

Equality Impact Assessment

Details	Response
Title of the policy, project or service being considered	Lincolnshire Substance Misuse Recommissioning
Service area	Public Health
Person or people completing the analysis	Allison Walker, Nicola Williamson
Lead officer	Lucy Gavens
Who is the decision maker?	Executive
How was the Equality Impact Analysis undertaken?	<p>Desktop</p> <ul style="list-style-type: none"> - Commenced December 2022 - Service user, family/affected others, stakeholder feedback. - On going
Date of meeting when decision will be made	Governance starts at Exec DLT 5 th April 23 and concludes at Executive 4 th July 23
Is this a proposed change to an existing policy, service, project or is it new?	Existing service
Version control	V1.1
Is it LCC directly delivered, commissioned, recommissioned, or decommissioned?	Recommissioning
Describe the proposed change.	<p>Lincolnshire County Council is re-commissioning a countywide Substance Misuse Service. The service provides treatment for drug and/or alcohol dependency to adults and young people including harm reduction interventions, support to sustain long term recovery and prevention to children and young people.</p> <p>The non-statutory service, which has been a responsibility for LCC following the Health and Care Act 2012, enables Public Health to fulfil its statutory duties to protect, care and improve the health of the local population.</p> <p>The current service is delivered by the treatment provider We Are With You, recovery provider Double Impact and prevention is delivered via LCC Safer Communities.</p>

Details	Response
	<p>Support for families and affected others will be delivered by Lincolnshire Action Trust on an interim basis following its removal from the Lincolnshire Carers Service in October 22.</p> <p>Current contracts end in March 2024.</p> <p>A pre-procurement phase has been undertaken to evidence the performance of the current model, identify best practice and investigate alternative models. The new service model has been informed using the following methods:</p> <ul style="list-style-type: none"> - Literature review – Completed March 2022 - Lessons learnt exercise – Completed March 2022 - Benchmarking - Completed March 2022 - Demand and Financial Modelling – October 2022 - Stakeholder and service user engagement – Completed November 2022 - Service evaluation – Completed February 2023 - Market Engagement – Completed February 2023 <p>The current model is seen as effective however the recommissioning offers an opportunity to apply learning from the last six years including the pandemic.</p> <p>Improvements that have been identified include:</p> <ul style="list-style-type: none"> - Workforce development (competitive pay, continued professional development) - Quality of the treatment service (lower caseloads, segmentation) - Improved offer for cohorts such as young people and those with an alcohol dependency - Promotion and access to services including digital and assertive outreach. - Partnership arrangements including co-location. - Greater visibility and integration of recovery within the treatment service - Commercial model <p>The timing of the recommissioning also provides an opportunity to incorporate new strategic priorities the strategy 'From Harm to Hope' and the supplemental grants. The triangulated findings from the pre-procurement have defined the options for the future service and identified a preferred model.</p>

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	<p>Proposed Change</p> <p>The new model will fully integrate treatment, recovery, and Stay Safe prevention into one service. This will strengthen the visibility of recovery within treatment, enable greater skills mix of staff to support service users and ensure prevention has a strong focus within all service delivery.</p> <p>In line with initiatives emerging from recent supplementary grant funding the new model will have an increased focus on assertive outreach. This will promote engagement, access, and retention of vulnerable groups within treatment and recovery.</p> <p>Support for families and affected others will be delivered separately but will have strong links with the treatment and recovery provider. It is also proposed that the family support service will include support for children and young people as well as adults thus enabling a whole family approach.</p> <p>In total, there were an estimated 40,809 people using drugs, aged 16-59 in Lincolnshire in 2021. In Lincolnshire, the whole treatment population has increased by 10.2% between March 2019 and March 2022. This trend is similar in England where the whole treatment population increased by 8.14% during the same period. Currently Lincolnshire has 3244 adults and 148 young people in treatment and 700 people in recovery.</p> <p>The new model aims to improve the quality of treatment and therefore may increase numbers successfully completing treatment and sustaining long term recovery.</p> <p>Funding</p> <p>The decision report proposes that the core budget of £5 million, which is funded through the Public Health Grant, will be available for the duration of the new contract. It is proposed that it will be protected at the 2021/22 level in order to maintain eligibility for national grant funding. The base value of the budget will be enhanced through national and local grants. However, the amounts will vary and be unknown from 2025. The EIA (Equality Impact Assessment) will be refreshed as necessary when funding levels may increase/decrease and consequently impact on service delivery.</p>

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.

To help you do this, consider the impacts the proposed changes may have on people:

- without protected characteristics
- and with protected characteristics

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify, please state 'No perceived benefit' under the relevant protected characteristic.

You can add sub-categories under the protected characteristics to make clear the impacts, for example:

- under Age you may have considered the impact on 0–5-year-olds or people aged 65 and over.
- under Race you may have considered Eastern European migrants
- under Sex you may have considered specific impacts on men

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. [Visit the LRO website and its population theme page.](#)

If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain [information on the protected characteristics for our workforce](#) on our website. Managers can obtain workforce profile data by the protected characteristics for their specific areas using Business World.

Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics. If there is no positive impact, please state 'no positive impact'.

Protected characteristic	Response You must evidence here who will benefit and how they will benefit.
Age	<p>The recommissioned service will be available to children, young people and adults as both services will be all age. The local authority will place a requirement in the service specification to offer an accessible service when it is procured which will be monitored through contract management to ensure people are not facing barriers accessing the service should they need it and stand to benefit from it in the same way as people without a protected characteristic.</p> <p>Children and Young People</p> <p>Children and Young People (CYP) will see a positive impact the JSNA (Joint Strategic Needs Assessment) highlights that nationally 18% of CYP have reported taking drugs with 6% self-reporting drug use within the last month and 14% of 15-year-olds report drinking alcohol at least once a week (Source: NHS Digital).</p> <p>In 2019/20 3% (100) of suspensions and 10% (5) of permanent exclusions from schools in Lincolnshire were due to drugs and alcohol (Source: National Drug Treatment Monitoring System (NDTMS) Young People substance misuse commissioning support pack 2022-23).</p> <p>Looked After Children (LAC) are also a vulnerable group who are at higher risk of substance misuse. In Lincolnshire 2% (8) LAC identified with a SM problem (Source NDTMS).</p> <p>Consolidating and enhancing prevention into the model is key as this will increase the reach of drug and alcohol awareness sessions in schools and higher education as well as generating opportunities for students to be referred for treatment as appropriate.</p> <p>Incorporating support for CYP into the Family Support Service will also have a positive impact as children can experience hidden harm when living with a parent with substance misuse issues. Children exposed to household dysfunction are more likely to smoke, binge drink and enter the criminal justice system as well as experiencing poor health.</p> <p>In Lincolnshire 19% of children living with people entering treatment during 2021/22 were open to Children’s Services.</p> <p>Lincolnshire specific data from NDTMS says that during 2021 115 people in treatment for drugs are parents that live with their children and the Director of</p>

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	<p>Public Health Annual Report 2021 highlights 3.7% of children in the county live with an adult that misuses alcohol or other substances.</p> <p>Adults</p> <p>Working age adults will see a positive impact as the new model will offer extended hours that will make it easier to combine working with accessing support. This is reinforced by the Family Support recommissioning survey whereby adults said they would prefer to access support in the evenings 79% (59) as well as during the day 65% (49) and weekends 63% (47). Although to a much lesser degree service users who access treatment or recovery said they would also like access to the service during evenings 60% (24) and weekend 48% (19).</p> <p>People sleeping rough will see a positive impact as the mortality rate for someone living on the streets is 47 years when compared with 77 years within the general population (Source: Lincolnshire Rough Sleeping Strategy 2019-21). Assertive outreach to engage and sustain this cohort in treatment will reduce health inequalities in this age group.</p> <p>In relation to mortality and years lost due to alcohol related conditions, alcohol contributed to premature death for 500 females and 1116 males per 100,000 in Lincolnshire during 2020. This is from alcohol specific mortality or mortality from chronic liver disease from persistent heavy drinking. Treatment for alcohol dependency will therefore positively impact on life expectancy, in particular for adult males. As 330 people were also frequent flyers to hospital as they had 3+ alcohol specific admissions, the hospital liaison roles will support positive impacts for this cohort (Source: Adults Alcohol Commissioning Support Pack 2023-24)</p> <p>Older carers who care for their grandchildren while their children are unable to (kinship care) will benefit from a family support service as it will provide support in their own right to enable the development of coping strategies and rebuilding of lives. Engagement from the family support recommissioning survey shows that 23% of respondents are grandparents.</p>
Disability	<p>Many of Lincolnshire’s working age adults are living in poor health or with a disability, particularly those in the most deprived communities. NDTMS highlights that 25% (217) of people new to treatment services during 2021-22 in Lincolnshire self-reported that they had a disability with 14% (126) having a behaviour and emotional need, 4% (36) motor and gross motor need and 3% (27) learning need.</p> <p>As the recommissioned substance misuse service will take a blended approach by providing a digital offer as well as face to face service delivery this will limit the need for travel. People with a disability will therefore be able to access the service should</p>

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	<p>they need it and benefit in the same way as people without a protected characteristic.</p> <p>The model will also provide assertive outreach into key services and localities. This includes Mental Health Liaison posts in secondary care and the inclusion of dual diagnosis posts within the service to support people with co-existing conditions.</p>
Gender reassignment	<p>Local data is lacking but national research suggests that this population is at a higher risk of substance misuse. The protected characteristic group will not face barriers in accessing the service should they need it and will stand to benefit from it in the same way as people without a protected characteristic.</p>
Marriage and civil partnership	<p>Services will have a positive impact on those who are married and in civil partnerships as treatment and recovery will help people to rebuild their lives including their relationships. It will also have a focus on domestic abuse, safeguarding and link in with relevant services to ensure people are protected from harm.</p> <p>Many people accessing the family support service will be living with a spouse/partner with substance misuse. The service will help them build resilience to cope with the situation and support their spouse/partner during their treatment and recovery journey. The model will enable joint sessions where appropriate.</p> <p>Data from the recommissioning family support survey highlights that 24% of the respondents are supporting a spouse/partner with a drug or alcohol dependency.</p>
Pregnancy and maternity	<p>There will be a positive impact for this cohort as the new model will include female only workers who will focus on women who misuse substances and place either their unborn child or children at risk. This includes working with pregnant women and/or parents in liaison with related services such as maternity and Children's Services.</p>
Race	<p>There will be a positive impact for this cohort as the new model will include specific provision such as language specific groups for those who identify as 'a non-UK identity'. 21% of people in Boston fall within this category and other areas in Lincolnshire such as East Lindsey have 97.4% of people identifying as 'one or more UK identity only' (PH Intelligence Dec 22).</p>
Religion or belief	<p>People from all religions and beliefs will access the service and benefit from it in the same way as those without a protected characteristic.</p>

Protected characteristic	Response You must evidence here who will benefit and how they will benefit.
Sex	<p>There should be positive impacts for men and women as data tells us that according to the 2019 Health survey for England 30% of men and 15% of women drank at increasing or higher risk levels of over 14 units a week.</p> <p>In Lincolnshire, the death rate from drug misuse is significantly worse than the England average for males and females. Source: Strategic assessment: Community safety and safeguarding in Lincolnshire, 2021.</p> <p>All sexes should therefore benefit from harm reduction interventions including the provision of naloxone.</p> <p>Nationally and locally women are much more likely to be in a caring role than men and therefore will experience a positive impact from a family support service. This reinforced by the recommissioning family support survey whereby 92% of the respondents are female. The Survey for Adult Carers in England 2021/22 highlights that 67% of Lincolnshire carers invited to respond to the survey were female.</p>
Sexual orientation	<p>Men who have sex with men are at higher risk of using drugs. This cohort will positively impact from the service offer of blood borne virus screening and early treatment.</p>

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Positive impacts
<p>Socio-Economic - Poverty, unemployment and social deprivation are particularly significant factors that contribute to more risky patterns of substance use. Where the county has communities with high levels of deprivation there will be a positive impact from the recommissioned service as assertive outreach will be provided to support people to access and remain engaged in treatment and recovery. The service will also support people with wider determinant of health such as employment and housing. Families in deprived areas will benefit from a family support service.</p> <p>Partnerships - The recommissioned service will have an increased focus on partnership working and co-located services. This will provide a positive impact and improved outcome for those who access support from services such as Housing Related Support, Criminal Justice System, CAMHS (Children and Adolescent Mental Health Service), Primary and Secondary Care.</p>

Adverse or negative impacts

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is:

- justified
- eliminated
- minimised or
- counter-balanced by other measures

If there are no adverse impacts that you can identify, please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact, please state '*No mitigating action identified*'.

Protected characteristic	Response
Age	No perceived adverse impact
Disability	No perceived adverse impact
Gender reassignment	No perceived adverse impact
Marriage and civil partnership	No perceived adverse impact
Pregnancy and maternity	No perceived adverse impact
Race	No perceived adverse impact
Religion or belief	No perceived adverse impact

Protected characteristic	Response
Sex	No perceived adverse impact

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Negative impacts
<p>There will be a digital inclusion offer to ensure where possible barriers to accessing a blended offer of support are addressed. Services will continue to offer alternatives to ensure people are not excluded.</p>

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders).

You must evidence here who you involved in gathering your evidence about:

- benefits
- adverse impacts
- practical steps to mitigate or avoid any adverse consequences.

You must be confident that any engagement was meaningful. The community engagement team can help you to do this. You can contact them at engagement@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place. Include:

- who you involved when compiling this EIA under the protected characteristics.
- any organisations you invited and organisations who attended.
- the date(s) any organisation was involved and method of involvement such as:
 - EIA workshop
 - email

- telephone conversation
- meeting
- consultation

State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics, please state the reasons why they were not consulted or engaged with.

Objective(s) of the EIA consultation or engagement activity
<p>Stakeholders and service users have been engaged with in relation to the recommissioning of Lincolnshire's substance misuse services. This has been undertaken in a range of formats including four events, three surveys, focus groups and 1 to 1 interview. Feedback has informed us about what works well with the current model along with areas for development and improvement. This has contributed to the options appraisal and development of a preferred model for delivering a future substance misuse service. Findings will directly inform the new service specifications thus ensuring services are developed in response to local needs and requirements.</p> <p>The total number taking part in the engagement activity was 277 including 133 treatment and recovery service users, 77 family/affected others and 67 professional stakeholders)</p>

Who was involved in the EIA consultation or engagement activity?

Detail any findings identified by the protected characteristic.

Protected characteristic	Response
Age	<p>The age range of stakeholders at the events and completing the survey was not collected, but the service user survey responses ranged from 25 - 74 yrs. the most responses 29% (12) aged 35 - 44yrs followed by 26% (11) 45 - 54 yrs.</p> <p>The family support survey responses ranged from 20 - 84yrs the highest response rate from 55 - 64yrs 32% (24). There were no specific findings relating to this protected characteristic.</p>
Disability	No direct engagement with this group
Gender reassignment	No direct engagement with this group
Marriage and civil partnership	24% (18) of those completing the family support survey identified themselves as a spouse or partner of someone affected by substance misuse but no specific findings were associated with this protected characteristic
Pregnancy and maternity	No direct engagement with this group.
Race	<p>The family support survey responses showed 87% (66) identifying themselves as White, 2.6% (2) white – other background. 3.9% (3) mixed ethnicity (White & Black Caribbean), 1.3% (1) mixed (White & Asian) and the same number White and black African.</p> <p>Service users identified themselves as White 90% (38) 4.8% (2) White – other and 4.8% (2) other ethnic group including Swedish. The ethnicity data is representative of the Lincolnshire demographic.</p> <p>Face to face contact with 12 people attending a foreign language group included 9 male, 3 female with the following languages spoken - English, Polish, Russian, Lithuanian, Ukrainian. A key</p>

Protected characteristic	Response
	finding is that the group members stated that an interpreter was vital to their continued attendance.
Religion or belief	No direct engagement
Sex	<p>There were 67% (28) male responses to the service user survey 29% (12) female with 4.8% (2) preferring not to say. There were no distinct findings for this protected characteristic.</p> <p>The family support survey resulted in 92% (70) female responses with the remainder 7.9% (6) preferring not to say. As nearly all respondents are female the key finding for this protected characteristic is that females are impacted by substance misuse and require support from a substance misuse family support service.</p>
Sexual orientation	79% (33) of those completing the service user survey identified as heterosexual, 7.1% (3) bisexual, 4.8% (2) gay/lesbian, with 9.5% (4) preferring not to say. There were no specific findings identified for this protected characteristic.
<p>Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way?</p> <p>The purpose is to make sure you have got the perspective of all the protected characteristics.</p>	<p>Service users and stakeholders have been engaged with during the recommissioning to ensure their views on current services and the model have been gathered and any future needs for a new treatment, recovery and family support service are understood and taken into account. Findings have been considered during the options appraisal phase and are informing the new service specifications.</p> <p>We are confident that the broad range of engagement provided opportunities for people of all protected characteristics to contribute their views on the quality of current provision and what would be important to consider and include in a future service and model.</p>
<p>Once the changes have been implemented how will you undertake evaluation of the benefits and how effective</p>	The EIA will be a live document which will be subject to periodic reviews that will link in with service mobilisation and any significant changes to the budget and grant funding. The reviews will establish whether there are any impacts against service users and those who have a protected characteristic.

Protected characteristic	Response
the actions to reduce adverse impacts have been?	Following mobilisation there will also be quarterly contract management meetings that will review service delivery and will identify any protected groups who may be impacted in either a positive or negative way.

Further details

Personal data	Response
Are you handling personal data?	No Data on service users is held externally by the commissioned providers. All data used within the recommissioning is anonymous with all surveys being approved by the Information Assurance Team.
If yes, please give details	

Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.	N/A	N/A	N/A

Version	Description	Created or amended by	Date created or amended	Approved by	Date approved
V0.1	Original desktop version prior to options appraisal.	Allison Walker	31/01/23	I	
V0.2	Further update following completion of options				

Version	Description	Created or amended by	Date created or amended	Approved by	Date approved
	appraisal and identification of a preferred model.	Nicola Williamson	24/02/23		
V0.3	Review and added in engagement activity	Allison Walker	10/03/23		
V0.4	Review and update.	Allison Walker / Nicola Williamson	14/03/23		
VO.5	Review of engagement team comments and updates	Allison Walker / Nicola Williamson			
V0.6	Further review and updating of comments.	Williamson	29/03/23		
V0.7	Update following Engagement Team comments	Allison Walker/Nicola Williamson	04/04/23		
V1.0	Full version agreed	Allison Walker/Nicola Williamson	28/04/23		
V1.1	Update following legal review of V1.0	Allison Walker/Nicola Williamson	03/05/23		
			13/06/23		

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