

## CABINET COMMITTEE DECISION REPORT

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**From:** Diane Morton, Cabinet Member for Adult Social Care and Public Health  
Dr Anjan Ghosh, Director of Public Health

**To:** Adult Social Care and Public Health Cabinet Committee, 21 January 2026

**Subject:** Recommission the Kent Drug and Alcohol Inpatient Detoxification Service

**Decision no:** 25/00106

**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

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**Is the decision eligible for call-in?** Yes

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### **Summary:**

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 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 has recently been confirmed until 31 March 2029; the funding will be consolidated into the Public Health Grant from 01 April 2026, but will still be ringfenced solely for the use of drug and alcohol support. A key decision is now being sought to map out clear next steps to secure detoxification services for Kent residents.

Following an options appraisal and business case development, the recommendation is to recommission the Kent Drug and Alcohol Inpatient Detoxification Service in its current format, with the scope for the expansion of the number of bed nights purchased, should demand/funding allow.

Following approval of the key decision, a procurement process will be run, which will follow the 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. The service 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).

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## **1. Introduction**

- 1.1 KCC commissions drug and alcohol 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."
- 1.2 This report seeks approval of the proposal to recommission the Kent Drug and Alcohol Inpatient Detoxification Service from April 2026 to ensure continuity of care for Kent residents.
- 1.3 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.
- 1.4 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.

## **2. Strategic alignment and background**

- 2.1 Professor Dame Carol Black's Review of Drugs (2021) 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 a ten-year drug strategy.
- 2.2 Nationally, The provision of Inpatient Detoxification will help achieve the ambitions as set out in the national Drug Strategy<sup>1</sup> (2021). "From harm to hope:

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<sup>1</sup> <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

A 10-year drugs plan to cut crime and save lives". The Strategy outlines the concept of recovery from drugs and alcohol dependence into policy with clear practice outcomes, namely:

- Freedom from dependence on drugs or alcohol
- Prevention of drug-related deaths and blood borne viruses
- A reduction in crime and re-offending
- Sustained employment
- The ability to access and sustain suitable accommodation
- Improvement in mental and physical health and wellbeing
- Improved relationships with family members, partners and friends
- The capacity to be a caring and effective parent.

2.3 As a result of the additional investment from Central Government to sustain these national strategic objectives, Kent is in receipt of £33,685,188 investment via a number of OHID grants over the period April 2022 to March 2029, of which, up until 31 March 2026, Kent has spent £217,771 to fund the Kent Drug and Alcohol Inpatient Detoxification Service (£656,013.20 has been spent across the consortium in this time period). This additional funding compels the council to maintain the level of investment from the Public Health Grant and to the commitment of successfully achieving established local targets.

2.4 The provision of the Kent Drug and Alcohol Inpatient Detoxification Service aligns with the local and national strategies. Locally, the service is designed to achieve best value and align to the Council's Strategic Statement, supporting residents that need help, working with care providers and the NHS to ensure that the care system is more sustainable.

2.5 The IPD service also 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.

### **3. Current contract**

3.1 The Kent Drug and Alcohol Inpatient Detoxification Service is currently formed of a contract delivered via Bridge House, which is one of the few remaining NHS-funded IPD units. 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.

3.2 It provides high-quality, medically-assisted detoxification for individuals dependent on alcohol, opiates, stimulants, and other substances. The service is known for its holistic approach, co-production with people who use the service, and emphasis on harm reduction and relapse prevention.

3.3 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). The current contract is due to come to an end on 31 March 2026.

- 3.4 Benefits of a being consortium member include priority access to available beds, (where there is a wait list from spot purchasing authorities, authorities in the consortium have access to the bed before the spot purchasing authority up until the total number of bed nights within the allocation has been reached), meaning reduced waiting lists, and level tariffs across consortium members, resulting in fair access.
- 3.5 In the first full year of the contract, the consortium purchased 307 bed nights at a cost of £164,625. The number of bed nights has steadily increased over the life of the contract, with 407 bed nights being purchased in 2025/26 at a cost of £233,125.
- 3.6 Prices reflect an increase from £536 per bed night to £573 (6.9%) over the life of the four-year contract. Given the scarcity of provision the price is very much dictated by the market. Commissioners have validated that any price increases are in line with legitimate market factors such as an increase in utility costs to run the facility, NHS salary uplifts, and increased National Insurance costs. As services are delivered by NHS organisations, they are not driven by maximising profit.
- 3.7 Each consortium member is responsible for their own arrangements locally once their bed night allocation is used. Kent devolves a Public Health Grant-funded tier 4 budget to commissioned community drug and alcohol providers, who purchase bed nights using their own framework. An additional 748 bed nights were purchased in 2024/25 (535 of which were purchased by Kent). This demonstrates increasing demand for the service, precipitating a need to build flexibility into the contract going forward.

#### **4. Commissioning service model**

- 4.1 The aim of the proposed Service is to:

- provide an inpatient detoxification service that complies with available best practice, that is in line with national /local guidance and relevant guidelines in clinical practice.
- Provide people who need the service with access to effective and evidence based harm reduction and prevention strategies to improve their health and wellbeing, whilst being supported to achieve their personal recovery outcomes and goals.
- support those entering inpatient detoxification to overcome current problems and to develop strategies for dealing with future challenges and to live healthy and fulfilling lives as equal standing members of the community.
- build on existing pathways following the completion of inpatient detoxification into other drug and alcohol treatment services.

- 4.2 The service delivers interventions through a variety of methods:

- Assessment of substance use, physical and mental health and social issues (including any safeguarding concerns)
- Management of drug and/or alcohol withdrawals
- Stabilisation of prescription/or substitute medication and screening
- Supporting those with co-morbidities to safely meet their recovery aims
- Preventing harm and supporting the wider public health agenda
- Engagement and partnership working with other agencies to re-connect service users to wider health services.
- Promoting long term, sustainable abstinence from all mood-altering substances
- Promoting the successful social integration of individuals and enable them to live as independently as possible.
- Improving the overall wellbeing of service users and their carers and dependants
- Providing recovery focussed support packages tailored to meet individual needs and preferences.
- Ensuring smooth and effective service user pathway flow.

4.3 Expected outcomes of the Kent Drug and Alcohol Inpatient Detoxification Service include:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

4.4 A long list of options was explored in order to identify potential changes to the existing delivery model. Options considered but rejected included:

- 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.

4.5 The preferred option identified was to recommission the Kent Drug and Alcohol Detoxification Service with refinements to the specification as a result of learning from the current arrangement.

4.6 Key benefits of this are:

- Local provision, meaning improved accessibility and availability of ongoing aftercare support
- Supporting sustainability of local provision by purchasing a set amount of bed nights in advance
- Priority access to available beds, (where there is a wait list from spot-purchasing authorities, authorities in the consortium have access to the bed before the spot purchasing authority up until the total number of bed nights within the allocation has been reached)
- Reduced waiting lists as a result of priority access
- Level tariffs across Local Authorities, resulting in fair access.

## **5. Local Government Reorganisation**

5.1 As the consortium is made up of four different Local Authorities, it will be important to consider the implications of Local Government Reorganisation (LGR) in relation to the delivery and sustainability of this contract.

5.2 Should LGR arrangements precipitate any change, a contract variation can be used to amend the contract. Standard KCC terms and conditions stipulate KCC is able to terminate the contract under the break clause, giving six months' notice.

## **6. Financial implications**

6.1 The funding for this contract would be exclusively from OHID additional grant funding, the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG), which will be consolidated into the Public Health Grant from 01 April 2026. The funding is linked to the 10-year national drug and alcohol strategy 'From Harm to Hope' and would constitute a continuation of the activity currently funded by the existing OHID grant.

6.2 The financial commitment for the Kent Drug and Alcohol Inpatient Detoxification Service will be circa £2,452,191 for a 5-year contract over an initial period from

1 April 2026 to 31 March 2029. The cost includes an 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 annual contract value will be circa £293,288 in the first year.

6.3 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.

## **7. Commercial implications**

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

7.2 Market analysis has been carried out which found that the availability of IPD services in England has significantly declined in recent years. As of 2025, only five NHS inpatient detox units remain operational across the country, which means there is a limited available market to engage with. There is only one provider available to deliver IPD in Kent (Bridge House), they are also the only local provider that has the specialism to deliver the level of care required.

7.3 The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) is a set of rules 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.

7.4 The services will be procured 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 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.

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 to ensure it continues to

have the most up-to date information included and reflect any changes to data processing.

## **10. Legal Implications**

- 10.1 Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary 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).
- 10.2 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 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.

## **11. Governance**

- 11.1 The delegations authorised via the proposed key decision are limited to the scope of the recommissioning and exercising any pre-approved extensions of the Kent Drug and Alcohol Inpatient Detoxification Service contract. Any contractual extensions beyond March 2029 will be contingent on confirmation of continued OHID funding and will be exercised in line with the agreed governance framework.
- 11.2 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.

## **12. Conclusions**

- 12.1 Approval is sought to proceed with the proposal to recommission the Kent Drug and Alcohol Detoxification Service from April 2026, in line with the Provider Selection Regime.
- 12.2 Key benefits of this are:
  - Local provision, meaning improved accessibility and availability of ongoing aftercare support
  - Supporting sustainability of local provision by purchasing a set amount of bed nights in advance

- Priority access to available beds, (where there is a wait list from spot-purchasing authorities, authorities in the consortium have access to the bed before the spot purchasing authority up until the total number of bed nights within the allocation has been reached)
- Reduced waiting lists as a result of priority access
- Level tariffs across Local Authorities, resulting in fair access.

12.3 This approach has been endorsed by the Commercial Procurement and Oversight Board and outcome of the procurement process will be presented prior to award in line with KCCs formal governance and decision-making requirements.

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### 13. Recommendation(s):

13.1 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).

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### 14. Background Documents

14.1 HM Government (2021) [From Harm to Hope - A Ten Year Drugs Plan to Cut Crime and Save Lives](#)

14.2 Department of Health & 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>

14.3 Kent Drug and Alcohol Strategy 2023-2028 ([Kent Drug and Alcohol Strategy 2023-2028](#))

14.4 2022 Kent Drug Needs Assessment [Drug Needs Assessment \(kpho.org.uk\)](#)

14.5 2021 Alcohol Needs Assessment [Alcohol needs Assessment 2021 \(kpho.org.uk\)](#)

14.6 [2022 Kent Rough Sleepers Needs Assessment - Search - Kent Public Health Observatory \(kpho.org.uk\)](#)

14.7 Drug & Alcohol Needs Assessment for Children and Young People [CYP-Substance-Misuse-Final-Draft-July2016-v2.0.pdf \(kpho.org.uk\)](#)

14.8 [Public Health Indicators – PHOF Public Health Outcomes Framework - GOV.UK \(www.gov.uk\)](#)

### 15. Contact details

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Appendix A: Proposed Record Of Decision  
Appendix B: Equality Impact Assessment (EqIA)