

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

For publication [Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]

Key decision: YES

Key decision criteria. The decision will:

- a) *result in savings or expenditure which is significant having regard to the budget for the service or function (currently defined by the Council as in excess of £1,000,000); or*
- b) *be significant in terms of its effects on a significant proportion of the community living or working within two or more electoral divisions – which will include those decisions that involve:*
 - *the adoption or significant amendment of major strategies or frameworks;*
 - *significant service developments, significant service reductions, or significant changes in the way that services are delivered, whether County-wide or in a particular locality.*

Subject Matter / Title of Decision

Kent Adult Drug and Alcohol Treatment Contracts – re-commissioning

Decision:

As Cabinet Member for Adult Social Care and Public Health I agree to:

- I. **APPROVE** the procurement and award of contracts for the East and West Kent Community Drug and Alcohol Services effective from 1 February 2025 to 31 January 2029 (four years with two additional two-year extension options),
- 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](#)

Reason(s) for decision:

Kent County Council has statutory responsibility as a condition of its Public Health Grant to provide specialist Substance Misuse Services aimed at reducing the harm caused by drugs and alcohol and to improve the health and wellbeing of the people of Kent.

The two contracts under the Adult Kent Drug and Alcohol Services are due to expire on 31 January

2025 and a key decision is required to plan for beyond this date.

Financial Implications

The funding for these contracts 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 however innovation would also be considered, should funding allow.

The estimated financial commitment for an eight year contract for the East Kent Drug and Alcohol Service is £43,461,175.80. This equates to an average of approximately £5.5m annually.

The estimated financial commitment for an eight year contract for the West Kent Drug and Alcohol Service is £30,291,915.85. This equates to an average of approximately £3.8m annually.

The above values reflect a 1% per year annual uplift to the contracts (with the exclusion of the first year). This uplift reflects the need to retain the workforce; services have highly specialised roles and high, complex caseloads. This makes it difficult to retain staff, especially given Kent's proximity to London, with higher wages available there.

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.

Additional OHID grant funding is only currently confirmed until 31 March 2025. Should this funding be extended beyond that point, it will be treated as a contract variation and will be in addition to the above estimated values and will require the providers to deliver additional activity.

A key decision ([22/00041](#)) has already been taken to accept and deploy the additional money received, therefore a further decision would not be required for deployment of further funding.

- **Legal Implications**

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.

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."

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 & 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 this team as well as the Commercial and Procurement Team.

- **Equalities implications**

Equalities Impact Assessments have been completed for each of the services in scope. Current evidence suggests that there is no negative impact and this recommendation is an appropriate measure to advance equality and create stability for vulnerable people. The EQIAs are attached as

Appendices B and C.

Providers are required to conduct annual EQIAs as per contractual obligations.

- **Data Protection implications**

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.

DPIAs will be updated following contract award to ensure they continue to have the most up-to date information included and reflect any changes to data processing as a result of the specification enhancements.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Health Reform and Public Health Cabinet Committee on 2 July 2024.

Any alternatives considered and rejected:

- 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 people's presenting needs and therefore this was a non-viable option
- Discontinue/ decommission the current service - Decommissioning the service was concluded as a non-viable option that would place KCC in breach of the Public Health Grant conditions.
- Split the service in two – one focusing on detox and treatment and the other focusing on recovery - it was deemed that this would add confusion to an already complex system within Kent.
- Bring pharmacy contracting responsibilities in-house - established relationships are already in place with providers, bringing pharmacy provision in-house risks limiting the pool of available pharmacies, which in turn may create a barrier for people in terms of access.
- Stop using fixed premises and move to a co-location model – it is important that drug and alcohol services have a physical presence in accessible areas in order to provide drop-ins and needle exchange. Removing this presence risks missing opportunities to help people at the point they are motivated to seek support.

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