

KEY DECISION REPORT

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee,
2 July 2024

Subject: Kent Young Person Drug and Alcohol Contract Commissioning

Decision no: 24/00056

Key Decision : Yes - it involves expenditure or savings of more than £1m

Classification: Unrestricted

Past Pathway of report: N/A

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary:

The Public Health Service Transformation programme (PHSTP) aims to improve all services in receipt of the Public Health Grant, to ensure that services are efficient, evidence-based and deliver the outcomes and best value. This report outlines proposed changes to the substance misuse service model following review as part of the PHSTP and asks for committee endorsement.

Young persons' drug and alcohol services are funded from the PH Grant and cost around £800k per annum in Kent.

Following a comprehensive review of services (including interdependencies with other Children and Young People services and Family Hubs), options appraisal and business case development, the recommendation is to make enhancements to the current model and specification.

Following approval of the key decision, a procurement process will be run to select suppliers for the new service and this will follow the new Provider Selection Regime legislation that applies to health care services. We will aim to ensure this approach will support continuity of service, minimise risks such as destabilisation of the workforce and support spending of additional Office for Health Improvement and Disparities (OHID) funding which is designed to boost numbers in treatment and improve quality. Key changes will align to the national drugs strategy, to the Kent drug and alcohol strategy and also to Kent County Council's strategic plan.

Recommendation(s):

The Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision as set out in the Proposed Record of Decision. (Appendix A) to:

- I. **APPROVE** the procurement and award of a contract for the Kent Young Persons Drug and Alcohol Service effective from 1 February 2025 to 31 January 2027 (two years with two additional extension options, one for two years and the second for one year)
 - II. **DELEGATE** authority to the Director of Public Health to take relevant actions, including but not limited to, entering into and finalising the terms of relevant contracts or other legal agreements, as necessary, to implement the above decision
 - III. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, the exercise of any extensions permitted in accordance with the extension clauses within the contract.
 - IV. **CONFIRM** that future Office for Health Improvement and Disparities (OHID) grant funding (if received) be deployed against this area of work in accordance with key decision [22/00041](#)
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1. Introduction

- 1.1 This report seeks approval for the proposed preferred option for the service delivery model from February 2025 onwards. This is to enhance the specification with collaboration from stakeholders and people with lived experience.
- 1.2 The report also seeks endorsement for the procurement of the Kent Young Persons Drug and Alcohol service as the current contract expires on 31 January 2025.
- 1.3 Kent County Council (KCC) commissions this service as part of its statutory responsibilities and as a condition of its Public Health Grant. Kent Drug and Alcohol Services aim to reduce the harm caused by drugs and alcohol and improve the health and wellbeing of Kent's population. The local authority's Public Health Grant requires the Authority to "have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services."

1.4 Professor Dame Carol Black's Review of Drugs¹ was commissioned by the Home Office and the Department of Social Care to inform government thinking on what more can be done to tackle the harm that drugs and alcohol cause underpinning the 10-year drug strategy. Following this review, government published a 10-year drug strategy named From Harm to Hope and subsequently awarded local authorities with 3 year grant funding to supplement existing substance misuse services. For Kent County Council this totals circa £11.4m over the three years April 2022 to March 2025. The recommendations in this paper are in line with Professor Dame Carol Black's recommendations and the national From Harm to Hope Strategy which identify the need to maximise the stability and consistency of services to benefit both the young person and the workforce.

2. Strategic alignment and background

- 2.1 The provision of Kent Drug and Alcohol Services aligns with the local and national strategies. Locally, the services support the levelling up agenda and integrated model of care outlined in KCC Strategic plan 2022-26 under Priority 1 - Levelling up Kent and Priority 4: New Models of Care.
- 2.2 This provision also aligns to Securing Kent's Future 2022-2026 under Objective 3: Policy choices and scope of Council's ambitions, by evaluating the statutory minimum requirements in order to create efficiencies.
- 2.3 This service supports delivery of the Kent Drug and Alcohol Strategy, 2023-2028 'Better Prevention, Treatment and Recovery and Community Safety', which identifies 13 strategic priorities across three main areas: Prevention, Improving Treatment and Recovery and Community Safety. The Young Persons Drug and Alcohol Service specifically contributes to achieving the objectives of prevention, early intervention, and system-approach to the improvement of treatment.
- 2.4 Nationally, the service supports the 2021 10-Year Drug Strategy and associated investment linked to national objectives of improving numbers in treatment, continuity of care from prison to community, quality of treatment and reduction in drug and alcohol related mortality. As a result of the additional investment from Central Government to sustain these national strategic objectives, Kent is in receipt of £11,424,253 investment via a number of OHID grants over the period April 2022 to March 2025 (of which £382,000 is anticipated to go to the Young Persons' service). This additional funding is linked to maintaining the level of investment from the Public Health Grant and to the commitment of successfully achieving established local targets.
- 2.5 The additional funding received has supported increasing funding to existing services and implementing new services. Examples include:
- The Sunlight Project which is a programme for young people aged between 7-13 who are affected by someone else's substance use
 - A Cognitive Behavioural Therapy (CBT) worker to support young

¹ Department of Health and Social Care (2021) Dame Carol Black's Independent Review of Drugs
<https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery>

people accessing the service with low level mental health needs

- Additional staff to reduce caseloads, increase capacity and improve quality
- Senior Practitioner Roles for staff with specialisms such as supporting 18-24 year olds or engaging young people through social media.

- 2.6 In April 2022, the government announced a £302 million investment in family hubs and the Start for Life programme for the creation of a network of family hubs in 75 upper-tier local authorities identified across England. The programme's objective is to join up and enhance services delivered through transformed family hubs in local authority areas, ensuring all parents and carers can access the support they need when they need it. KCC is 1 of the 75 local authorities taking part in the scheme and is 1 of only 14 trailblazers for the programme.
- 2.7 A public consultation on the Family Hubs Services took place in Summer 2023. Papers from the Children's Young People and Education Cabinet Committee on the 21st November 2023, set out how Family Hubs will support the delivery of a range of services for children, young people and families, including drug and alcohol support.

3. Current contracts

Young Persons Drug and Alcohol Service

- 3.1 The Young Persons Drug and Alcohol Service contract, as delivered by We Are With You (With You), commenced on 01 January 2018 to provide an integrated substance misuse service for 11-18 year olds in Kent, with the flexibility to provide interventions for those aged 18-24.
- 3.2 The Service operates a peripatetic model and is closely integrated with other local services and support networks such as Integrated Children's Services (ICS), Children and Young People's Mental Health Service (CYPMHS), and Youth Offending Teams. Alongside their 1:1 offer, With You runs early intervention groups including a preventative programme (RisKit) for young people who could be at risk of developing substance misuse issues. With You also provides a youth diversion scheme (Re-Frame) aimed at reducing criminality in young people found in possession of illegal substances by Kent Police. The service offers individualised support for parents around their child's substance use and workforce development training programmes for external practitioners working with young people.
- 3.3 Throughout the life of the contract the Service has proactively worked with Public Health Commissioners to enhance their core offer via additional funding streams, for example the Moving Parents and Children Together (M-PACT) Programme and the Sunlight Project (for those impacted by someone else's substance use).
- 3.4 Public Health undertook a formal contract review in 2022, which concluded with the core recommendation to extend the contract until 31 March 2024. This was based on the service performing well (Kent delivered similar or better overall outcomes to national rates) and delivering overall good value for money.

Further Extension

- 3.5 The substantial increase in funding as a result of the OHID grants created a difficult situation to procure services which support a highly vulnerable cohort of young people during a time of volatile funding. Considerations included:
- If services were procured in line with the original anticipated end dates then there would be a significant drop in funding after the first year of the new contract which presents a risk to these young people..
 - By commencing a competitive procurement for new contracts without knowledge of the funding available, the council could not offer funding assurance to bidders which could impact on the commercial proposals put forward in tenders, thereby jeopardising the value for money offered. In addition, it may lead to contract instability as there would likely be the need to renegotiate the contract during delivery.
- 3.6 In August 2023, a key decision ([23/00032](#)) was taken to extend the contract by a further period of 10 months to allow clarity to be obtained over future funding streams. The 10 month extension was from 1 April 2024 to 31 January 2025.

4. Public Health Service Transformation programme (PHSTP)

- 4.1 Kent County Council (KCC) Public Health is leading a transformation programme designed to improve service delivery to communities, particularly targeting underserved communities. The transformation work aims to ensure that services are efficient, evidence-based, deliver outcomes and best value.
- 4.2 The Health Reform and Public Health committee has received regular updates on this programme of work and helped to shape its development.
- 4.3 PHSTP sets out a seven stage process and substance misuse services have completed the initial six stages of this programme. The last stage is implementation.
- 4.4 Other Public Health services within scope of the transformation programme that relate to the Kent Young Persons' Drug and Alcohol Contract include Family Hubs, Sexual Health and the Kent School Public Health Service.
- 4.5 Key themes identified over the course of the programme are as follows:

Proforma

- 4.5.1 There are service pressures, such as increasing demand for low level mental health support, but also service opportunities given the uplifts, such as the implementation of a CBT worker
- 4.5.2 Recruitment and retention is a challenge in a sector which requires a highly trained, specialist workforce.
- 4.5.3 There is a need for harm reduction education amongst professionals who support young people to ensure information provided is correct and supportive, rather than punitive
- 4.5.4 There are good partnerships, including with Integrated Children's Service and Youth Offending Teams

Stakeholder workshops

- 4.5.5 Retaining and building on existing partnerships is key for effective working and delivery of services which complement each other, such as working with partners to tackle underage vaping
- 4.5.6 Investment in earlier intervention/prevention is key in order to prevent people accessing the system at a stage where their health and wellbeing has already been impacted
- 4.5.7 Providers reported increasing complexity amongst the people they are supporting; the presence of co-occurring conditions, such as mental health, and poly-drug use are becoming increasingly common
- 4.5.8 Young people need to feel valued and like they are listened to; including the service user voice needs to move away from a tokenistic act and become more meaningful.

5. Commissioning service model

5.1 The vision for the service is that:

“Kent Drug and Alcohol Services will be safe, high quality, easy to access and focused on recovery. They will be there for all people who need them, each step of the way into recovery and good health. Those working in the services will be highly trained and supported. They will understand the difficult journey people make to be free of addiction, advocating for all people to get the best treatment and recovery they can. They will be ‘trauma informed’ and this means they will be compassionate, challenge stigma and remove barriers to treatment particularly for the most vulnerable. They will work hand in hand with those with lived experience of addictions and all health and social care partners to get the best results possible. Embedded into the heart of the community, these will be evidence-based services, working with all partners to ensure there is hope and recovery for everyone.”

5.2 The service delivers interventions through a variety of methods including:

- Support in the community (youth hubs, community centres, cafes etc) offering advice and support with substance use through a trauma informed, harm reduction approach and psychosocial interventions
- Support in schools, running early intervention harm reduction groups and a preventative programme called RiskKit, specifically for young people who engage in risk taking behaviours, including substance use
- Re-Frame which works with Kent Police to identify young people, who come to the Police’s attention for Class B and C drug possession (excluding those where intent to supply is suspected) and works with the young person as an alternative to criminal proceedings, to educate them around substance use, with the intention of reducing their future offending.
- The Sunlight Project which is a pilot aimed at supporting 7-11 year olds

impacted by someone else's substance use via a self-esteem / resilience building programme delivered in schools.

5.3 Expected outcomes from the service include:

- Reduce drug and/or alcohol-related harm caused to young people, their families and communities.
- Improved long-term emotional, mental and physical health, well-being, and quality of life for young people, their parents and carers and their families, affected by drug and/or alcohol use.
- Well-informed and supported families, children and young people, including but not limited to improved resilience and improved relationships with family members and friends.
- Increased engagement in positive activities with prosocial peers, education, and training.
- Improved public health and reduced health inequalities in Kent, including but not limited to; prevention of drug and/or alcohol-related deaths, teenage pregnancy and blood borne viruses.

5.4 As part of the Public Health Service Transformation Programme, a long list of options was explored in order to identify potential changes to the existing delivery model for drug and alcohol services in Kent.

5.5 The OHID grant requirement to maintain Public Health Grant investment into the services at or above the levels reported in 2020–2021 meant that whilst it was possible to consider efficiencies, any savings made needed to remain invested in the services.

5.6 Options considered but rejected included:

- Keep current service the same - no change/ do nothing - The drug landscape has changed since the current service was tendered; it is important that services are fit for purpose and meet the young person's presenting needs and therefore this was a non-viable option
- Discontinue/ decommission current service - Decommissioning the service was concluded as a non-viable option that would place KCC in breach of the Public Health Grant conditions.
- Combine the service with adult services – the offer for young people is distinct from that offered to adults and requires expertise and specialist knowledge i.e., delivering drug education and harm reduction in a way that is tailored appropriately. It was felt that combining the services ran the risk of diluting the offer.
- Alignment with the Children and Young People (CYP) service transformation; the decision was made to proceed separately due to the imminent contract end dates for the Young Persons service. Implications and opportunities as part of the CYP transformation

will be considered in due course.

5.7 The preferred option identified was to enhance the specifications with collaboration from stakeholders and young people with lived experience. The proposed changes thus far are included as Appendix B. Advantages include:

- The opportunity to draw upon local and front-line expertise when identifying potential service improvements
- Increased buy-in of all stakeholders as a result of collaboration
- Focus on achievable improvements, such as defining efficient pathways
- Anticipated changes to the specifications are ones that can happen within the current financial envelope

5.8 Following award of the relevant supplier, co-design activity will take place with suppliers, stakeholders and young people with lived experience to refine specifications based on the high level commissioning model. It will not be possible to carry out this work ahead of contract award as this may unfairly advantage certain suppliers, should a competitive procurement process be deemed necessary.

6. Financial implications

6.1 The funding for this contract would be funded entirely from the Public Health Grant and, should OHID confirm additional grant funding beyond March 2025 linked to the 10-year national drug and alcohol strategy 'From Harm to Hope', this would be used for additional activity within the contract. The additional grant-funded activity could include a continuation of activity currently funded by the existing OHID grants but innovation would also be considered, should funding allow.

6.2 The estimated financial commitment for a five year contract for the Kent Young Persons Drug and Alcohol Service is £4,099,533.88 This equates to an average of approximately £820,000 annually.

6.3 The above values reflect a 1% per year annual uplift to the contract (with the exclusion of the first year). The uplift reflects the need to retain the workforce; services have highly specialised roles and high, complex caseloads.

6.4 In terms of affordability, the annual increase in the Public Health Grant is only generally known for the current year, so it is not possible to know with certainty that there will be sufficient Public Health Grant to fund the increase. If the Public Health Grant increases prove to be insufficient then savings will need to be delivered elsewhere in the programme.

7. Commercial implications

7.1 Initially, commissioners conducted a make or buy assessment to establish whether it is possible to deliver the service in-house. KCC currently lacks the specialism, clinical governance and infrastructure required to deliver specialist

drug and alcohol interventions.

- 7.2 The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) is a new set of rules, effective from 1 January 2024, for procuring health care services in England (this includes substance misuse services) and must be followed by organisations termed 'relevant authorities'. The relevant authorities to which the PSR applies are NHS England, NHS trusts and foundation trusts, Integrated Care Boards, and local and combined authorities.
- 7.3 Commissioners will procure the services in line with the above legislation and will follow appropriate governance routes, including obtaining the relevant approvals from the Commercial and Procurement Oversight Board.

8. Equalities Implications

- 8.1 An Equalities Impact Assessment (EQIA) has been completed for the service. Current evidence suggests there is no negative impact and this recommendation is an appropriate measure to advance equality and create stability for vulnerable young people. The EQIA is attached as Appendix C.
- 8.2 Providers are required to conduct annual EQIAs as per contractual obligations.

9. Data Protection Implications

- 9.1 General Data Protection Regulations are part of current service documentation for the contract and there is a Schedule of Processing, Personal Data and Data Subjects confirming who is data controller/ processor. There is also an existing Data Protection Impact Assessment (DPIA) relating to the data that is shared between Kent County Council, the provider and the Office for Health Improvement and Disparities (previously named Public Health England) and the services.
- 9.2 The DPIA will be updated following contract award and prior to the contract commencement date, to ensure it continues to have the most up-to date information included and reflect any changes to data processing as a result of the specification enhancements.

10. Legal Implications

- 10.1 Under the Health and Social Care Act 2012 [8], Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect and enhance the population's health.
- 10.2 KCC commissions these services as part of its statutory responsibilities and as a condition of its Public Health Grant. Kent Drug and Alcohol Services aim to reduce the harm caused by drugs and alcohol and improve the health and wellbeing of the people of Kent. The local authority's Public Health Grant requires the Authority to "have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services."
- 10.3 The recommissioning of these services will fall under the Provider Selection Regime (PSR) introduced under the Health and Care Act 2022. Appropriate

legal advice will be sought in collaboration with the Governance, Law and Democracy team and will be utilised to ensure compliance with relevant legislation. The Provider Selection Regime is still in its infancy and so commissioners will be working closely with the legal team as well as the Commercial and Procurement Team.

11. Conclusions

- 11.1 Integrated Commissioning is seeking approval to proceed with the proposed preferred option for service delivery model from February 2025 onwards; this will see enhancements made to the specification in collaboration with stakeholders and young people with lived experience to support improvements in services and outcomes.
- 11.2 Integrated Commissioning are also seeking approval to procure the Kent Young Persons Drug and Alcohol Service contract, in line with the Provider Selection Regime.
- 11.3 This approach has been endorsed by the Commercial Procurement and Oversight Board and the outcome of the procurement process will be presented prior to award in line with KCC's informal governance processes.
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12. Recommendation(s):

- 12.1 The Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision as set out in the Proposed Record of Decision. (appendix A) to:
- I. **APPROVE** the procurement and award of a contract for the Kent Young Persons Drug and Alcohol Service effective from 1 February 2025 to 31 January 2027 (two years with two additional extension options, one for two years and the second for one year)
 - II. **DELEGATE** authority to the Director of Public Health to take relevant actions, including but not limited to, entering into and finalising the terms of relevant contracts or other legal agreements, as necessary, to implement the above decision
 - III. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, the exercise of any extensions permitted in accordance with the extension clauses within the contract.
 - IV. **CONFIRM** that future Office for Health Improvement and Disparities (OHID) grant funding (if received) be deployed against this area of work in accordance with key decision [22/00041](#)
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13. Background Documents

- 13.1 [Framing Kent's Future - Our Council Strategy 2022-2026](#)
- 13.2 HM Government (2021) [From Harm to Hope - A Ten Year Drugs Plan to Cut Crime and Save Lives](#)
- 13.3 Department of Health and Social Care (2021) Dame Carol Black's Independent Review of Drugs <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery>
- 13.4 Kent Drug and Alcohol Strategy 2023-2028 ([Kent Drug and Alcohol Strategy 2023-2028](#))
- 13.5 2022 Kent Drug Needs Assessment [Drug Needs Assessment \(kpho.org.uk\)](#)
- 13.6 2021 Alcohol Needs Assessment [Alcohol needs Assessment 2021 \(kpho.org.uk\)](#)
- 13.7 [2022 Kent Rough Sleepers Needs Assessment - Search - Kent Public Health Observatory \(kpho.org.uk\)](#)
- 13.8 Drug and Alcohol Needs Assessment for Children and Young People [CYP-Substance-Misuse-Final-Draft-July2016-v2.0.pdf \(kpho.org.uk\)](#)
- 13.9 [Public Health Indicators – PHOF Public Health Outcomes Framework - GOV.UK \(www.gov.uk\)](#)

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