

# KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

**DECISION TO BE TAKEN BY:**

**Diane Morton, Cabinet Member for Adult Social  
Care and Public Health**

**DECISION NUMBER:**

25/00106

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**Executive Decision – key****25/00106 Recommission the Kent Drug and Alcohol Inpatient Detoxification  
Service**

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**Decision:**

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

- I. **APPROVE** the recommissioning of the Kent Drug and Alcohol Inpatient Detoxification Service for an initial period from 1 April 2026 to 31 March 2029 with the option to extend for up to two additional one-year periods, ending no later than 31 March 2031, subject to confirmation of OHID funding
- II. **DELEGATE** authority to the Director of Public Health to take relevant actions, including but not limited to, entering into, finalising, and varying 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, subject to confirmation of OHID funding
- IV. **CONFIRM** that, in accordance with Key Decision [22/00041](#), the Director of Public Health, following consultation with the Cabinet Member and Corporate Director of Finance, retains delegated authority to accept and deploy any future OHID grant funding on similar terms to support this area of work under the national Harm to Hope strategy

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**Reasons for the 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 contract for the Kent Drug and Alcohol Inpatient Detoxification Service is due to expire on 31 March 2026 and a key decision is required to plan for beyond this date.

In the context of drug and alcohol treatment, Inpatient Detoxification (IPD) refers to medically managed services where individuals with substance dependence undergo supervised withdrawal in a residential setting. These services are essential for people with complex physical or mental health needs, or those at high risk during detoxification. IPD units provide 24-hour care, often led by consultant addiction psychiatrists, and are considered Tier 4 specialist services within the treatment pathway.

The availability of such IPD services in England has significantly declined in recent years. As of 2025, only five NHS inpatient detox units remain operational across the country, one of which is Bridge House. Operated by the Kent and Medway Mental Health Trust (KMMHT), formerly the Kent and Medway NHS and Social Care Partnership Trust (KMPT), Bridge House is a nine-bed facility located in Maidstone.

Kent County Council currently acts as the lead banker for a consortium arrangement comprising Medway, Surrey, and Oxfordshire Councils. KCC purchases bed nights at Bridge House utilising funding provided by each Local Authority and oversees the delivery of the contract on behalf of the consortium. These arrangements are overseen by the Kent's Combatting Drugs Partnership (CDP).

#### **Financial implications:**

The funding for the Kent Drug and Alcohol Inpatient Detoxification Service comes directly via the Office for Health Improvement and Disparities (OHID)'s Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG), which will be consolidated into the Public Health Grant from 01 April 2026 and has been confirmed until 31 March 2029. This would constitute a continuation of the activity currently funded by the existing OHID grant.

The financial commitment will be circa £2,452,191 for a 5-year contract for the Kent Drug and Alcohol Inpatient Detoxification Service for an initial period from 01 April 2026 to 31 March 2029 with the option to extend for up to two additional one-year periods, ending no later than 31 March 2031, however, the contract will reflect only the money available through known grant funding at that time.

The above values reflect the potential for a year-on-year increase in the cost of bed nights (set by the provider) and the potential to increase the number of bed nights each consortium member may purchase. Annual allocations will be agreed subject to availability of the grant and in line with demand.

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

#### **Legal implications:**

Under the Health and Social Care Act 2012, Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a duty to take such steps

as they consider appropriate for improving the health of people in their area and such steps can include providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way).

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 this service will fall under the [Provider Selection Regime \(PSR\) 2023](#) 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) 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 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 Kent County Council, the provider and the Office for Health Improvement and Disparities (previously named Public Health England) and the services.

The DPIA will be updated following contract award to ensure it continues to have the most up-to date information included and reflect any changes to data processing.

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**Cabinet Committee recommendations and other consultation:**

The proposed decision will be discussed at the Adult Social Care and Public Health Cabinet Committee on 21 January 2026.

*Committee Feedback Phase:*

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**Any alternatives considered and rejected:**

- Let the contract come to an end when it expires on 31 March 2026 and return to commissioned community drug and alcohol providers using their devolved

budgets to purchase bed nights. This was not considered a viable option as OHID grant conditions state that Local Authorities MUST be part of an IPD Consortium in order to receive the IPD element of the DATRIG funding. Whilst Kent is also part of the Hampshire Consortium, access to a facility only in Hampshire is not considered practical. Devolved purchasing of beds also means the council would no longer have priority access to local beds, which is likely to result in longer waiting times for Kent residents.

- Discontinue the current arrangement and instead purchase additional bed-nights as part of the existing Hampshire Consortium (this is a separate consortium arrangement, led by Hampshire County Council, of which Kent County Council is already a member). This would require patients to travel to Fareham and would mean there is no local inpatient detoxification provision.
- Join another Consortium nearby, such as West Sussex. Whilst this would provide an option closer than that offered through the Hampshire Consortium, it would not offer the convenience of a Kent-based facility, or support the sustainability of a local service

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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