

# 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:

24/00056

**For publication** Yes

**Key decision:** YES

## Subject Matter / Title of Decision

Kent Young Persons Drug and Alcohol Contract Commissioning

## Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose 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](#)

## 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 current Kent Young Persons Drug and Alcohol contract is due to expire on 31 January 2025 and therefore a key decision is required to plan for beyond this date.

## Financial Implications

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.

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.

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.

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 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."

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 this team as well as the Commercial and Procurement Team.

### **Equalities implications**

An Equality Impact Assessment (EQIA) (appendix B) 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.

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 KCC, the current providers 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 was discussed at the Health Reform and Public Health Cabinet Committee on the 2 July 202 and the recommendations were endorsed.

**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 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.

**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