

County Offices
Newland
Lincoln
LN1 1YL

26 September 2022

Executive

A meeting of the Executive will be held on **Tuesday, 4 October 2022** in the **Council Chamber, County Offices, Newland, Lincoln LN1 1YL** at **10.30 am** for the transaction of business set out on the attached Agenda.

Yours sincerely



Debbie Barnes OBE
Chief Executive

Membership of the Executive
(9 Members of the Council)

Councillor M J Hill OBE, Executive Councillor for Resources, Communications and Commissioning (Leader of the Council)

Councillor Mrs P A Bradwell OBE, Executive Councillor for Children's Services, Community Safety and Procurement (Deputy Leader)

Councillor Mrs W Bowkett, Executive Councillor for Adult Care and Public Health

Councillor R D Butroid, Executive Councillor for People Management, Legal and Corporate Property

Councillor L A Cawrey, Executive Councillor for Fire & Rescue and Cultural Services

Councillor C J Davie, Executive Councillor for Economic Development, Environment and Planning

Councillor R G Davies, Executive Councillor for Highways, Transport and IT

Councillor D McNally, Executive Councillor for Waste and Trading Standards

Councillor Mrs S Woolley, Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners

**EXECUTIVE AGENDA
TUESDAY, 4 OCTOBER 2022**

Item	Title	Forward Plan Decision Reference	Pages
1	Apologies for Absence		
2	Declarations of Councillors' Interests		
3	Announcements by the Leader, Executive Councillors and Executive Directors		
4	Minutes of the Meeting of the Executive held on 6 September 2022		5 - 10

KEY DECISIONS - ITEMS TO BE RESOLVED BY THE EXECUTIVE

5	Extension of the Substance Misuse Treatment Contract <i>(To receive a report by the Executive Director for Adult Care and Community Wellbeing which seeks authorisation for an exception to the Council's Contract Regulations to enable the extension of the Council's Substance Misuse Treatment Contract for a period of 6 months to 31 March 2024)</i>	I027868	11 - 22
6	Extension of the Lincolnshire Integrated Sexual Health Service Contract <i>(To receive a report by the Executive Director for Adult Care and Community Wellbeing which seeks authorisation for an exception to the Council's Contract Regulations to enable the extension of the Council's Integrated Sexual Health Services (LISH) contract with LCHS for a period of 12 months to 31 March 2024)</i>	I027867	23 - 34

CONSIDERATION OF EXEMPT INFORMATION

In accordance with Section 100 (A)(4) of the Local Government Act 1972, agenda item 7 has not been circulated to the press and public on the grounds that it is considered to contain exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended. The press and public may be excluded from the meeting of the consideration of this item of business.

7	Market Sustainability, Fair Cost of Care <i>(To receive an exempt report by the Executive Director for Adult Care and Community Wellbeing which invites the Executive to consider the Market Sustainability and Fair Costs of Care)</i>	I028032	35 - 48
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Please Note: for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details set out above.

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing [Agenda for Executive on Tuesday, 4th October, 2022, 10.30 am \(moderngov.co.uk\)](#)

All papers for council meetings are available on:
<https://www.lincolnshire.gov.uk/council-business/search-committee-records>



**EXECUTIVE
6 SEPTEMBER 2022**

PRESENT: COUNCILLOR M J HILL OBE (LEADER OF THE COUNCIL)

Councillors Mrs P A Bradwell OBE (Executive Councillor for Children's Services, Community Safety and Procurement) (Deputy Leader), Mrs W Bowkett (Executive Councillor for Adult Care and Public Health), R D Butroid (Executive Councillor for People Management, Legal and Corporate Property), L A Cawrey (Executive Councillor for Fire & Rescue and Cultural Services), C J Davie (Executive Councillor for Economic Development, Environment and Planning), R G Davies (Executive Councillor for Highways, Transport and IT), D McNally (Executive Councillor for Waste and Trading Standards) and Mrs S Woolley (Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners)

Councillors: P M Dilks (Leader of the Opposition), N H Pepper (Chairman of the Public Protections and Communities Scrutiny Committee) and T J N Smith (Vice-Chairman of the Overview and Scrutiny Management Board) attended the meeting as observers

Officers in attendance:-

Debbie Barnes OBE (Chief Executive), Nicola Calver (Member Services Manager), Andrew Crookham (Executive Director Resources), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Michelle Grady (Assistant Director – Finance), Andy Gutherson (Executive Director Place), Alina Hackney (Senior Strategic Commercial and Procurement Manager - People Services), Caroline Jackson (Head of Corporate Performance), Andrew McLean (Assistant Director - Transformation), Martyn Parker (Assistant Director Public Protection), Heather Sandy (Executive Director of Children's Services), Nigel West (Head of Democratic Services and Statutory Scrutiny Officer), Rachel West (Contract Manager) and Rachel Wilson (Democratic Services Officer)

17 APOLOGIES FOR ABSENCE

There were no apologies for absence.

18 DECLARATIONS OF COUNCILLORS' INTERESTS

There were no declarations of interest at this point in the meeting.

19 ANNOUNCEMENTS BY THE LEADER, EXECUTIVE COUNCILLORS AND EXECUTIVE DIRECTORS

There were no announcements by the Leader, Executive Councillors or Executive Directors.

20 MINUTES OF THE MEETING OF THE EXECUTIVE HELD ON 5 JULY 2022

RESOLVED

That the minutes of the meeting held on 5 July 2022 be signed as a correct record.

21 DOMESTIC ABUSE SUPPORT SERVICES RE-COMMISSIONING

The Executive Councillor for Children's Services, Procurement and Community Safety introduced the report and highlighted that it related to an important support service that the Council provided. It also provided outreach support to children. It was noted that 30,000 adults in the county experienced domestic abuse each year. It was reported that whilst the authority did receive a grant for the refuge services, it did not cover the outreach services. The Police and Crime Commissioner and NHS have contributed funding to this Service.

The Executive was guided through the report and it was explained how this service would be funded and detailed the commercial approach taken as well as the service review which had been undertaken as part of the process. It was noted that there was the potential for further legislative change during the term of this contract. The model outlined in the report would strengthen the universal offer of support.

In terms of the commercial approach, it was highlighted that market engagement had been supportive of the approach and it was attractive to the market. The contract would be in place for a maximum of five years, with an initial period of three years, with a two-year extension. An agreement with the PCC and Health partners had been reached for them to contribute funding.

The Chairman of the Public Protection and Communities Scrutiny Committee presented the comments of the Committee following its consideration of this item at its meeting on 19 July 2022. The Executive was advised that the Committee unanimously supported the proposals in the report.

During discussion by the Executive, the following was noted:

- Clarification was sought regarding the budget and cost implications, and it was confirmed that the CCG (now the Integrated Care Board) had agreed to contribute £150,000 per annum rather than the £250,000 requested but would also be allocating dedicated staffing roles to domestic abuse victims within acute settings. It was noted that this would be monitored through performance,
- It was noted that the agreement also set out that if there was increased demand from health, the Council would be able to request an additional funding contribution.
- When people were asked how they accessed the service, it was found that the Police were referring 80% more people into the Service than Health services. Based on national figures, it was believed that there was a hidden demand from Health services.

- In terms of the higher numbers of referrals from the Police, it was noted that this was likely due to becoming more aware of the duty around domestic abuse, however, it was believed that demand would be plateauing, and that more demand would start to come through health services.
- The service had received some funding due to Covid-19 following a joint bid with the PCC which paid for the IDVA Service. However, this had been one-off funding and was not recurrent. It was suggested that a note could be circulated to the Executive which set out the additional funding throughout the year.
- It was acknowledged that this was an important service, and while a budget could be set, it was not possible to have control over the demand on that budget. Evidence suggested that during economic downturns, domestic abuse increased. Clarity was sought regarding how the Council would be able to manage the expected increase in demand for this service. Officers advised that demand would be monitored and tracked to identify where increases were coming from and when this was understood, discussions would take place with Partners around the expectation to contribute more funding from that area. This requirement would be written into the contract, so that funding could be increased or decreased as necessary.
- In terms of the emergency element for support, it was confirmed that that would always be available. It was likely that any demand increases would happen slowly so there would be the chance to have those discussions.
- It was noted that the work of a scrutiny panel set up by the PCC would feed into the Domestic Abuse Support Team.
- It was confirmed that those people who accessed the service but did not do so through health or police referrals, would either have self-referred, or come through third sector services.

RESOLVED

1. That the commissioning of a Domestic Abuse Support Service and the undertaking of a procurement to establish a contract, to be awarded to a single provider of a county-wide service effective from 1 April 2023, be approved.
2. That authority be delegated to the Executive Director of Adult Care & Community Wellbeing, in consultation with the relevant Executive Councillor, to determine the final form of the contract and to approve the award of the contract and the entering into of the contract and other legal documentation necessary to give effect to the above decision.

22 REVENUE BUDGET MONITORING REPORT 2022/23 - QUARTER 1

A report by the Executive Director – Resources on Revenue Budget Monitoring 2022/23 set out the Council's expenditure of the approved budget for Quarter 1 of 2022-23 with explanations for any significant variations.

It was highlighted that an increase in inflation was anticipated. The Executive was reassured that by increasing the contingency budget, the Council would manage this year, however the

following years would depend on the Government and how it planned to support local government.

It was reported that the current revenue position was that an overspend of £0.705m (excluding schools) was forecasted as at 30 June 2022, which was 0.13% of the net revenue budget. It was noted that the overspend mainly related to Children's Services but would be off set by one-off grants and savings from staff vacancies.

It was noted that the effects of inflation on budgets was starting to be seen. The pay settlement for staff had not yet been agreed, however the offer was around 4% higher than what had been budgeted. It was also highlighted that most of the gas and electricity was procured through an ESPO framework, and those contracts would come to an end in October 2022. The new contracts were already showing increases of 200% and 100% in prices.

It was expected that most of the cost pressures would be seen more in quarter 2, and officers would look at what could be done to manage some of those pressures.

It was commented that there was a lot of concern for small businesses in the county, as energy costs were not capped for businesses, and so it was likely that hospitality, leisure and tourism businesses would be most affected by business closures, and any measures the government could introduce for these businesses would be helpful.

The Vice-Chairman of the Overview and Scrutiny Management Board presented the comments from the Board's consideration of the report on 25 August 2022. Comments included the recognition of several issues which would impact on the Council's revenue budget in the coming years, including construction costs where the rate of inflation was around 27%, and would have an impact on large projects such as roads and schools. The impacts of the Local Government Pay Award and gas and electricity costs were also highlighted.

The Executive was advised that the Corporate Leadership Team were working with senior leaders to review all the budgets, including efficiencies, and these would be presented to the Executive for consideration in due course.

RESOLVED

That the current position on the revenue budget be noted.

23 CAPITAL BUDGET MONITORING REPORT 2022/23 - QUARTER 1 TO 30 JUNE 2022

Consideration was given to a report presented by the Assistant Director – Finance on Capital Budget Monitoring, which provided an update on capital spending for quarter 1 of 2022/23, with explanations for any significant variations.

The current forecasted position for 2022/23 was an underspend of £1.001m (Block schemes £0.75m, project schemes £0.245m). This represented less than 1% of the net capital programme budget for 2022/23. It was highlighted that this was mainly due to timing slippage in Children's Services. It was noted that there was not much variance reported on the rest of the budget. There would be an impact from inflation on most of the budget.

The Vice-Chairman of the Overview and Scrutiny Management Board presented the comments from the Board's consideration of the report on 25 August 2022. The Board raised concerns that current projects may be delayed, but the Board was reassured that all 'in flight' schemes in the capital programme would be delivered. There would be a need to be mindful of external factors which were beyond the control of the authority, such as the war in Ukraine.

It was confirmed that all projects which were in progress would be delivered, however there would need to be further consideration of any future projects.

RESOLVED

That the position on the capital programme be noted.

24 CORPORATE PLAN SUCCESS FRAMEWORK 2022/23 - QUARTER 1

Consideration was given to a report introduced by the Head of Corporate Performance which presented an overview of performance against the Corporate Plan as at 30 June 2022. Detailed information on performance could be viewed in the Council's website. It was noted that of the 39 activities due to be reported in quarter 1, they were all rated either as Progress is within agreed limits or Progressing as Planned. Page 133 of the agenda pack provided full details on all the activities.

It was highlighted that there were no activities which were red rated, and this included one which had been reported as red in quarter 4, this had now moved to green.

Of the key performance indicators (KPI's) where an ambition had been set, 20 could be compared with an updated position for quarter 1 reporting. Of these, 70% of KPI's were either exceeding or achieving the ambition which had been set.

Officers highlighted that the report included an explanation of the new national formula for recycling rates. This was impacting three of the seven districts with the twin stream roll out. A full explanation of all the waste measures was included at page 127 of the agenda pack.

In terms of the contextual measures, two of the measures were impacted by a delay in the release of ONS data, but an update based on local intelligence had been provided.

The Vice-Chairman of the Overview and Scrutiny Management Board presented the comments of the Board following its consideration of this item at its meeting on 25 August 2022. It was reported that there had been a thorough debate of the performance

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information, with the Board particularly focused on indicators around Staff Absence, Adult Safeguarding and Waste performance.

During discussion by the Executive, the following was noted:

- It was commented that the number of days lost to sickness absence per FTE, currently at 8.8 days, was not acceptable, and it was queried how this was going to be addressed. The Executive was advised that management of sickness was important for all managers, and the monitoring of sickness had been difficult over the past two years due to the pandemic. However, there was no longer an expectation on people to self-isolate if they tested positive for Covid-19 and staff were expected to be in work if they were well and able, unless they worked with vulnerable people.
- It was noted that the 8.8 days was the average across the organisation, but higher levels of sickness absence were being seen across the Adults and Children's Services workforce. The Executive was reassured that managers continued to manage sickness absence.
- It was commented that days lost to sickness absence had been below target for a number of quarters, and it was agreed that this was something that needed to be addressed by managers. Back to work interviews were an important part of managing this, as well as returning staff members workloads being managed appropriately.
- The number of communities without good access to fast broadband was also highlighted, and it was noted that isolated properties were a challenge. However, most villages now had access to, or would shortly have access to, fast broadband.
- In terms of waste performance, only 4% of the county's waste went to landfill, and the Executive was comfortable with this figure. It was also reported that the roll out of separate paper and card collections was going well. In terms of the Household Waste Recycling Centre figures, it was noted that these figures tended to be seasonal.

RESOLVED

That performance for 2022/23 as at 30 June 2022 be considered and noted.

The meeting closed at 11.43 am



**Open Report on behalf of Glen Garrod,
Executive Director for Adult Care and Community Wellbeing**

Report to:	Executive
Date:	4 October 2022
Subject:	Extension of the Substance Misuse Treatment Contract
Decision Reference:	I027868
Key decision?	Yes

Summary:

Treatment and prevention (including harm reduction) of drug and alcohol misuse is a non-prescribed function of the public health grant, and as of 2015/16 it is a condition of the grant to have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

Lincolnshire County Council currently commissions the delivery of Substance Misuse Treatment and Recovery services through contractual arrangements with We Are With You (WAWY), a registered charity, for which contracts are due to end on 30 September 2023.

A re-commissioning programme is underway, but a number of emerging considerations are impacting the effective completion of the programme and as a result it is proposed to seek to extend all of the Council's contracted substance misuse services contracts for a 6-month period whilst the emerging considerations are addressed.

This report seeks authorisation for an exception to the Council's Contract Regulations to enable the extension of the Council's Substance Misuse Treatment Contract for a period 6 months to 31 March 2024.

The cost of the 6-month extension is consistent with current costs and budgets and can be funded from the Public Health Grant, so there is no additional funding required as a result of the proposal to extend. The future service budget will be considered as part of the commissioning review of Substance Misuse Services beyond 1 April 2024.

Recommendation(s):

That the Executive:

1. approves the modification of the Substance Misuse Treatment contract to extend its duration by a period of 6 months to 31st March 2024 at a value of £2,524,826
2. delegates to the Executive Director - Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care and Public Health authority to determine the final form of the modification referred to in paragraph 1

Alternatives Considered:**Re-commission and procure the services to commence on 1 October 2023**

Given the significantly changing landscape of substance misuse treatment and recovery funding nationally, re-procurement of the Council's Substance Misuse Treatment and Recovery Services for new contract(s) to commence on 1 October 2023 would not permit full and proper consideration of the emerging considerations described in the report, which will impact the future design and delivery of services in Lincolnshire.

Reasons for Recommendation:

Approving the modification of the contract to enable an extension for a period of 6-months will:

1. Afford the opportunity to explore opportunities for a commissioning collaboration in Substance Misuse services as part of the Greater Lincolnshire Public Health Pilot.
2. Enable alignment of funding cycles for the Supplemental Substance Misuse Treatment and Recovery Grants (SSMTR) in 2023/24 (£1.2m) and 2024/25 (£2.09m), as well as expected further allocations of the Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG), and the contract end/commencement dates.
3. Enable the Council to take full account of the forthcoming changes to the commissioning and procurement landscape for Local Authority commissioned Health Services, specifically the forthcoming implementation of the Provider Selection Regime as part of the Health and Care Act 2022, in the planned and ongoing recommissioning of Substance Misuse services in Lincolnshire. By extending the current contract for a period of 6 months, it should be possible to understand the opportunities and implications of this change for the future commissioning of these services.

The current contracted services are performing to a high standard and the service provider has indicated their support for proposed extension, if approved.

Regulation 72(1)(e) of the Public Contracts Regulations 2015 defines circumstances in which a contract modification is not to be taken to be material for the purposes of requiring a competitive procurement to be carried out. This modification is considered to meet these requirements.

In particular the modification will not result in the contract being materially different in character; will not introduce new conditions; will not change the economic balance of the contract; and will not change the scope of the contract considerably.

1. Background

1.1 Lincolnshire County Council currently commissions the delivery of Substance Misuse Treatment and Recovery services through contractual arrangements with We Are With You (WAWY), a registered charity. The provision of a substance misuse service, which the Local Authority is responsible for commissioning, contributes to Lincolnshire County Council's wider responsibility to improve the health of the local population. The current contracts that deliver these services are set out below.

Contract	Provider	Annual Value 2022/23	Current End Date	Available Extensions Remaining
Substance Misuse Treatment	We Are With You	£5,049,652	30 th September 2023	All extensions taken
Substance Misuse Recovery	We Are With You	£398,000	30 th September 2023	All extensions taken

1.2 The current contracts have been in place since October 2016 and have been extended to their full available in-contract end dates of 30th September 2023. The contracts are held by We Are With You in partnership with Double Impact who deliver the Recovery Service. The providers are performing well and meeting the majority of LCC's targets in both Treatment and Recovery contracts.

1.3 A re-commissioning programme was established and began work in November 2021. Key activities have been completed within the review phase including a literature review, benchmarking exercise and current service review. Stakeholder and service user engagement is underway.

1.4 In February 2022, Lincolnshire County Council was made aware that additional grant funding for substance misuse treatment would be made available for application. These grants are the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTR) which is managed by the Office of Health Improvement and Disparities (value of funding in 2022/23 £737,489) and The Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) which is managed by the Department for Levelling Up, Housing and Communities (value of funding in 2022/23 £438,250). The two separate

application processes for this funding diverted programme resources for 4 months; however, both applications were successful and resulted in a decision by the Executive in July 2022 to approve use of this grant funding through variations to the above contracts with We Are With You.

- 1.5 Following on from this, and based on re-commissioning programme review work to date, it is recommended to seek to extend both of LCC's commissioned Substance Misuse services contracts for a further 6-month period to maintain the coterminous alignment of these contracts whilst emerging considerations are addressed, and the recommissioning exercise is concluded. Subject to approval, the revised start date for the new contractual arrangements for substance misuse services in Lincolnshire would be 1st April 2024. The key drivers for this recommendation are set out in more detail in the following section.
- 1.6 The current contracted services are performing to a high standard and the service providers have indicated their support for proposed extension, if approved.

2. Commissioning Considerations

- 2.1 The factors impacting the recommissioning of the Council's substance misuse services, which could have significant impacts in relation to future service provisions, and that have resulted in the recommendation to extend for a 6-month period are described more fully as follows:

- a. Commissioning collaboration opportunities as part of the Greater Lincolnshire PH pilot

The Greater Lincolnshire Public Health pilot offers an opportunity to collaborate with North Lincolnshire and North-East Lincolnshire to jointly commission substance misuse services. Collaboration between the three Local Authorities seeks to integrate public health arrangements and to provide better outcomes for the people of Greater Lincolnshire. There is a potential opportunity in the recommissioning of substance misuse treatment and recovery services to collaborate on a more efficient and effective model. Efficiencies may include the reduction of duplication and economies of scale in certain aspects of service delivery.

The recommended extension would allow time to work through these options and opportunities in relation to Substance Misuse Treatment and Recovery Services and consider a Greater Lincolnshire approach. It would also allow time to consider emerging developments since the publication of the 2021 National Drug Strategy and subsequent local guidance (published June 2022) to establish Combating Drugs Partnerships in the finalisation of the new services.

- b. Alignment to future SSMTR and RSDATG Grant Cycles

As Lincolnshire County Council is expecting significant annual increases in the Supplemental Substance Misuse Treatment and Recovery Grants (SSMTR) in

2023/24 (£1.2m) and 2024/25 (£2.09m), as well as further allocations of the Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG), a 6-month extension would align the new contract year to the grant award dates. This will make both applications for the future funding, and the practical utilisation of that funding significantly more straightforward to administer.

c. Impact of changing procurement regime on governance and decision making for the programme

The Health and Care Act 2022 introduces a new procurement regime, called the Provider Selection Regime (PSR) governing the procurement of healthcare contracts, including local authority commissioned health services. The establishment and implementation of the Provider Selection Regime remains subject to final formulation of regulations and statutory guidance by HM Government, but current information suggests that DHSC wishes to implement the PSR later in 2022. As a result, any future procurement of SRH Services, will be within the scope of PSR (which will include rules governing the modification of contracts in scope of the regime, as well as the identification of the most suitable provider without a tender process, and for competitive procurements).

PSR represents the government's position on the most efficient and effective way to commission and procure specifically health services. It produces a regime tailored to those services as opposed to the more general regime set out in the PCR 2015.

Formal governance and decision making for the re-commissioning of SRH services would preferably take account of the PSR in recommendations around the procurement methodology and process for health service(s). Given the current uncertainties, with secondary legislation and statutory guidance not yet available, the extension of the current contract arrangements for 6 months would enable the PSR both nationally and locally to be managed first, and its use and potential benefits in the re-commissioning and procurement of future substance misuse services to be fully and properly considered.

3. Provider Performance

3.1 We Are With You were rated good in the last Strategic Service Annual Review for their Substance Misuse Treatment service and outstanding for the Recovery service. Both contracts are classified as Low-Medium risk with no current service performance concerns that would negate progression with an extension of the contract for a further 6 months.

3.2 Performance is monitored through the National Drug Treatment Monitoring System (NDTMS) and overall performance is good with 3244 people using the service in 2021/22. Successful completions need to improve as they are below the national average, but work is already underway to address this, and improvements are expected in future reports. Representations to services are amongst the best in the country with only 8% of Opiate users and 6.8% of alcohol clients returning to

services compared to 15.3% for opiates and 8.9% for alcohol nationally, this has been aided by ensuring people are ready to be discharged and having the recovery service in place to offer support and help post treatment.

4. Cost Implications

- 4.1 The total value of the Substance Misuse Treatment Service contract is £5,049,652 per annum. The total value of the Substance Misuse Recovery Service contract is £398,000 per annum. Both contracts are funded from the Public Health Grant.
- 4.2 The total value of a 6-month extension (to 31st March 2024) is £2,524,826 for the Substance Misuse Treatment Service contract and £199,000 for the Substance Misuse Recovery Service contract.
- 4.3 The cost of the proposed extensions is consistent with current costs and budgets and can be funded from the Public Health Grant so there is no additional funding required as a result of the proposal to extend.
- 4.4 Additional money (SSMTR and RSDATG) has already been added to the contracts for 2022-23 as approved by the Executive in July 2022. Any further SSMTR and RSDATG grant allocations agreed beyond March 2023 are likely to be subject to the PSR, which is likely to include rules governing the modification of contracts in scope of the regime, and as such will be the subject of a new decision if confirmed. This is not part of this recommendation but will be a future consideration for 2023/24 when the grant monies become available. However, it should be noted that it is a condition of the Supplemental Substance Misuse Treatment and Recovery Grants that spending must be maintained at 2020/21 levels in order to remain eligible.

5. Legal Issues:

Procurement Implications

As there is no provision within the contracts to extend beyond 30 September 2023, any decision to extend would need to be managed by making variations to the contracts. The Council's Contract Regulations require variations to contracts not expressly within the scope of the original procurement to be considered for procurement of a new contract. However, they do permit exceptions to be made where approved by the appropriate decision maker as set out in the Contract Regulations. Whilst we await the implementation of additional regulations as part of the Health and Social Care Act 2022, the Public Contract Regulations 2015 (PCR) remains the applicable procurement legislation, and so any decision to extend would also need to be compliant with those regulations.

- Substance Misuse Treatment Service:
The additional cost of a variation to extend by 6 months would be £2,524,826. This would be above the relevant threshold for the application of the Light Touch

Regime under the PCR, and as such the exception decision to extend by 6 months must be made by the Executive.

- Substance Misuse Recovery Service:

The additional cost of a variation to extend by 6 months would be £199,000, and at that value the exception decision to extend by 6 months would be approved by the Chief Officer. Subject to the support of the Executive for the recommendations of this report, approval of this exception would be progressed with the Chief Officer.

In terms of the Council's obligations under the regulations relating to the modification of contracts set out in the PCR, this permits the modification of contracts under Reg. 72(1)(e) where the modifications, irrespective of their value, are not substantial within the defined meaning.

For the purposes of the regulations, a modification is considered substantial where one or more of the following conditions is met:

- a) the modification renders the contract or framework agreement materially different in character from the one initially concluded;
- b) the modification introduces conditions which, had they been part of the initial procurement procedure, would have –
 - i. allowed for the admission of other candidates than those initially selected,
 - ii. allowed for the acceptance of a tender other than that originally selected,or
 - iii. attracted additional participants in the procurement procedure
- c) the modification changes the economic balance of the contract or the framework agreement in favour of the contractor in a manner which was not provided for in the initial contract or framework agreement;
- d) the modification extends the scope of the contract or framework agreement considerably.

In this instance, because the additional services required are consistent with the scope of the existing services and their proportionate values, at 8% (Substance Misuse Treatment Service) and 9% (Substance Misuse Recovery Service) are not significant by comparison to the original total contract values, the proposed modifications are not considered to be substantial. In particular the contracts will not be materially different in character; no new conditions will be introduced that would have allowed for the admission of other candidates, the acceptance of a tender other than that originally selected or attracted additional participants; based on the proportionate values, the economic balance of the contracts will not change; and the scope of the contracts will not change considerably.

The decision would therefore meet the requirements of Reg. 72(1)(e) and be compliant with the Council's obligations under the PCR.

Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to tackle prejudice and promote understanding.

Compliance with the duties in section 149 may involve treating some persons more favourably than others.

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision-making process.

The current services aim to ensure that everyone who needs support through the services commissioned receives it. Specialist components of the service (for example female specific workers and criminal justice workers) specifically support those clients who may be more difficult to engage in services. All the services ensure that support is localised as far as is possible to increase accessibility for the Lincolnshire population, with provision concentrated in areas of greatest need.

The providers' ability to provide services which advance equality of opportunity will be considered in the procurement and providers will be obliged to comply with the Equality Act.

An Equality Impact Analysis is being developed alongside the service engagement work, as part of the recommissioning exercise.

Joint Strategic Needs Analysis (JSNA and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision.

Lincolnshire's Joint Strategic Needs Assessment identifies Substance Misuse as a priority topic and describes the important role of a comprehensive treatment and recovery service for reducing harm from substance misuse. As such, the Substance Misuse Treatment and Recovery Services have an integral role in contributing to four priorities in the JHWS: mental health and wellbeing in children and young people, mental health in adults, dementia, and housing and health.

The Provider plays an active role in contributing to all aspects of the JSNA for Drugs and Alcohol, as well as the JSNA for Mental Health and Wellbeing in relation to Dual Diagnosis.

Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area.

The Substance Misuse Treatment and Recovery Services play an integral role in preventing crime and disorder in Lincolnshire. Substance misuse is a core priority of the Safer Lincolnshire Partnership (SLP), with a focus on prevention and treatment of substance misuse to reduce related harms to individuals and affected others, and to support wider SLP objectives of reducing reoffending, domestic violence, and serious violence.

6. Conclusion

6.1 People misuse drugs and alcohol for wide range of reasons, and some are at greater risk of misuse and dependence than others. Poverty, unemployment and social deprivation are particularly significant factors that contribute to more risky patterns of substance use. People with pre-existing mental health conditions, including anxiety and depression, are also particularly at risk. An evidence-based substance misuse treatment and recovery service can support individuals who find themselves

using substances in a risky, harmful or dependent way, to reduce their consumption and manage the associated risks to reduce harms to their health, their friends and family, and wider society.

6.2 Responsibility for commissioning substance misuse treatment and recovery services sits with the local authority, although there is a need to collaborate closely with a wider range of partners. Examples of close collaboration include with Lincolnshire Partnership Foundation Trust and the Integrated Care Board around Dual Diagnosis, and with the Police, Probation and HMP Lincoln to support the treatment needs of people in the criminal justice system.

6.3 The additional time provided by the contract extensions requested will enable us to explore opportunities for commissioning collaboration across Greater Lincolnshire to improve outcomes for local people, and also allow us to consider the implications of the new procurement regulations for the future commissioning of substance misuse services.

7. Legal Comments:

The Council has the power to make the variations proposed which are consistent with the Council's procurement obligations for the reasons given in the Report.

The decision is consistent with the Policy Framework and within the remit of the Executive.

8. Resource Comments:

The 6-month extension of the substance misuse contract does not increase the substance misuse spend and therefore there is no additional funding requirement as a result of this proposal.

9. Consultation

a) Has Local Member Been Consulted?

n/a

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

The decision will be considered by the Adult Care and Community Wellbeing Scrutiny Committee on 28 September 2022 and the comments of the Committee will be

reported to the Executive.

d) Risks and Impact Analysis

As described in the body of the report

10. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Lucy Gavens, who can be contacted at lucy.gavens@lincolnshire.gov.uk.

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Open Report on behalf of Glen Garrod, Executive Director Adult Care and Community Wellbeing

Report to:	Executive
Date:	4 October 2022
Subject:	Extension of the Lincolnshire Integrated Sexual Health Services Contract
Decision Reference:	I027867
Key decision?	Yes

Summary:

The provision of open access sexual health services is a mandatory responsibility of upper tier local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

Lincolnshire County Council currently commissions the delivery of Sexual and Reproductive Health (SRH) services through a series of contractual arrangements with Lincolnshire Community Health Service NHS Trust (LCHS), registered charity Positive Health Lincolnshire (PHL), and with GP Practices and Community Pharmacies across Lincolnshire. Contracts for all current SRH services in Lincolnshire are due to end on 31 March 2023.

A re-commissioning programme is underway, but a number of emerging considerations are impacting the effective completion of the programme, and as a result it is proposed to seek to extend all of LCC's commissioned SRH services contracts for a further 12-month period to maintain the coterminous alignment of the contracts whilst the emerging considerations are addressed.

This report seeks authorisation for an exception to the Council's Contract Regulations to enable the extension of the Council's Integrated Sexual Health Services (LISH) contract with LCHS for a period of 12 months to 31 March 2024.

As the funding of the LISH contract is partly covered by a s75 Agreement with NHS England relating to HIV treatment (cost of Antiretroviral medications) approval is also sought to extend that s75 Agreement until 31 March 2024

The 12-month extension proposed does not increase the cost of services above the current contract value. The future service budget will be considered as part of the commissioning review of Sexual and Reproductive Health (SRH) services beyond 1 April 2024

Recommendation(s):

That the Executive:

1. approves the modification of the Lincolnshire Integrated Sexual Health Service (LISH) contract to extend its duration by a period of 12 months to 31st March 2024 at a value of £5,370,123
2. approves the extension of the section 75 Agreement between the Council and NHS England relating to HIV treatment (cost of Antiretroviral medications) until 31 March 2024
3. delegates to the Executive Director - Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care and Public Health authority to determine the final form of the modifications referred to in paragraphs 1 and 2.

Alternatives Considered:**Re-commission and procure the services to commence on the 1 April 2023**

Re-procurement of the Council's SRH services to commence on expiry of the current LISH contract on 31st March 2023 would not permit full and proper consideration of the emerging considerations described in the report, that will impact the future design and delivery of services in Lincolnshire, and which may impact the Council's ability to deliver integrated sexual health services to the Lincolnshire population, which align with national strategy.

Reasons for Recommendation:

Approving the modification of the contract (and associated section 75 Agreement) to enable an extension for a period of 12-months will:

1. Afford the opportunity to explore opportunities for a commissioning collaboration in SRH services as part of the Greater Lincolnshire Public Health Pilot.
2. Afford the opportunity to consider the content of the new National Sexual Health Strategy, publication of which is expected imminently, and take account of this in the development and finalisation of the commissioning strategy for future SRH services in Lincolnshire and across Greater Lincolnshire.
3. Enable the Council to take full account of the forthcoming changes to the commissioning and procurement landscape for Local Authority commissioned Health Services, specifically the forthcoming implementation of the Provider Selection Regime as part of the Health and Care Act 2022, in the planned and ongoing recommissioning of SRH services in Lincolnshire. By extending the

current contracts for a period of 12 months, it should be possible to understand the opportunities and implications of this change for the future commissioning of these services.

The current contracted services are performing to a high standard and the service providers have indicated their support for proposed extension, if approved.

Regulation 72(1)(e) of the Public Contracts Regulations 2015 define circumstances in which a contract modification is not to be taken to be material for the purposes of requiring a competitive procurement to be carried out. This modification is considered to meet these requirements.

In particular the modification will not result in the contract being materially different in character; will not introduce new conditions; will not change the economic balance of the contract; and will not change the scope of the contract considerably.

1. Background

1.1 Responsibility for commissioning sexual health, reproductive health and HIV services is shared across local authorities, CCGs and NHS England. Open access sexual health services are a mandatory responsibility of local authorities. Integrated Sexual Health Services (ISHS) as provided in Lincolnshire provides patients with open access to confidential, non-judgemental services including sexually transmitted infections (STI) and blood borne virus (BBV) testing, treatment and management; the full range of contraceptive provision; health promotion and prevention. Local authorities also commission contraceptive services in primary care such as Long Acting Reversible Contraception (LARC) provision in GP surgeries and emergency contraception (EC) in community pharmacies.

1.2 Lincolnshire County Council currently commissions the delivery of Sexual and Reproductive Health (SRH) services through a series of contractual arrangements with Lincolnshire Community Health Service NHS Trust (LCHS), registered charity Positive Health Lincolnshire (PHL), and with GP Practices and Community Pharmacies across Lincolnshire. The current contracts that deliver these services are set out below.

Contract/Service	Provider	Annual Value 2022-23	Current End Date	Available Extensions Remaining
Lincolnshire Integrated Sexual Health Service (LISH)	LCHS	£5,370,123	31 st March 2023	All extensions taken
Sexual Health Outreach, HIV Prevention and Support (SHOHPS)	PHL	£206,000	31 st March 2023	All extensions taken

Service						
Long-Acting Hormonal Contraception (LARC)	64 GP Practices	Maximum of £750,000	of	31 st March 2023		12 months
Emergency Hormonal Contraception (EHC)	7 Pharmacy Providers at 81 locations	Maximum of £10,000	of	31 st March 2023		12 months

1.3 The LISH and SHOHPS contracts have been in place since April 2016 and have been extended to their full available in-contract end dates of 31st March 2023. A Section 75 Agreement is in place with NHS England to provide funding for HIV Treatment and Care (Antiretroviral medication) which is delivered and aligned with the LISH service contract end date. The existing LARC and EHC contracts commenced in April 2019 with 12 months of a potential 24-month extension already taken to align all related SRH services to facilitate collective review and consideration as part of service re-commissioning.

1.4 A re-commissioning programme and project group were established and commenced work in November 2021. Key activities have commenced within the review phase including a literature review, benchmarking, elements of the review of current commissioned services and planning stakeholder and service user engagement.

1.5 Based on re-commissioning programme review work to date, it is recommended to seek to extend all of LCC's commissioned SRH services contracts for a further 12-month period to maintain the coterminous alignment of these contracts whilst emerging considerations set out in section 2 are addressed, and the re-commissioning exercise is concluded. Subject to approval, the revised start date for the new contractual arrangements for sexual health services in Lincolnshire would be 1st April 2024.

1.6 The current contracted services are performing to a high standard and the service providers have indicated their support for proposed extension, if approved

2. Commissioning Considerations

2.1 The key factors impacting the re-commissioning of the Council's SRH services, which could have significant impacts in relation to future service provisions, that have resulted in the recommendation to extend for a 12-month period are:

a. Commissioning collaboration opportunities as part of the Greater Lincolnshire PH pilot

The Greater Lincolnshire Public Health Pilot collaboration between Lincolnshire County Council, North and Northeast Lincolnshire Councils, is seeking to integrate public health arrangements across the three authorities and aims to provide better outcomes for the people of Greater Lincolnshire and a more efficient and effective model. One of the potential opportunities to achieve efficiencies is in the

commissioning of services across the Greater Lincolnshire area, through the aggregation of demand and reduction of duplication.

The recommended extension would allow time to work through these options and opportunities in relation to SRH services and consider a Greater Lincolnshire approach.

b. National Sexual Health Strategy

The new National Sexual Health and Reproductive Health Strategy is expected to be published later this year. The new strategy, which continues to be delayed due to initial Covid 19 system pressures, will be accompanied by a national service specification. This national service specification is not expected to be prescriptive and will recognise the need for Local Authorities to undertake local sexual health needs assessments to inform local provisions, including engagement with those groups where the burden of sexual ill health is recognised to be greater, and particularly vulnerable groups such as those with learning difficulties, people who are homeless and others. The national specification and local needs assessment will inform the development of the local specification, which will also need to respond to changes and emerging trends to be addressed in the National Strategy. This may include new and/or re-emerging infections, new technologies, changing population profile and behaviours, which it will not be possible to take account of in advance of the publication of the strategy.

It is important therefore that the Council has the opportunity to take account of this in the development and finalisation of its own commissioning strategy for future SRH services in Lincolnshire and across Greater Lincolnshire to ensure alignment with the national approach and sustainability of future services. Additionally, the extension would allow time to engage with the newly formed Integrated Care Systems, and scope additional opportunities to join up sexual health service provisions, creating more streamlined and efficient operating models.

c. Impact of changing procurement regime on governance and decision making for the programme

The Health and Care Act 2022 introduces a new procurement regime, called the Provider Selection Regime (PSR) governing the procurement of healthcare contracts, including local authority commissioned health services. The establishment and implementation of the Provider Selection Regime remains subject to final formulation of regulations and statutory guidance by HM Government, but current information suggests that DHSC wishes to implement the PSR later in 2022. As a result, any future procurement of SRH Services, will be within the scope of PSR (which will include rules governing the modification of contracts in scope of the regime, as well as the identification of the most suitable provider without a tender process, and for competitive procurements).

PSR represents the government's position on the most efficient and effective way to commission and procure specifically health services. It produces a regime tailored to those services as opposed to the more general regime set out in the PCR 2015.

Formal governance and decision making for the re-commissioning of SRH services would preferably take account of the PSR in recommendations around the procurement methodology and process for health service(s). Given the current uncertainties, with secondary legislation and statutory guidance not yet available, the extension of the current contract arrangements for 12 months would enable the PSR, and its use and potential benefits (compared to PCR 2015) in the recommissioning and procurement of future health services including SRH services to be fully and properly considered.

3. Provider Performance

- 3.1 LCHS was rated as "outstanding" overall in their recent Strategic Services Annual Contract Review which took place in January 2022. The service has made a good recovery from the Covid-19 pandemic which necessitated adapted service delivery and is currently meeting all contract performance measures and KPIs. The contract is currently classified as Low-Medium risk with no current service performance concerns that would negate progression with an extension of the contract for a further 12 months. LCHS has maintained a positive working relationship with LCC demonstrating a commitment to service development, recently progressing with enhanced online service options trailed during the pandemic to broaden the service offer and efficient use of clinic time. Following recent engagement, LCHS have confirmed they are supportive of extending the contract for the proposed additional 12 months. Subject to this being approved, the open book mechanism within the contract would be utilised to enter into good faith negotiations to confirm the contract price for this period. Engagement with NHSE is underway to seek similar agreement to vary the Section 75 Agreement for the provision of Antiretroviral medication delivered through the LISH service for patients receiving HIV treatment.
- 3.2 Positive Health (PHL) was also rated as "outstanding" overall from their Strategic Services Annual Contract Review in October 2021 and equally exceeds all current KPIs. Excellent working relationships are maintained with PHL who provide added value through their Point of Care Testing and subsidised PHSE/RSE educational classes. The service has no performance improvement plans in place and continues to work with LCC to develop the service offer and respond to recent increased demand for educational support sessions. The contract has been consistently judged as low risk with no performance concerns surrounding the continuation of current arrangements into the proposed additional extension period. PHL have also provided in-principle agreement to extend their contract by an additional 12 months.
- 3.3 Long-Acting Reversible Contraception (LARC) delivery has been significantly impacted by the Covid-19 pandemic causing services in most GP practices to cease entirely or dramatically reduce over the past two years. Whilst activity is still much

reduced from pre-pandemic levels, this is slowly increasing in recent reporting periods with interventions and engagement with GPs planned to support delivery including training to increase the number of fitting practitioners. Emergency Hormonal Contraception (EHC) services are delivered to young women aged 13-19 through contracts with seven pharmacy organisations across 58 pharmacy settings paid on an activity basis. Although activity continued during the pandemic, it was affected by lockdowns reducing the interaction of people and the closures of schools and other agencies who may signpost young women to the service. Utilising the remaining 12 months available on both the LARC and EHC contracts affords the opportunity to support increased utilisation of these services whilst exploring the most appropriate delivery mechanism for such services in a revised overall system model for Lincolnshire.

3.4 The existing performance and contract management arrangements would continue for the additional 12 months of the extended contracts.

4. Cost Implications

4.1 The total value of the LISH service contract is £5,370,123 per annum. The source of this funding is set out below:

- £3,830,383 funded from Public Health grant fund
- £1,289,740 funded by NHS England for HIV treatment (cost of Antiretroviral medications) via a Section 75 Agreement.
- £250,000 is funded by Children's Services Directorate to support young people's sexual health. Children's Services DLT has agreed for continuation of this funding into the proposed extension period during 2023-24.

4.2 Additional monies have been added to the contract since October 2020 to support the delivery of the Pre-exposure Prophylaxis Treatment (PrEP) on an activity basis. This is projected to be no more than £180,455 in 2022-23 however, whilst delivery in 2021-22 was below projections a similar value for the additional extension period would need to be available to enable this key element of the service to continue.

5. Legal Issues:

Procurement Implications

The 12-month extension of the LARC and EHC services to 31 March 2024 is in scope of the existing contracts, and subject to the support of the Executive for the recommendations of this report, there are no further procurement implications associated with those arrangements.

In respect of the LISH and SHOHPS services, as there is no provision within the contracts to extend beyond 31 March 2023, any decision to extend would need to be managed by making variations to the contracts. The Council's Contract Regulations require variations

to contracts not expressly within the scope of the original procurement to be considered for procurement of a new contract. However, they do permit exceptions to be made where approved by the appropriate decision maker as set out in the Contract Regulations. Whilst we await the implementation of additional regulations as part of the Health and Social Care Act 2022, the Public Contract Regulations 2015 (PCR) remains the applicable procurement legislation, and so any decision to extend would also need to be compliant with those regulations.

- LiSH
The additional cost of a variation to extend by 12 months would be £5,370,123. This would be above the relevant threshold for the application of the Light Touch Regime under the PCR, and as such the exception decision to extend by 12 months must be made by the Executive.
- SHOSPS
The additional cost of a variation to extend by 12 months would be £206,000, and at which value the exception decision to extend by 12 months would be approved by the Chief Officer. Subject to the support of the Executive for the recommendations of this report, approval of this exception would be progressed with the Chief Officer.
- S.75 for HIV Treatment and Care
The continuation of the S.75 for 12 months to align with proposed extension of the LiSH service contract will need to be formally agreed with NHSE. As the services funded by NHSE as part of the S.75 are delivered through the LiSH Service contract, approval of the extension of this agreement is sought alongside the decision for the LiSH service.

In terms of the Council's obligations under the regulations relating to the modification of contracts set out in the PCR, this permits the modification of contracts under Reg. 72(1)e where the modifications, irrespective of their value, are not substantial within the defined meaning. For the purposes of the regulations, a modification is considered substantial where one or more of the following conditions is met:

- a) the modification renders the contract or framework agreement materially different in character from the one initially concluded;
- b) the modification introduces conditions which, had they been part of the initial procurement procedure, would have –
 - i. allowed for the admission of other candidates than those initially selected,
 - ii. allowed for the acceptance of a tender other than that originally selected,or
 - iii. attracted additional participants in the procurement procedure
- c) the modification changes the economic balance of the contract or the framework agreement in favour of the contractor in a manner which was not provided for in the initial contract or framework agreement;
- d) the modification extends the scope of the contract or framework agreement considerably.

In this instance, because the additional services required are consistent with the scope of the existing services and their proportionate values, at 15% (LISH Service) and 14% (SHOHPS) are not significant by comparison to the original total contract values, the proposed modifications are not considered to be substantial. In particular the contracts will not be materially different in character; no new conditions will be introduced that would have allowed for the admission of other candidates, the acceptance of a tender other than that originally selected or attracted additional participants; based on the proportionate values, the economic balance of the contracts will not change; and the scope of the contracts will not change considerably.

The decision would therefore meet the requirements of Reg. 72(1)(e) and be compliant with the Council's obligations under the PCR.

Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

Compliance with the duties in section 149 may involve treating some persons more favourably than others.

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision-making process.

The current service provisions aim to ensure that everyone who needs support through the services commissioned receives it. The outreach component specifically supports those in hard-to-reach communities suffering with HIV, or at risk of being exposed to HIV through risky behaviours. All the services ensure that support is localised to increase accessibility for the Lincolnshire population. Currently the ISHS is supporting those suffering with Monkeypox, mainly gay, bisexual, and other men who have sex with men (GBMSM).

Maintaining good sexual health and wellbeing can have positive long-term effects on individuals, families, and wider society. Sexual health needs vary, depending on age, gender, sexual orientation, and ethnicity but evidence shows some groups are disproportionately affected by poor sexual health than others.

The providers' ability to provide services which advance equality of opportunity will be considered in the procurement and providers will be obliged to comply with the Equality Act.

An Equality Impact Analysis is being developed alongside the service engagement work, as part of the recommissioning exercise.

Joint Strategic Needs Analysis (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision.

Integrated SRH services have an integral role running across and contributing to all of the seven priorities of the JHWBS. However, more specifically, ISHS can play a pivotal role in supporting, Mental Health and well-being for both young people and adults.

All of the service providers across the four main service areas play a vital role in contributing to all aspects of the JSNA for Sexual and Reproductive Health. The new service model will also strongly consider the areas of need and local demographics, as the service is remodelled.

Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area.

These integrated services are unlikely to contribute to section 17 of the Crime and Disorder Act 1998.

6. Conclusion

- 6.1 The sexual and reproductive health of local populations depends on councils adopting a whole-system approach to service commissioning, in partnership with NHS colleagues.
- 6.2 Maintaining good sexual health and wellbeing can have positive long-term effects on individuals, families, and wider society. Sexual health needs vary, depending on age, gender, sexual orientation, and ethnicity but evidence shows some groups are disproportionately affected by poor sexual health than others. The consequences of this include:
- Unplanned pregnancies and abortions
 - Poor educational, social, and economic opportunities for teenage mothers, young fathers, and their children
 - Sexually transmitted infections which can lead to long-term and life-threatening complications such as some cancers and chronic liver disease
 - HIV and late diagnosis of HIV, leading to avoidable illness, premature death, and increased infection rates
 - Psychological harm, including from sexual coercion and abuse
 - Stigma and discrimination which can impact on access to services
 - Complications with conception, pregnancy and maternity outcomes for mother and baby
- 6.3 To experience positive sexual health, Lincolnshire residents need access to age-appropriate education, information, and support to help them make informed safer decisions, as well as access to high-quality services, treatment and interventions.
- 6.4 Responsibility for commissioning sexual health, reproductive health and HIV services is shared across local authorities, clinical commissioning groups (CCGs) and NHS England. With the imminent publication of a national sexual health strategy, the additional time provided by the contract extensions will allow for both the latest strategy, and procurement regulations, to be considered alongside a Greater Lincolnshire approach. All of which is fundamental to ensuring local needs are met as effectively and efficiently as possible.

7. Legal Comments:

The Council has the power to make the variations proposed which are consistent with the Council's procurement obligations for the reasons given in the Report.

The decision is consistent with the Policy Framework and within the remit of the Executive.

8. Resource Comments:

The 12-month extension does not increase the cost of sexual health services above the current contract value. The baseline funding for sexual health services is supplemented by £0.500m per year from the Public Health Grant Reserve through to 31 March 2027. The funding envelope needs to be considered during the procurement for services beyond 1 April 2024.

9. Consultation

a) Has Local Member Been Consulted?

N/A

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

The decision will be considered by the Adult Care and Community Wellbeing Scrutiny Committee on 28 September 2022 and the comments of the Committee will be reported to the Executive.

d) Risks and Impact Analysis

See body of Report

10. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Lucy Gavens, who can be contacted on lucy.gavens@lincolnshire.gov.uk.

Agenda Item 7

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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