regard to these matters and consider the effect that the relocation will have in relation to equality before deciding whether and how to exercise the powers delegated to him by Cabinet.
- 14.8 The capital costs of fitting out the premises and moving the service are estimated at £200,000 and can be met within existing public health budgets.
- 14.9 The revenue costs of running the premises can be met from existing budgets.

## **15. Recommendations**

That Cabinet:

- 15.1 Delegates authority to the Assistant Director, Legal and Corporate Services in consultation with the Portfolio Holders for Finance and Adult Services, to take a lease of the premises to locate CASH services in central Chatham.
- 15.2 Recommends to the Chief Executive (using urgency powers (in place of referring this matter to Full Council)) to add the scheme for the refurbishment and moving costs to the capital programme.

## **16. Suggested reasons for decision(s)**

- 16.1 The provision of a Chatham CASH service will improve access to services for Medway residents, which will result in increased uptake of services. This can then contribute to the preparations and planning for the re-commissioning of sexual health services in 2015. It will also provide a positive contribution to public health work to reduce teenage pregnancy rates as well as reduce sexually transmitted infections.



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**Background Papers:**

Corporate Property Strategy, approved by Cabinet on 4 April 2006.

<http://democracy.medway.gov.uk/mgIssueHistoryHome.aspx?IId=2047>

**Appendix:**

Appendix 1 - Diversity Impact Assessment



## Appendix 1 - Diversity Impact Assessment: Screening Form

<b>Directorate</b>  Public Health	<b>Name of Function or Policy or Major Service Change</b>  Provision of Contraceptive and Sexual Health (CASH) services		
Officer responsible for assessment  Dawn Hollis – Senior Public Health Manager – Commissioning and Assurance	Date of assessment  30 <sup>th</sup> June 2014	New or existing?  New	
<b>Defining what is being assessed</b>			
<b>1. Briefly describe the purpose and objectives</b>	<p>It is proposed to re-locate CASH services from Lordswood Healthy Living Centre, Medway Youth Trust and Balmoral Healthy Living Centre into a premises at 4 Clover Street, Chatham.</p> <p>To re-provide CASH services in central Chatham. Sexual health services are mostly used by young people aged 15 to 30 as they have a greater need for contraception and are at highest risk of a sexually transmitted infection. Chatham is easily accessed by people of this age group. Public transport links to and from Chatham to other areas of Medway are good. Chatham is a popular location for entertainment, leisure and shopping by young people.</p>		
<b>2. Who is intended to benefit, and in what way?</b>	<p>This is intended to benefit the residents of Medway. Prior to 2012, CASH services were centralised at Elm House, New Road, Chatham. The services were temporarily moved to Lordswood HLC at the end of 2011, as Elm House was not fit for the provision of clinical services.</p>		
<b>3. What outcomes are wanted?</b>	<p>Increased use of CASH services that will support public health outcomes of a reduction in teenage pregnancy rates, a reduction in sexually transmitted infections and early diagnosis of HIV</p>		
<b>4. What factors/forces could contribute/detract from the outcomes?</b>	Contribute  Re-location of services to a central Chatham location that is easily accessible	Detract  Delay in re-provision of services in central Chatham	
<b>5. Who are the main stakeholders?</b>	Service users in Medway		

6. Who implements this and who is responsible?	Public health directorate  Director of Public Health – Dr Alison Barnett	
<b>Assessing impact</b>		
7. Are there concerns that there <u>could</u> be a differential impact due to <i>racial/ethnic groups</i> ?	YES	Brief statement of main issue It is anticipated that any impact would be positive as currently BME groups are under represented in CaSH clinics. Greater capacity and scope for targeted clinics would reduce inequalities.
	NO	
What evidence exists for this?	Sexual health needs assessment	
8. Are there concerns that there <u>could</u> be a differential impact due to <i>disability</i> ?	YES	Brief statement of main issue MYT building is not easily accessible for wheelchair users or other disability that affects mobility. HLCs are DDA compliant. A new premises would be DDA compliant with scope for disabled parking
	NO	
What evidence exists for this?	Sexual health needs assessment	
9. Are there concerns that there <u>could</u> be a differential impact due to <i>gender</i> ?	YES	Brief statement of main issue Males are under-represented in CaSH clinics (94% to 6%). The move to a bespoke building would allow the environment to be designed in a Male friendly way, with positive images of males. In HLCs no alterations can be made to make the environment. Extended opening hours would be possible in a new premises – restricted opening hours have been cited by males as a barrier to services.
	NO	
What evidence exists for this?	Sexual health needs assessment  Service Monitoring data	
10. Are there concerns there <u>could</u> be a differential impact due to <i>sexual orientation</i> ?	YES	Brief statement of main issue LGB community are under represented in CaSH clinic attendance figures (0%). The move to a bespoke building would allow the environment to be designed in a LGB friendly way, with positive images displayed. In HLCs no alterations can be made to make the environment. Extended opening hours would be possible in a new premises enabling targeted clinics if deemed necessary, whilst still maintain universal service provision.
	NO	
What evidence exists for this?	Sexual health needs assessment  Service Monitoring data	
11. Are there concerns there <u>could</u> be a have a differential	YES	Brief statement of main issue No differences identified.

impact due to <i>religion or belief</i> ?	NO	
What evidence exists for this?	Sexual health needs assessment	
12. Are there concerns there <u>could</u> be a differential impact due to people's age?	YES	Brief statement of main issue Sexual health services are mostly used by young people aged 15 to 30 as they have a greater need for contraception and are at highest risk of a sexually transmitted infection. Chatham is easily accessed by people of this age group. Public transport links to and from Chatham to other areas of Medway are good. Chatham is a popular location for entertainment, leisure and shopping by young people.
	NO	
What evidence exists for this?	Sexual health needs assessment Service Monitoring data	
13. Are there concerns that there <u>could</u> be a differential impact due to <i>being transgendered or transsexual</i> ?	YES	Brief statement of main issue Trans community are under represented in CaSH clinic attendance figures (0%). The move to a bespoke building would allow the environment to be designed in a Trans friendly way, with positive images displayed. In HLCs no alterations can be made to make the environment. Extended opening hours would be possible in a new premises enabling targeted clinics if deemed necessary, whilst still maintain universal service provision.
	NO	
What evidence exists for this?	Sexual health needs assessment Service Monitoring data	
14. Are there any <i>other</i> groups that would find it difficult to access/make use of the function (e.g. speakers of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas)?	YES	If yes, which group(s)? Having access to a bespoke building would improve access to Sexual Health Services
	NO	
What evidence exists for this?		
15. Are there concerns there <u>could</u> be a have a differential impact due to <i>multiple discriminations</i> (e.g. disability <u>and</u> age)?	YES	Brief statement of main issue None Identified
	NO	
What evidence exists for this?		

<b>Conclusions &amp; recommendation</b>		
<b>16. Could the differential impacts identified in questions 7-15 amount to there being the potential for adverse impact?</b>	YES	Brief statement of main issue
	<b>NO</b>	
<b>17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason?</b>	YES	NA
	NO	
Recommendation to proceed to a full impact assessment?		
<b>NO</b>	<b>This function/ policy/ service change complies with the requirements of the legislation and there is evidence to show this is the case.</b>	
<b>NO, BUT ...</b>	<b>What is required to ensure this complies with the requirements of the legislation? (see DIA Guidance Notes)?</b>	Minor modifications necessary (e.g. change of 'he' to 'he or she', re-analysis of way routine statistics are reported)
<b>YES</b>	<b>Give details of key person responsible and target date for carrying out full impact assessment (see DIA Guidance Notes)</b>	

<b>Action plan to make Minor modifications</b>		
<b>Outcome</b>	<b>Actions (with date of completion)</b>	<b>Officer responsible</b>
<b>Planning ahead: Reminders for the next review</b>		
<b>Date of next review</b>	As part of the re-commissioning process for sexual health services, Autumn 2014	
<b>Areas to check at next review (e.g. new census information, new legislation due)</b>	As part of the tender documentation and bid response, ask bidders where they would suggest locating other clinics in Medway, given the existence of a centre in central Chatham	
<b>Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time?</b>	No	
<b>Signed (completing officer/service manager)</b>  Dawn Hollis	<b>Date</b>  14 <sup>th</sup> July 2014	
<b>Signed (service manager/Assistant Director)</b>  Dr Alison Barnett – Director of Public Health	<b>Date</b>  14 <sup>th</sup> July 2014	

*NB: Remember to list the evidence (i.e. documents and data sources) used*