



County Offices
Newland
Lincoln
LN1 1YL

20 June 2023

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 28 June 2023 at 10.00 am in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

A handwritten signature in black ink that reads 'Debbie Barnes'. The signature is written in a cursive, flowing style.

Debbie Barnes OBE
Chief Executive

Membership of the Adults and Community Wellbeing Scrutiny Committee (11 Members of the Council)

Councillors C E H Marfleet (Chairman), A M Key (Vice-Chairman), T A Carter, M R Clarke, Mrs N F Clarke, R J Kendrick, K E Lee, Mrs M J Overton MBE, S R Parkin, M A Whittington and T V Young

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 28 JUNE 2023**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the meeting held on 24 May 2023	5 - 10
4	Announcements by the Chairman, Executive Councillor and Lead Officers	
5	Keeping People Safe – The Lincolnshire Safeguarding Adults Board Prevention Strategy 2023-2026 <i>(To receive a report by Richard Proctor, Independent Chair, Lincolnshire Safeguarding Adults Board, Linda MacDonnell, Head of Safeguarding, Adult Care and Community Wellbeing which invites the Committee to consider the prevention strategy of Lincolnshire Safeguarding Adults Board)</i>	11 - 30
6	Substance Misuse Services Re-Commissioning <i>(To receive a report by Carl Miller, Commercial and Procurement Manager, which invites the Committee to consider the proposals for the re-procurement of the substance misuse treatment service which is due to be made by the Executive on 4 July 2023. The views of the Committee will be reported to the Executive as part of its consideration of this item)</i>	31 - 66
7	Adult Care and Community Wellbeing Financial Position 2022-23 <i>(To consider a report by Pam Clipson, Head of Finance, Adult Care and Community Wellbeing, which invites the Committee to consider the budget outturn for the Adult Care and Community Wellbeing Directorate for 2022/23)</i>	67 - 70
8	Service Level Performance Reporting Against the Success Framework 2022-23 Quarter 4 <i>(To receive a report by Caroline Jackson, Head of Corporate Performance, which invites the Committee to consider the Quarter 4 performance data for the Adult Care and Community Wellbeing Directorate for 2022-23)</i>	71 - 94
9	Adults and Community Wellbeing Scrutiny Committee Work Programme <i>(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme)</i>	95 - 102

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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

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 Adults and Community Wellbeing Scrutiny Committee on Wednesday, 28th June, 2023, 10.00 am \(moderngov.co.uk\)](#)

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



**ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
24 MAY 2023**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors A M Key (Vice-Chairman), M R Clarke, Mrs N F Clarke, K E Lee, Mrs M J Overton MBE, S R Parkin and M A Whittington

Councillors: Mrs W Bowkett, C Matthews, and E J Sneath attended the meeting as observers

Mrs S Woolley attended the meeting as an observer via Microsoft Teams
Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Emily Wilcox (Democratic Services Officer), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Theo Jarratt (Head of Quality and Information), Dave Pennington (Head of Property Development), Afsaneh Sabouri (Assistant Director - Adult Frailty and Long Term Conditions), Professor Derek Ward (Director of Public Health), Jennie Clarke (Senior Project Manager - Property Development) and John Waters (Day Opportunities Manager)

1 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apoloies for absence were received from T A Carter and R J Kendrick.

It was reported that, under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, Councillor N Sear be appointed as a substitute for Councillor R J Kendrick for this meeting only.

2 DECLARATIONS OF MEMBERS' INTERESTS

None were declared.

3 MINUTES OF THE MEETING HELD ON 5 APRIL 2023

RESOLVED:

That the minutes of the meeting held on 5 April 2023 be approved as a correct record and signed by the Chairman.

4 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

The Executive Director for Adult Care and Community Wellbeing advised that from 1 April 2023 the CQC had a new duty to assess local authorities. As part of a pilot scheme, Lincolnshire County Council would be the first Council to be visited by the CQC assurance team as part of a pilot phase in July 2023 and would be given an indicative rating. Formal assessments would begin in October.

The Chairman credited the Executive Director for Adult Care and Community Wellbeing and the directorate for volunteering for the pilot scheme which was reassuring and showed confidence in its work.

5 PROCUREMENT OF ACTIVE RECOVERY BEDS 2023-2024

Consideration was given to a report by the Assistant Director – Adult Frailty and Long Term Conditions, which invited the Committee to consider a report on the procurement of active recovery beds for 2023/24, which is due for a decision by the Executive on 6 June 2023, as set out at appendix A to the report.

The Committee supported the recommendations to the Executive and during the discussion the following points were recorded:

- The Committee welcomed the scheme and emphasised the benefits of the scheme within the care sector.
- The Committee was reassured that an average occupancy rate of 80% for active recovery beds was a good level of usage. There was an aim for a slightly higher level of occupancy, whilst at the same time providing the health and care system with the capacity to manage any surges in demand across the whole county. Furthermore, there was flexibility to increase the number of beds during periods of higher demand.
- The Committee emphasised year-round pressures for the Health Service, not just during winter months.
- The Committee highlighted the benefits of active recovery beds, which could be presented in simple terms as a comparison between the daily cost to the health and care system of an acute hospital bed, at around £465 per night, and the daily cost of an active recovery bed, at approximately £150 per night.
- Some concerns were raised around the purchasing of block beds and it leading to the Council paying for beds that they did not need. Assurance was provided that the cost pressures had been mitigated by the agreed price per bed and the funding for active recovery beds continued to be from a ring-fenced government grant, dedicated to supporting hospital discharge, which had been successfully applied for its intended use. Unlike some other integrated care systems, where much lower levels of the grant had been used.
- The Committee stressed the importance of the government committing to permanent funding, so that the service could continue as part of the core offer.

RESOLVED

1. That the recommendations to the Executive, as set out in the report, be supported;
2. That a summary of the comments made be passed on to the Executive as part of its consideration of this item.

6 ADULT CARE & COMMUNITY WELLBEING DIGITAL & TECHNOLOGY UPDATE

Consideration was given to a presentation by the Director for Public Health and the Head of Quality and Information – Adult Care and Community Wellbeing, which provided an update on how digital initiatives were supporting services in Adult Care and Community Wellbeing, as set out at within the report.

Consideration was given to the report and during the discussion the following points were recorded:

- Assurance was provided that the providers of digital care record systems were required to use one of nine nationally approved digitalised systems to ensure that data systems were compatible with each other.
- The Committee highlighted the cost benefits of moving towards a digital programme which would provide more money for frontline services.
- Officers emphasised that the digital initiatives were part of a pilot scheme and would give further indication to the direction of future digital initiatives.
- The services had successfully recruited to two permanent posts to progress the care and wellbeing digital agenda, and the adverts for the temporary roles would be published imminently.
- The Committee emphasised a need to ensure continued to support to those with little access to technology, some of which would be supported by relatives to access services online.
- It was hoped that the proposed digital initiatives would lead to better outcomes for people receiving Adult Social Care. It was emphasised that the initiatives developed were seen as a pilot to allow the service to better understand and develop the digital programme in order to better support families and develop resilience within communities.
- The Committee requested that an update on the progress of the scheme be reported to the Committee in the summer of 2023 or sooner, if common themes emerged prior to that.
- Assurance was provided that audit systems were in place to help fraud prevention and to ensure that people were spending in line with their need for care. It was highlighted that the move to direct payments and people commissioning their own care had led to people spending less for their care.

4

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
24 MAY 2023**

RESOLVED:

That the report be noted.

7 NEXT STEPS TO PUT PEOPLE AT THE HEART OF CARE - A PLAN FOR ADULT SOCIAL CARE SYSTEM REFORM 2023 TO 2024 AND 2024 TO 2025

Consideration was given to a presentation by the Executive Director – Adult Community Wellbeing, which provided an overview of the Next Steps to Put People at the Heart of Care – A Plan for Adult Social Care System Reform 2023 to 2024 and 2024 to 2025.

Consideration was given to the update and during the discussion the following points were recorded:

- It was thought that reference to better support for unpaid carers within the paper referred to increased respite breaks and improvements in information and advice provided to carers to increasingly build resilience. It was estimated that around 1 in 8 people employed by the Council were unpaid carers and there was an economic argument for supporting carers, including improvements in workforce supply.
- To date there were two confirmed funding source which formed part of the Better Care Fund for 2023/24 – the Disabled Facilities Grant and the Market Sustainability Funding.
- Proposed innovation improvement projects for Lincolnshire County Council included delegation of tasks from health workers to social care workers; new approaches to the use of digital technology and housing and investment in international recruitment, all of which were already in development and allocated within the current budget.
- The Committee recognised the importance of highlighting career opportunities and career pathways.
- Members emphasised the value of international workers within the health and social care profession.
- The Committee raised concerns over the financial burden of adult social care reforms, if introduced.

RESOLVED:

That the report be noted.

8 THE HEWITT REVIEW - AN INDEPENDENT REVIEW OF INTEGRATED CARE SYSTEMS

Consideration was given to a presentation by the Executive Director – Adult Community Wellbeing, which provided an overview of the Hewitt Review – An Independent Review of Integrated Care Systems.

Consideration was given to the report and during the discussion the following points were recorded:

- In relation to the recommendation that NHS England and the Department of Health and Social Care should convene a national partnership group to develop together a new framework for GP Primary Care contracts, Members noted that an increasing number of GP's were salaried, a number remained partners of practices on a profit share basis. The potential for the ability of local systems to influence the behaviour of GP's was highlighted, and the potential benefits of population health management due to a better understanding of community need and targeting behaviour accordingly.
- It was clarified that reference to budgetary cuts to the Running Cost Allowance for 2025-26 was likely to be in reference to proposals that NHS Integrated Care Boards were expected to make savings against NHS continuing healthcare budgets, despite the fact that demand for NHS continuing healthcare was growing as a result of population and medical changes.

RESOLVED:

That the report be noted.

9 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report by the Health Scrutiny Officer for Lincolnshire, which invited the Committee to consider its work programme.

An report detailing the outcomes of the Care Quality Commission Assurance Pilot would be added to the work programme for the meeting scheduled for 6 September 2023.

The Committee emphasised the importance of reducing the number of reports considered at each meeting to ensure that each item was given adequate consideration.

RESOLVED:

That the work programme be agreed, subject to the above amendment.

10 CONSIDERATION OF EXEMPT INFORMATION

RESOLVED:

That In accordance with Section 100 (A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the consideration of this item of business as it was considered to contain exempt information as defined in paragraph 3 of Part 1 of Schedule 12 A of the Local Government Act 1972, as amended.

6

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE

24 MAY 2023

11 REFURBISHMENT OF ANCASTER DAY CENTRE

Consideration was given to an exempt report which invited the Committee to consider a report on the Refurbishment of Ancaster Day Centre.

RESOLVED:

That the recommendations, as set out in the exempt report, be supported.

The meeting closed at 12.57 pm



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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	28 June 2023
Subject:	<i>Keeping People Safe – The Lincolnshire Safeguarding Adults Board Prevention Strategy 2023-2026</i>

Summary:

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider *Keeping People Safe – The Lincolnshire Safeguarding Adults Board Prevention Strategy 2023- 2026*.

Actions Required:

1. To consider and note *Keeping People Safe – The Lincolnshire Safeguarding Adults Board Prevention Strategy 2023- 2026*.

1. Background

Attached at Appendix A to this report is *Keeping People Safe – The Lincolnshire Safeguarding Adults Board Prevention Strategy 2023- 2026*, which will be presented to the Committee by Richard Proctor, the Independent Chair of the Board, and Linda MacDonnell, the Head of Safeguarding.

2. Conclusion

The Committee is invited to consider and note *Keeping People Safe – The Lincolnshire Safeguarding Adults Board Prevention Strategy 2023- 2026*

3. Appendices

These are listed below and attached at the back of the report	
Appendix A	<i>Keeping People Safe – The Lincolnshire Safeguarding Adults Board Prevention Strategy 2023- 2026</i>

4. Background Papers

No background papers, as defined by Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Linda MacDonnell, the Head of Safeguarding, who can be contacted at Linda.MacDonnell@lincolnshire.gov.uk

Keeping People Safe

The Lincolnshire Safeguarding Adults Board Prevention Strategy 2023-2026

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LSAB

Making safeguarding personal

“Working together to improve collective wellbeing and prevent abuse and neglect”

Appendix A

Prevention Strategy Contents

1. Executive Summary
2. Our Prevention Duties
3. Our Safeguarding Principles
4. Our Prevention Model
5. Our Approach
6. Our Shared Priorities
7. Glossary



1. Executive Summary

No one should be subjected to abuse, exploitation, or neglect, but sadly, some people are. The harm caused can have both an immediate and a long-term impact on the person, their families, and carers. Whilst most people have some level of vulnerability, some people are less able to protect themselves from harm than others.

National policy and legislation recognises the importance of keeping people safe. In this respect there are statutory responsibilities for local authorities and their partners to work together to protect people from harm. For example, in Lincolnshire we have a statutory requirement to have a Safeguarding Adults Board (LSAB), a Domestic Abuse Strategic Partnership, a Safeguarding Children's Partnership (LSCP) as well as Public Protection forums. In Lincolnshire we understand the importance of these arrangements working together to achieve better outcomes for local people.

In 2020 the LSAB introduced its first Prevention Strategy. The strategy affirmed the importance of "collective wellbeing" in protecting people from harm in addition to targeted interventions and public protection activities. It highlighted the need for organisations to work together to prevent harm and to collaborate with others who already work with individuals, families, and communities to improve wellbeing and help people to stay safe. The strategy achieved great success in several areas, for example: the promotion of the role of Safeguarding Champions for care providers; improving the number of adults with a learning disability who accessed annual health checks, and a more informed and consistent approach to supporting those who may misuse substances, through the development of joint policies and procedures. Our Team Around the Adult (TAA) initiative was also successful in supporting people with complex needs who might otherwise not benefit from services. The TAA has gained national recognition in a Certificate of Excellence at the Public Sector Transformation Awards 2022 and a National Safeguarding Adults Board Managers Certificate of Recognition 2022.

The LSAB is now pleased to introduce its second Prevention Strategy which builds on the success of the first. The principles which form the foundation stones of the strategy remain the six principles of adult safeguarding and a commitment to 'Making Safeguarding Personal' (MSP), therefore listening to the person's views and wishes about what they think is most important and what outcomes they want to achieve. The LSAB continues to work collaboratively with other statutory partnerships, organisations, communities, families, carers, and individuals, to promote individual and community safety, well-being and rights of adults. One of the ways we do this is by agreeing prevention priorities that will help to keep people safe and avoid safeguarding risks escalating. These priorities are set out in this prevention strategy which makes it clear that in Lincolnshire we will not tolerate abuse, exploitation, or neglect. Working together we will continue to improve collective wellbeing and prevent abuse and neglect.



2. Our Prevention Duties

The *Care Act 2014* and the related *Care and Support Statutory Guidance* (updated January 2023), confirm the various statutory duties that are applicable to the LSAB and its member organisations in relation to safeguarding adults. The *Statutory Guidance* confirms that:

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.”

This definition emphasises that keeping people safe is everyone’s business. Protecting people from harm depends on people working in partnership and this includes talking with the person at risk (or their advocate) to work out how best to prevent risks escalating. This is also known as ‘Making Safeguarding Personal’ (MSP).

Making Safeguarding Personal

The member organisations of the LSAB have a statutory duty to practice a MSP approach. This means that if they think someone with care and support needs may be at risk of abuse or neglect, they must do something about it. In the first instance they should normally speak to the individual to seek their consent to a safeguarding concern being raised. If necessary, they should also take immediate action to ensure the person is kept safe from harm.

Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances their involvement, their choice and control, as well as improving their quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is also about collecting information about the extent to which this shift from a process supported by conversations to a series of conversations supported by a process, has a positive impact on people’s lives.

The *Care Act* also requires local safeguarding adults’ boards to develop and implement a clear strategy around the prevention of abuse or neglect of adults at risk. It identifies the aims of prevention in safeguarding as:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs and;
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

This confirms that we should not wait for safeguarding risks to emerge. Instead, we should take specific actions to prevent risks developing or escalating. This strategy sets out how the LSAB will work together to do this.

3. Our Safeguarding Principles

The *Statutory Guidance* identifies six principles that underpin all adult safeguarding work. These are key principles in a prevention approach. The six principles are:



Prevention is one of the key principles of safeguarding and It is a foundation stone of our Safeguarding Adults policy and procedures.

LSAB Prevention Principles

In addition to the above statutory safeguarding principles, the LSAB have agreed the following local prevention principles that will inform this strategy and our wider prevention activities:

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- Prevention in safeguarding should be broadly defined and should include all health and social care user groups and service settings.
- Prevention needs to take place in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risks.
- Any not yet reached groups should be identified and strategies put in place to raise awareness and improve reporting amongst these groups and communities.
- Service users and their families, friends and carers should be actively encouraged to participate in developing solutions to challenges they may be facing through co-production and a collaborative, strengths-based approach, developing the resilience and independence of individuals and communities.
- Effective prevention requires good partnership working and a multi-disciplinary approach adopted within and across local services. Robust risk management (undertaken within the context of positive risk taking) is an important tool in effective prevention and early intervention.
- Safeguarding training strategies and programmes should address prevention and early intervention and include as core skills: Making Safeguarding Personal, risk enablement, risk management, community safety, legal powers and remedies. Staff will have access to training to support this.

4. Our Prevention Model

In Lincolnshire, we are conscious of the safeguarding prevention principle and that: *“It is better to take action before harm occurs”*. For these reasons, our prevention model has three levels of prevention activity. The diagram below and additional descriptive text confirm the three levels of safeguarding prevention activities that we will use to address safeguarding priorities.

Level 3

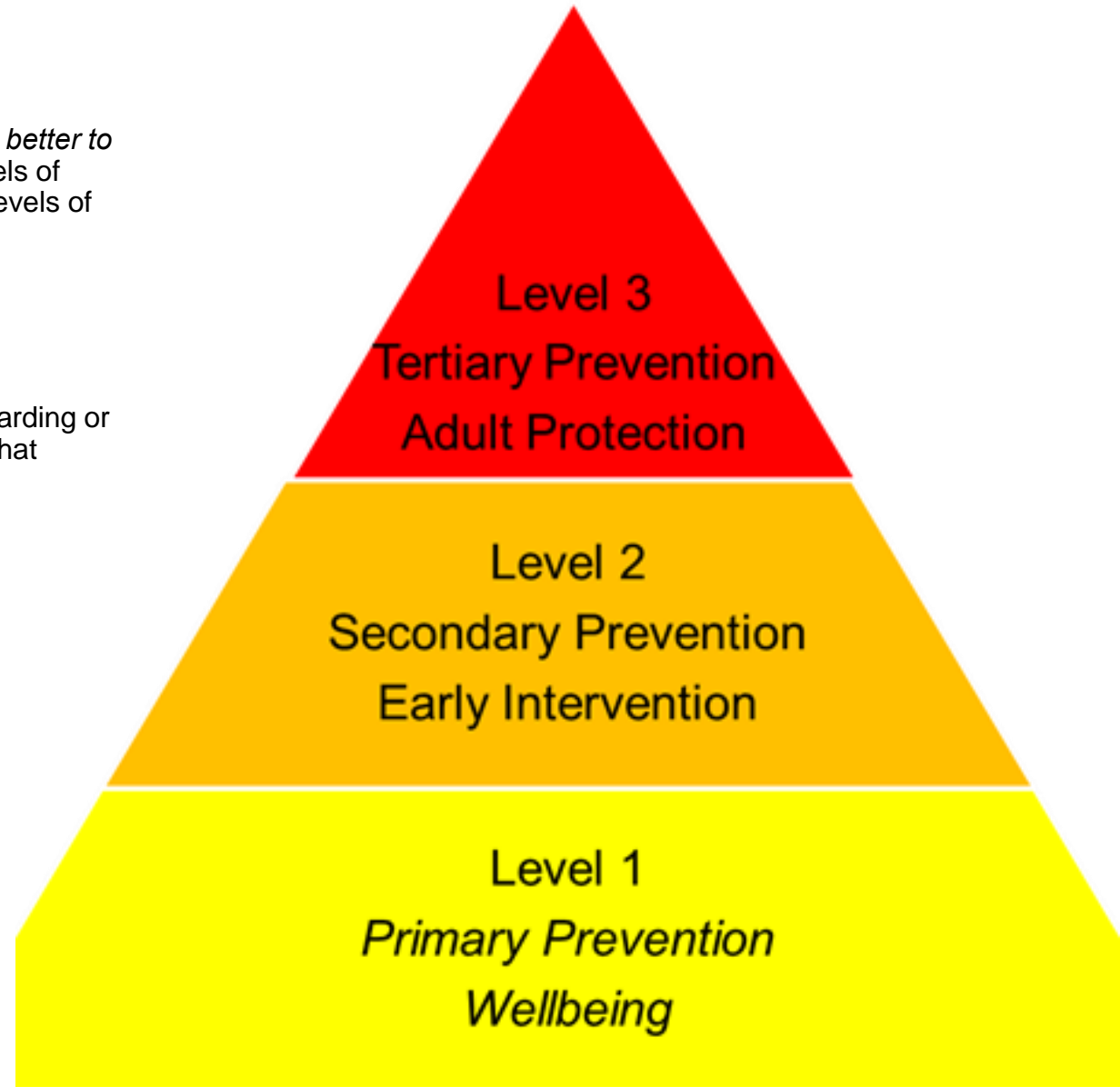
This level of prevention will help people who have already been referred to Adult Safeguarding or are at risk of being referred if preventative action is not taken. The strategy will look at what interventions can be put in place to tackle risks identified.

Level 2

Prevention activities targeted at particular groups of people and or communities where there are high levels of risk prevalent.

Level 1

Primary prevention with a focus on individual and collective well-being.

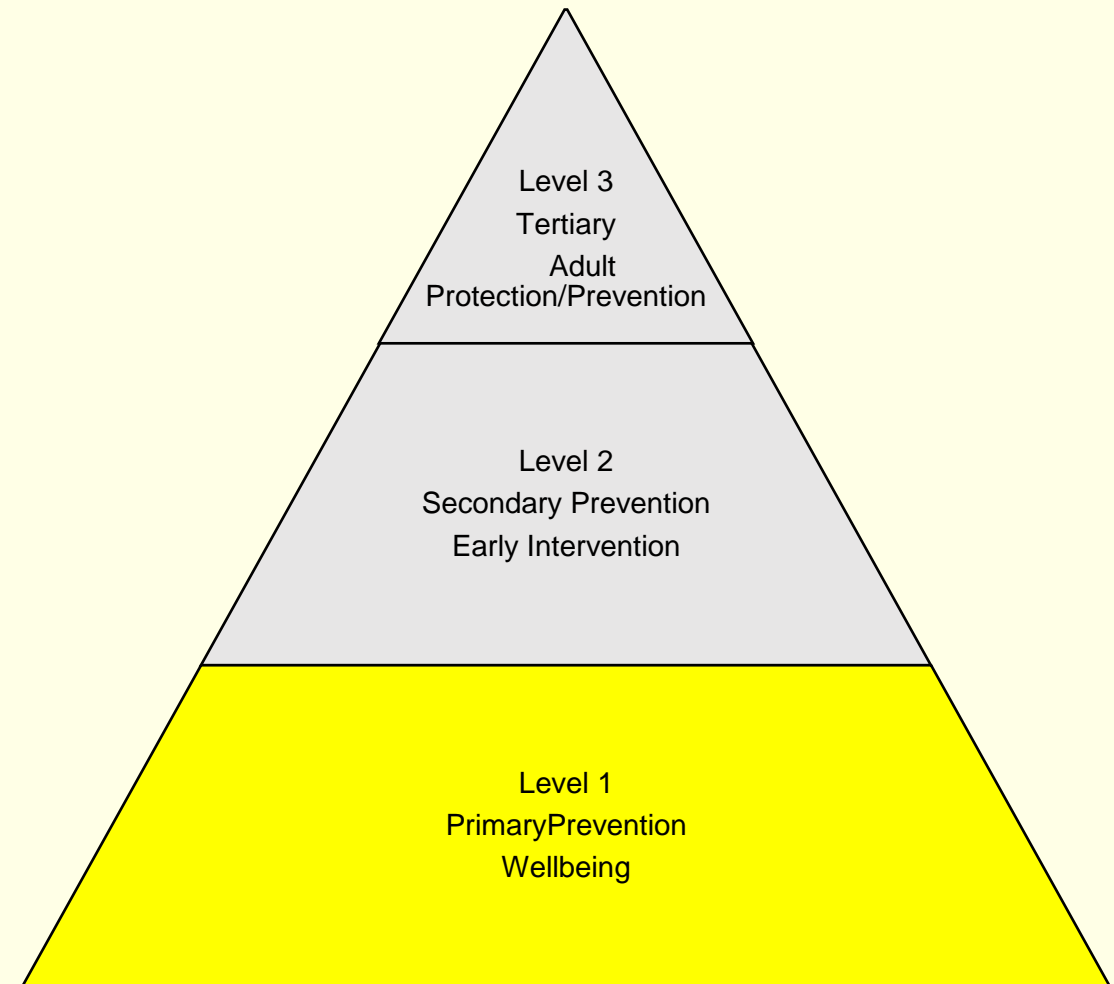


Level 1: Primary Prevention and Collective Wellbeing

The *Care Act* sets out the importance of promoting wellbeing as this can be a protective factor in preventing people from becoming vulnerable to risk, or experiencing harm. Promoting someone's wellbeing can help people to retain their independence. This could help them to become more resilient and will help them to cope with life's challenges. By improving individual wellbeing, we will also improve collective wellbeing and safety. Improving people's wellbeing is therefore central to this prevention strategy. This is sometimes also called 'primary prevention'.

The communities we live in can have a significant impact on our wellbeing and safety. For example, a town with high levels of crime, poor quality housing, poor health, unemployment and anti-social behaviour, may impact negatively on its residents at both community and individual level. In contrast, a town that has strong community spirit, neighbourhood help schemes, good access to universal services and provides good information and advice to citizens on how to keep themselves safe, is likely to deliver better outcomes for the community and the families and individuals who live in it. Tackling the issues that impact on communities can help to improve community and individual wellbeing and therefore sits at the heart of our prevention strategy ambitions. This is also referred to as improving collective wellbeing.

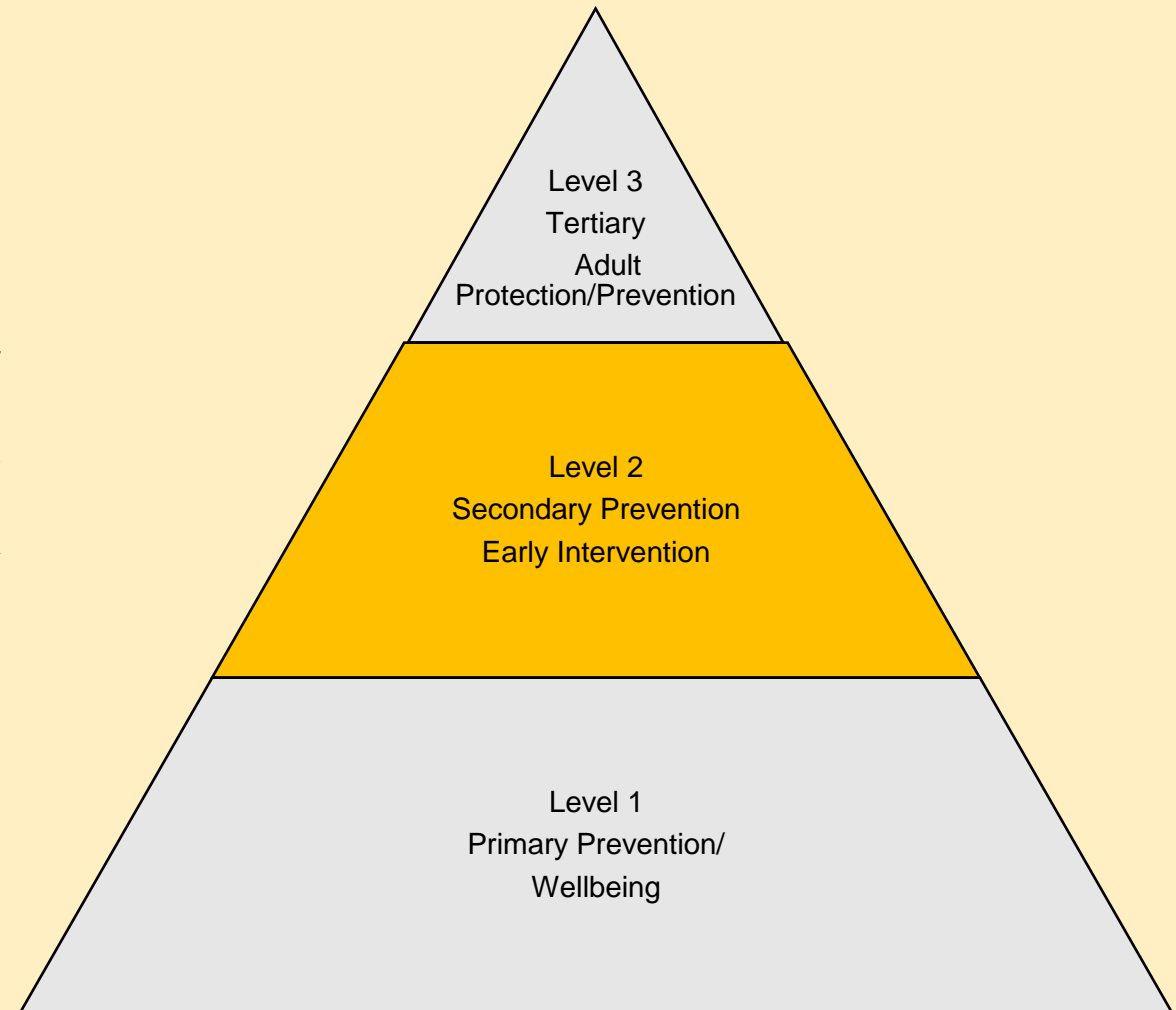
Improving collective wellbeing is more likely to be successful if organisations work together to address common risks. For this reason, we are developing a 'Prevention Charter' to agree key principles and joint working arrangements with other statutory safeguarding boards in Lincolnshire. We will also develop shared intelligence that will help us to inform future priorities and agree how best to engage with local communities and individuals to keep people safe. Each partner organisation that attend the safeguarding boards have employees who can help to promote the prevention agenda. By providing these employees with joined up training and setting common objectives to ensure they can provide consistent messages, support and advice to those at risk, there is a huge opportunity to improve collective wellbeing.



Level 2: Secondary Prevention – Early Intervention

Some adults have multiple risk factors which increase their risk of harm. Some are already accessing public services such as housing support, mental health services, adult social care and/or drug and alcohol support. However, their needs are not always managed in a joined-up way. Other people may not wish to avail of existing services and may be at risk because they are not accessing the right support. This is another reason why we must find more integrated solutions that help keep people safe.

At this level of prevention our activities will be more targeted at particular groups of people and/or communities where there are high levels of risk prevalent. For example, evidence shows that older adults and those with learning disabilities are at higher risk of financial abuse. Strengths-based approaches to supporting the individual, listening to their views and wishes, working with them to recognise and mitigate risk and build resilience, will be most effective in preventing harm in the long term. An example of a prevention activity at this level of our strategy would include the Team Around the Adult (TAA) initiative which has a focus on supporting those individuals who may have difficulty in accessing the right support at the right time, to improve their desired outcomes.



Level 3: Tertiary Prevention

The *Care Act* confirms that formal safeguarding duties apply to an adult who meets the following criteria:

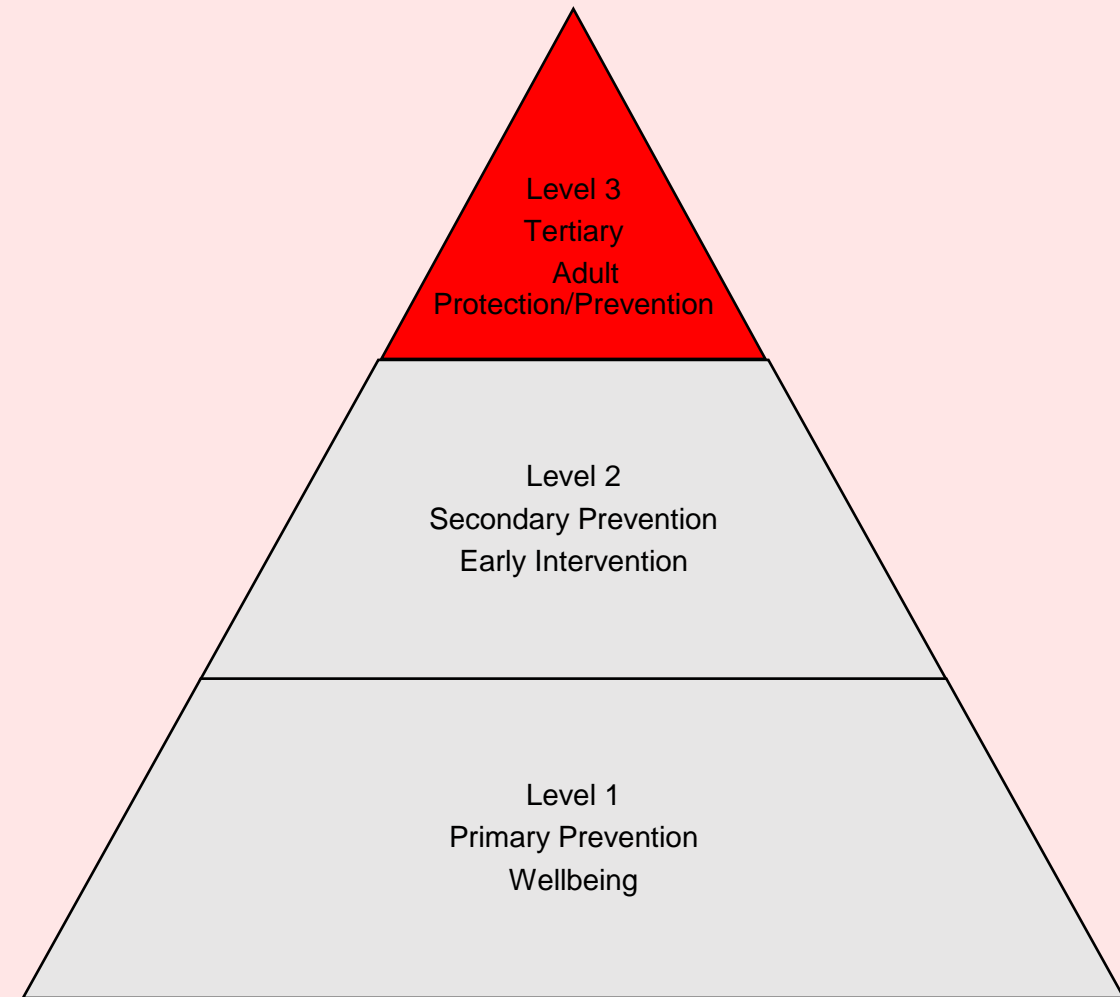
- Has needs for care and support (whether or not the local authority is meeting any of those needs).
- Is experiencing, or at risk of, abuse or neglect.
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

If these criteria are met, then an adult safeguarding concern should be raised with the local authority who will coordinate an adult safeguarding enquiry. The person raising the concern should take any immediate action needed to keep the person safe including, if necessary, reporting the matter to the police if they suspect a crime is being committed. These actions collectively will help to identify appropriate actions to support the person to be safe from harm and are known locally as 'level three, tertiary prevention' and/or 'adult protection safeguarding interventions'.

MSP is fundamental to this level, ensuring that the person is able to express their views and wishes about what being safe means to them, and exercising choice and control over how this is achieved.

However, we recognise that not all safeguarding concerns will meet the criteria for a safeguarding enquiry and some people may be reluctant to engage in formal safeguarding procedures. It is therefore important that we work together with individuals to manage risk through primary and secondary level activities.

Safeguarding enquiries, Safeguarding Strategy Meetings and Safeguarding Adult Reviews (SAR) are key in addressing immediate risk of abuse and neglect through robust information sharing and learning opportunities. Joint work with the Safer Lincolnshire Partnership (SLP), Lincolnshire Safeguarding Children's Partnership (LSCP) and Lincolnshire Domestic Abuse Partnership will also be a key area of preventative activity.



5. Our Approach

In addition to our safeguarding principles and our agreed prevention model we also utilise the following methodology:

Agreeing Prevention Priorities

The prevention priorities included in this strategy have been agreed as part of the LSAB's wider 3-year strategic plan. They have been informed by a joint needs assessment with the other statutory safeguarding partnerships in Lincolnshire, supplemented by a detailed analysis of Lincolnshire's safeguarding adult enquiries as reported in the national NHS Digital 'Safeguarding Adult Collection (SAC) in addition to learning from Safeguarding Adult Reviews (SAR's). These prevention priorities are also linked to the LSAB Risk register.

A Commitment to Work Together to Prevent Common Safeguarding Issues

Where the LSAB prevention priorities align with the responsibilities of the other statutory safeguarding partnerships in Lincolnshire we have agreed to work together to prevent harm. This means that for some of our prevention priorities the prevention activities will be coordinated by other safeguarding boards, but progress will still be monitored via the LSAB. By working together in this way there is less risk of duplication and greater opportunity to improve the collective wellbeing of shared communities.

Our existing joint working has also identified that people and communities are often subject to multiple safeguarding risks e.g., a person may meet the criteria for an adult safeguarding enquiry but may also be experiencing domestic abuse and financial abuse. Working together to prevent shared risk will also deliver more joined up interventions and therefore better outcomes.

A Commitment To Multi-agency Learning And Development

We have a commitment to continuous improvement and therefore we want to learn from where things have gone well but also from when things could have gone better.

The priorities we have agreed have already been informed by Safeguarding Adult Reviews and we will continue to operate both statutory and voluntary learning and development opportunities. We will also continue to participate in learning and development opportunities led by the other statutory safeguarding partnerships. The safeguarding partnerships will also work together to develop multi-agency training and foster a greater understanding of roles, responsibilities and prevention duties across all agencies.

In addition, we will continue to develop Safeguarding Champions, building on the great work completed during the period of the first prevention strategy. This will provide the opportunity to share knowledge of best practice that will help to keep people safe.

A Contextual Safeguarding Approach

We recognise that it is important to consider the circumstances in which safeguarding risks arise, as our prevention activities will need to be tailored to different situations if they are to be effective. We therefore use safeguarding data and shared intelligence to identify people, groups, settings and localities most at risk so we can better prioritise and target our prevention activities.

The analysis that underpins the priorities included within this prevention strategy confirms that over a third of all safeguarding enquiries relate to alleged abuse and neglect in residential and nursing homes or hospital settings. Of these, a significant proportion identify the alleged perpetrators as employed or commissioned by care providers. This confirms the importance of robust commissioning approaches and good practice in recruitment, retention, training and development of the associated workforce.

The analysis also identifies that most alleged abuse, 55% of all enquiries, occurs in people's own homes. The most frequent being financial/material abuse, neglect or omission or domestic abuse. The alleged perpetrator in 73% of these enquiries is someone known to the individual, often being a family member. The interventions needed to keep people safe in these situations therefore depends much more on a multi-agency approach including working with families and communities to help mitigate associated risk.

We also know that the majority of alleged abuse or neglect of adults relates to people over 65 (73% of all enquiries) and with a significant proportion (64% of all enquiries) relating to older adults aged 75+. Lincolnshire's population is on average older than the population of England. It also has a higher proportion of adults over the age of 75 and the number in this age range is expected to double over the next 20 years. We are therefore likely to have greater numbers of safeguarding concerns than other parts of the Country. Keeping older adults safe will therefore be one of our key challenges.

A Personalised Approach

This strategy has already confirmed the statutory duty for organisations to practice a Making Safeguarding Personal (MSP) approach and the importance of all stakeholders working with individuals, families, and carers in a holistic, person-centred way, by listening to their views and wishes to identify what outcomes they want to achieve.

There may be barriers which prevent people from engaging with services that may help to keep them safe; anxiety about future relationships if the alleged perpetrator of abuse is a family member or friend, fear of repercussions, or for other reasons. Adopting a personalised approach that respects people's rights to make what may seem unwise decisions, whilst leaving the door open for when the person is ready to engage, is vital in ensuring the right support is available at the right time. Prevention at a non statutory level is therefore of critical importance.

The person at risk may not have capacity to make decisions that help to keep them safe, and we need to work together to identify what is in their best interests. Where appropriate, we work with the person at risk's advocates so we can understand what is important to the person at risk and tailor prevention activity to their needs.

We also believe in developing personalised care and interventions focused on the outcomes people want to achieve. In addition to care management and protection planning work, we will also work with individuals, families and communities to co-produce activities that help to keep people safe. For example, the Lincolnshire Learning Disability Partnership helped us to increase the uptake of annual health checks which are very important in maintaining wellbeing for those with learning disabilities.

The LSAB will continue to encourage co-production with people who have experience of services whenever possible when developing prevention approaches.

6. Our Shared Priorities

This section of the strategy sets out the priority areas for prevention identified by the LSAB for 2023-2026.

A separate prevention action plan will be developed for each of the prevention priorities outlined below. These will be developed by the LSAB Prevention sub-group which is chaired by the Head of Safeguarding, Adult Care and Community Wellbeing, LCC. Some of these priorities are also important to the other statutory safeguarding partnerships; that is, the Lincolnshire Domestic Abuse Partnership (LDAP), the Safer Lincolnshire Partnership (SLP) and the Public Protection Board (PPB). Each plan will have an identified Senior Responsible Officer and will identify which strategic board is leading on the prevention activities agreed. The prevention plans will be developed in co-production with key stakeholders and will include a description of the scope of work to be completed as well as specific, measurable, achievable, realistic and timely or 'SMART' objectives. The impact of work in respect of the priority will also be monitored and evaluated via the LSAB Prevention sub-group and feedback on progress provided to the LSAB Executive and other key stakeholders. Further details in relation to each of the prevention priorities are provided below:

Making Safeguarding Personal (LSAB lead)

The LSAB has identified that a large percentage, over 80%, of the adult safeguarding concerns that are being referred to Lincolnshire County Council by LSAB partners do not meet the statutory criteria for an adult safeguarding enquiry. This creates additional work for the Adult Safeguarding Team as they review all the concerns that are sent to them. Reducing the number of concerns that do not meet the criteria will release capacity to focus on safeguarding work with those who continue to be at risk.

Our analysis and quality assurance work has identified safeguarding partners are not consistently speaking to the individual at risk (or their advocate) before they raise a safeguarding concern. We therefore need LSAB partners to improve the consistency of MSP practice within their organisations. The LSAB has produced an MSP action plan to help with this priority and it will identify Senior Responsible Officers in each organisation to lead the development of the organisation's improvement plans.

We are aware that some local authorities have put an administrative process in place that filters concerns received before progressing them to their Adult Safeguarding teams. This results in higher numbers of concerns converting to enquiries. However, in Lincolnshire we believe that this could hide issues around understanding of safeguarding and MSP practice and adds another stage in the safeguarding process that may cause delays when immediate action is needed. We have therefore agreed to be open and transparent about the percentage of concerns that do not meet the statutory criteria for a S.42 (*Care Act**) adult safeguarding enquiry. Over time we seek to reduce this percentage. We recognise that this will not change overnight but we are committed to being recognised as MSP champions.





Continuous Improvement in the Quality and Safety of Residential, Nursing and Hospital Care (LSAB lead)

Our needs analysis has identified that approximately 37% of all adult safeguarding enquiries relate to residential care, nursing care or hospital settings - 799 enquiries in 2020-21. Over 50% of these alleged safeguarding concerns relate to neglect or acts of omission and in 79% of enquiries the alleged perpetrator is someone employed or commissioned to provide care.

Maintaining and improving the quality of care in residential and nursing settings is therefore a logical priority. Our commercial arrangements with residential and nursing care providers have identified that audits of medication are a key area for focus in relation to safeguarding Care Quality Commission (CQC) ratings.

Several national reviews and a local Safeguarding Adults Review have also identified learning from abuse and neglect that has occurred in hospital settings including mental health inpatient care. At the time of writing this strategy, Lincolnshire’s acute hospitals are under tremendous capacity pressures with difficulties discharging patient, reducing capacity to admit those in need of care. Ensuring hospital care is safe and that people are discharged in a timely and safe way are also of great importance to this strategy.

Key areas of prevention focus for this priority will include:

- Reducing the percentage of adult safeguarding concerns that do not meet the criteria for a S.42 enquiry;
- Encouraging safer recruitment initiatives across the Integrated Care System (ICS) workforce leads;
- Improving the governance arrangements in relation to medicine management by care providers.
- Further increase to the number of safeguarding champions in residential and domiciliary care;
- Increasing the number of employees who have completed the Skills for Care, care certificate
- Promotion of positive behavior management across all settings;
- Minimising unsafe discharges from hospital;



Significant
Incidents
reported Jan
2021 - Dec
2022
1003

Of those 413
(41%) were
pressure
ulcer related

Preventing And/Or Limiting The Impact Of Pressure Ulcers Across NHS And Independent Sector Providers (LSAB Lead)

In addition to adult safeguarding enquiry data, the LSAB also receives information from the Lincolnshire Integrated Care Board (ICB) in relation to Serious Clinical Incidents (SCIs). Our analysis of that data has confirmed that a large percentage of the SCIs relate to pressure ulcers in people receiving care in hospital and/or residential and nursing care homes. A previous Lincolnshire Safeguarding Adults Review also identified opportunities for improved multi-agency working that would help to prevent harm to people as a result of pressure sores. For these reasons, the LSAB have agreed that preventing and or limiting the impact of pressure ulcers should be a key priority.

Pressure ulcers can be serious and, in some cases, lead to life threatening complications. They result in sickness and reduced quality of life for individuals, their carers and families, and a significant cost to the NHS. Pressure ulcers can be a key indicator of the quality of care provision; it is believed that many pressure ulcers can be prevented through simple actions and there is a strong evidence base on how to prevent pressure ulcers from developing. The last prevention strategy sought to ensure that care homes and related stakeholders were aware of the guidance on the management and reporting of pressure sores. Building on this, the current strategy focuses on reducing the occurrence of pressure ulcers through a targeted campaign which encourages consideration of pressure issue prevention from care planning and throughout care delivery in hospital, residential and nursing care settings.

Preventing Financial Abuse (Public Protection Board Lead)

The *Care Act* describes 'financial abuse' as a type of abuse which includes having money or other property stolen, being defrauded, being put under pressure in relation to money or other property and having money or other property misused. What financial abuse looks like can vary, which can make it difficult to detect and identify. Financial abuse is also a crime and therefore Lincolnshire's Public Protection Board will lead on these prevention activities.

Again, the LSAB will work with the other statutory boards to develop shared intelligence to identify which communities are at the greatest risk. We will provide information and advice to these communities on how to keep themselves safe. We will also explore how front-line employees from different organisations can help to identify risks and provide common messages about how to avoid financial abuse and being scammed.

Older adults and those people with Learning Disabilities are at particular high risk of financial abuse and therefore we will identify relevant prevention initiatives to prevent financial abuse in these populations.

Tackling The Domestic Abuse Of Older Adults (Domestic Abuse Partnership Lead)

Domestic abuse is defined in the Domestic Abuse Act 2021 as ‘any single incident, course of conduct or pattern of abusive behaviour between individuals aged 16 or over, who are “personally connected” to each other because of being, or having been, intimate partners or family members, regardless of gender or sexuality’.

The LSAB needs analysis work that underpins this strategy identified that 62.5% of all adult safeguarding enquiries relate to alleged abuse and neglect in the community. Of those, 55% of relate to alleged abuse or neglect that happens in people’s own homes. The alleged perpetrator in over 73% of the enquiries of abuse and neglect in people’s own homes is by someone known to the person at risk and this can include the alleged abuser being a family member. The main abuse types as defined in national safeguarding guidance in these types of adult safeguarding enquiries are:

- Financial or material abuse (24% of enquiries)
- Neglect or acts of omission (23% of enquiries)
- Psychological Abuse (18% of enquiries)
- Physical Abuse (14% of enquiries)
- Domestic Abuse (10% of enquiries)

However, all of these abuse types can be seen as domestic abuse when perpetrated by a family member and therefore a significant proportion of the adult safeguarding enquiries that relate to alleged abuse in people’s own homes could be domestic abuse related. This is likely underreported in national returns because of the way the abuse type is categorised nationally.

Safeguarding adults
is everyone’s business



LSAB

Making safeguarding personal

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Making Safeguarding Personal

Tackling The Domestic Abuse Of Older Adults cont'd

Our Analysis has also identified that most adult safeguarding referrals relate to people aged over 65. 61% of all safeguarding enquiries in peoples' own homes relate to people aged over 65. Domestic abuse of older adults is therefore a significant area of risk for the LSAB and consequently one of our key priorities.

We have agreed that we will work together with Lincolnshire's Domestic Abuse Partnership to prevent Domestic abuse in older adults. This will include completion of joint analysis of the prevalence of domestic abuse across Lincolnshire, so that we can identify 'hot-spots'. We can then work together to improve collective wellbeing in specific communities or areas. We will also agree prevention initiatives to keep people safe. The Domestic Abuse Partnership will lead this work.

Safeguarding Adults With Complex Needs By Piloting Phase Two Of The Team Around The Adult Approach (LSAB Lead)

The Team Around the Adult initial pilot launched in March 2021, seeking to work with those who might not meet the criteria for, or may not wish to engage with traditional service offers. The TAA seeks to support agencies to work with these individuals in a creative, person-centred way. The TAA coordinators receive requests for support with the most complex cases and have received a great deal of positive feedback on their involvement, including nationally in a Certificate of Excellence from the Public Sector Transformation Awards 2022 and a National Safeguarding Adults Board Managers Certificate of Recognition 2022.

Building on this achievement and in response to feedback from partners, Phase 2 of the Team Around the Adult programme is a targeted multi-agency approach to audit and where possible improve outcomes for the 'top ten' complex cases which are presenting most frequently to individual services. The aim is to both develop a support plan to ensure the right support for the person, at the right time, and to influence at a strategic level by identifying themes and patterns in order to shape strategy and service provision in the future.

7. Glossary

Name	Abbreviation	Description
Abuse and neglect	-	Something done that may cause harm is abuse or something withheld or not provided to somebody that may cause harm is neglect.
Care Act 2014	Care Act	Sets out how adult care in England should be provided, including safeguarding. Available from: https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
Care and Support Statutory Guidance	Statutory guidance	This provides local authorities with information about how they should meet the legal obligations placed on them by the Care Act and the regulations. Available from: Care and support statutory guidance - GOV.UK (www.gov.uk)
Collective wellbeing	-	A holistic way to better understand the overall health of a community where its members can thrive
Consent	-	To give permission to do something, or to allow someone to do something
Intervention	-	To take action in a difficult situation, in order to improve it or prevent it from getting worse.
Lincolnshire Domestic Abuse Partnership	LDAP	Brings together organisations to work in partnership to support people who experience or are at risk of domestic abuse across Lincolnshire.
Lincolnshire Safeguarding Adults Board	LSAB	Leads adult safeguarding arrangements across Lincolnshire and ensure that the safeguarding work of its member and partner agencies is effective.
Lincolnshire Safeguarding Childrens Partnership	LSCP	Seeks to ensure that children and young people are safeguarded, supported and their lives are improved.
Making Safeguarding Personal	MSP	A focus on the desired outcomes of the person who may be at risk of abuse or neglect to understand what being safe means to them, and working with them to achieve it.

Name	Abbreviation	Description
Policies and Procedures	-	Policies provide guidelines for organisations or employees to follow to fulfil their role. Procedures provide step by step guidance on how the policy is delivered.
Prevention	-	Actively promoting independence, intervening early to help people retain their skills, confidence and resilience, and preventing need or delaying deterioration wherever possible.
Public Protection Board	PPB	A non-statutory coordinating board, bringing together representatives from Statutory and Non-Statutory Strategic Boards and Partnership across the County, Senior Leaders and Public Protection Leads.
Safeguarding Adults Collection	SAC	Data about safeguarding activity for adults aged 18 and over in England, reported to, or identified by, councils with adult social carer
Safeguarding Champion	-	A person who has received training and support who works in their own organisation and with the Champions network to promote safeguarding by sharing knowledge, learning and disseminating good practice.
Safer Lincolnshire Partnership	SLP	The SLP work to improve community safety by tackling anti-social behaviour, reducing reoffending, crime and disorder and substance misuse.
Statutory	-	set out in law
Strategy	-	Sets out an organisation's plan of action over a period of time to improve its position and achieve what it wants
Substance misuse	-	use of substances for non-medical purposes in a way that could be harmful. It includes legal substances like alcohol and prescription medications, as well as illegal drugs.
Team Around the Adult	TAA	A team who support the approach offered through Vulnerable Adult Panels or multi disciplinary meeting by supporting and coordinating creative approaches to working with the most complex cases.
Universal services	-	Services that are available to everybody and can be accessed by anyone without additional support.

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

Report to:	Adult Care and Community Wellbeing Scrutiny Committee
Date:	28 June 2023
Subject:	Substance Misuse Services Re-Commissioning

Summary:

This item invites the Adult Care and Community Wellbeing Scrutiny Committee to consider a report on the commissioning and procurement of the Council's Substance Misuse Services. This decision is due to be considered by the Executive on 4 July 2023. The views of the Scrutiny Committee will be reported to the Executive, as part of its consideration of this item.

Actions Required:

1. To consider the attached report and to determine whether the Committee supports the recommendation(s) to the Executive set out in the report.
2. To agree any additional comments to be passed to the Executive in relation to this item.

1. Background

The Executive is due to consider a report entitled Substance Misuse Services Re-commissioning on 4 July 2023. The full report to the Executive is attached at Appendix A to this report.

2. Conclusion

Following consideration of the attached report, the Committee is requested to consider whether it supports the recommendations in the report and whether it wishes to make any additional comments to the Executive. The Committee's views will be reported to the Executive.

3. Consultation

a) Risks and Impact Analysis

A copy of the Equality Impact Assessment can be found within Appendix A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Substance Misuse Services Re-Commissioning – Executive Report

5. 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 Reena Fehnert, who can be contacted on reena.fehnert@lincolnshire.gov.uk.



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

Report to:	Executive
Date:	4 July 2023
Subject:	Substance Misuse Services Re-Commissioning
Decision Reference:	I029284
Key decision?	Yes

Summary:

The Council currently commissions Substance Misuse Treatment and Recovery services through countywide contractual arrangements with the registered charity We Are With You (With You) which have been in place since 2016 and come to an end on 31st March 2024, with no further options to extend. The existing services are;

- A Substance Misuse Treatment service which delivers drug and alcohol services (including evidence based clinical and psychosocial therapies) to adults and young people. The service also provides a countywide harm reduction service with an offering of a needle syringe programme, Naloxone training and distribution and blood borne virus screening and vaccination. There is a treatment service and a school’s prevention service for young people (currently commissioned separately) which supports education around many substances and the harms they pose.

- A Substance Misuse Recovery Service that is commissioned separately and delivered by a Lived Experience Recovery Organisation (LERO). The service supports people close to the end of clinical treatment and those that are abstinent from substances.

- A Family and affected others Support service that supports families to cope with the impact of drug or alcohol misuse in the family. This is achieved through a range of interventions which include information and advice, signposting, and referrals to related services, peer support, facilitated access to naloxone training and kits and developing coping mechanisms.

To support decision making about the future scope, commissioning, and procurement of these services a comprehensive commissioning review has been undertaken. The review included learning from current service delivery, performance against contract measures and an analysis of current demand intelligence. The review findings have been considered alongside stakeholder feedback, current legislation, local and national strategies, and the

emerging policy landscape surrounding Substance Misuse services to inform the proposed service commissioning approach from 1st April 2024.

This report presents the case for re-commissioning a countywide all age Substance Misuse Treatment and Recovery service and an all-age Family and affected-others support service and seeks approval from the Executive to procure new contracts commencing 1st April 2024.

Recommendation(s):

That the Executive:

1. Approves the commissioning of a countywide all age Substance Misuse Treatment and Recovery service and a separate all age Family and Affected others support service, and the undertaking of a procurement to establish contracts to be awarded to a provider for each of the two services effective from 1st April 2024.
2. Delegates to the Executive Director of Adult Care & Community Wellbeing in consultation the Executive Councillor for Adult Care and Public Health the authority to determine the final form of the contracts and to approve the award of the contracts and the entering into of the contracts and other legal documentation necessary to give effect to the above decisions.

Alternatives Considered:

1. Negotiate revised contracts with the current providers

Continuing with the current providers is not viable as there is no legal basis on which to extend the contracts.

2. To do nothing

- Since the Health and Social Care Act 2012, Lincolnshire County Council has been responsible for commissioning substance misuse services across the county.
- Re-procuring a countywide Substance Misuse service supports the Councils' key Corporate Plan priority of creating thriving environments by improving the safety of local communities. Tackling Substance misuse is equally a core priority for the Safer Lincolnshire Partnership.
- Substance Misuse can have long-term impacts on; years of life lost, individual health and wellbeing, relationships, employment, education and family relationships.
- The current services support over 3200 adults and 200 children and young people in treatment and 700 people in recovery per annum.
- To cease Substance Misuse Services would lead to an increase in Adult Care presentations, young people requiring Children's services, hospital

admissions, GP presentations, Ambulance call outs, crime (including shop theft, burglary, car crime) and deaths due to alcohol or drug misuse.

Reasons for Recommendation:

1. The integrated Substance Misuse Treatment and Recovery services offer critical support to citizens of Lincolnshire who are misusing drugs and alcohol.
2. The current Substance Misuse Treatment and Recovery contracts will have run their full contract terms including available extensions by the 31 March 2024.
3. The reconfigured integrated service model has been designed to provide maximum flexibility and responsiveness to potential demand fluctuations, legislative and external funding changes during the proposed contract term.
4. The service attracts additional national supplemental funding from the Department of Levelling up, Housing and Communities (DLUHC) and Office of Health Improvement and Disparities (OHID). This additional funding is dependent on current budgets being maintained.
5. The reconfigured approach places Lincolnshire in a good position to respond to the guidance from the government's 10 year National Drug Strategy, ["From Harm to Hope"](#).
6. The alternatives considered have been deemed unacceptable in delivering the required outcomes of the service.

1 Background

- 1.1 Substance misuse services are non-statutory, however their commissioning supports LCC to fulfil its duties under the Health and Care Act 2012, to protect, care and improve the health of the local population. As such, since 2012 the Council has been responsible for commissioning substance misuse services across the county. The Substance Misuse Treatment, Recovery and Family Support Services are important components of system-wide prevention and treatment of drug and alcohol harm.
- 1.2 All drug and alcohol use carries an element of risk – to the individual, to family and friends, and to wider society. Drug misuse includes illegal substances such as cannabis, cocaine and heroin, as well as the misuse of legal substances such as prescription and over-the-counter medications.
- 1.3 Alcohol misuse is associated with physical, psychological and social harms to the user and those around them. For the individual, the possible impacts of drug and alcohol use include dependence, a wide range of physical and psychological health impacts (such as cancer, cirrhosis, heart disease, psychosis, paranoia and self-esteem issues), and premature death.
- 1.4 Drug and alcohol use is also linked to the loss of relationships and tangibles such as housing and employment. For the user's family and friends, there is a risk of injury through a range of mechanisms such as foetal harm, transmission of blood borne viruses, domestic violence and road crashes. And for wider society there is harm from crime, economic costs (such as healthcare costs and loss of workforce productivity) and disruption to community cohesion. For all these reasons, tackling drug and

alcohol misuse is a local priority and the impact on society from substance misuse is recognised by the Lincolnshire Drugs Strategy 2021-25 which has a key focus on reducing drug related deaths, reducing drug-related offending and reducing the prevalence of drug use within our communities.

1.5 Substance Misuse has a significant impact upon the communities and public services of Lincolnshire. For example:

- 3.7% of children live with an adult that misuses substances. Children exposed to household dysfunction are themselves more likely to smoke, binge drink and enter the criminal justice system, as well as experience poor health.
- 19% of children living with people entering treatment during 2021/22 were open to Children's Services, and through their engagement in treatment we can support parents to manage their substance use to be able to better care for their dependents.
- Where parents are unable to care for their child due to substance use, this responsibility then often falls to grandparents (kinship carers). A national charity tackling the negative effects of drugs and alcohol on family members and friends report that 57% of kinship carers have given up work or reduced their hours to take on the care of a child.
- 1 in 3 adults are affected by a relative's alcohol use.
- Not only is alcohol consumption a significant risk factor for dementia, 12,568 people from across Lincolnshire were admitted to hospital for alcohol-related conditions during 2021-22 and there were 320 alcohol related mortalities in Lincolnshire in 2021.
- Drug misuse costs society £20 billion a year which equates to £350 per person (£264m in Lincolnshire). In Lincolnshire, 83 people lose their lives to illicit drugs each year.
- For every £1 spent on treatment there is a saving of £4 through reduced demands on health, social care, prison, law enforcement and emergency services. For Lincolnshire a core budget of £5,437,652 will create an estimated £21,750,608 return on investment.¹
- Research indicates that in 34% of domestic violence incidents, the victim perceived the offender to be under the influence of alcohol.

These factors highlight the importance and potential benefits of providing high quality treatment and recovery services, as well as family support, for the residents of Lincolnshire.

1.6 There is a strong national directive around substance misuse treatment and recovery. The Dame Carol Black Review "from Harm to Hope" led to a 10-year national strategy and calls for significant reinvestment in treatment and recovery services. There are four supplemental grants from OHID and DLUHC that affect the substance misuse services in Lincolnshire, of which three have agreement until 2025. Eligibility for the grant funding is dependent on maintaining existing (2020/21) investment in drug and alcohol treatment and should this funding be reduced, all grants will cease. The grants are to be applied for annually, with regular reporting on progress against outcomes set by national government. Lincolnshire received the first year of grant funding in 2022/23. Supplemental grant funding from OHID is £1.9m in 2023/24 and £2.2m in

¹ Dame Carol Black - Review of Drugs part 2, Prevention, Treatment and Recovery (July 2021)

2024/25. There is an expectation that funding may continue for a further seven years in line with the 10-year national strategy; however, grant funding beyond 2024/25 at this point is unknown and is subject to the 2024 National Government Spending Review.

2 Current Services Summary

Treatment

- 2.1 The Substance Misuse Treatment contract commenced on the 1 October 2016 and comes to an end on the 31 March 2024 following a two-year extension to the core contract period.
- 2.2 The majority of KPI's for the treatment service have been consistently met. Where challenges arise, the provider works collaboratively with LCC to achieve a positive outcome. Recent annual contract reviews have resulted in an overall rating of 'good' for the treatment service and 'outstanding' for the recovery service (below).
- 2.3 During the current contract term, the Council has received additional grant funding from DULHC and OHID to support those affected by substance misuse. The focus of this funding has been on supporting rough sleepers, increasing the quality of services by reducing caseloads and improving the professional skills mix of staff, and ensuring prevention has an increased focus particularly with young people.
- 2.4 The Substance Misuse Treatment contract delivers drug and alcohol services (including evidence based clinical and psychosocial therapies) to adults and young people, reaching 3,244 service users in 2021/22. Each individual service user has a tailored recovery package that may include brief advice, structured psychosocial interventions, substitute or relapse prevention medication, medically managed detoxification, or residential rehabilitation. There is a suite of group work sessions available, and each of the six sites also has peer mentors to support new and existing service users. A countywide harm reduction service offers a needle syringe programme, Naloxone training and distribution and blood borne virus screening and vaccination. The treatment service is flexible, facilitating access in many locations across the county including local hubs, community centres and outreach services to enable local access across Lincolnshire where transport links may be difficult.
- 2.5 For young people there is a separate treatment service and a school's prevention service (currently commissioned separately) which supports education around many substances and the harms they pose. Young people are seen in schools, community venues or their homes to avoid contact with older more entrenched drug users that may be attending resource sites.

Recovery

- 2.6 In 2016 a recovery service was commissioned to sit alongside and complement the treatment service. With You sub-contract this service to Double Impact, a Nottingham based charity, who have specialised in recovery since 1998.

2.7 The Recovery contract commenced on the 1 October 2016 and comes to an end on 31st March 2024 in line with Treatment service contract. The service delivers a range of groups designed to connect people to a recovery network and empower them with tools and strategies to achieve a sustained and fulfilled recovery. The service supports people close to the end of clinical treatment and those that are abstinent from substances.

Family Support

2.8 The Substance Misuse Family and affected others support service was previously commissioned with the Carers service, but a service review highlighted that families and partners of those misusing substances do not see themselves as Carers. Consequently, it was decided to separate this function and to commission it alongside substance misuse services from April 2024.

2.9 An interim service is established with Lincolnshire Action Trust (LAT) to help families cope with the effects of drug or alcohol misuse in the family. This service will attempt to engage with this hard-to-reach population prior to a fully commissioned service starting in 2024.

2.10 The contract commenced on the 1 November 2022 for 17 months, taking it to the 31 March 2024 in line with the other substance misuse contracts.

2.11 The service supports families to cope with the impact of drug or alcohol misuse in the family. This is achieved through a range of interventions which include information and advice, signposting, and referrals to related services, peer support, facilitated access to naloxone training and kits and developing coping mechanisms. The service offers individual support as well as taking a whole family approach.

3 Service Review

3.1 The services have been reviewed over the last eight months. The re-commissioning process was structured into a number of workstreams:

Workstream 1: Scoping, Political/Strategic input, Priorities and Budget

Workstream 2: Literature review and Corporate need

Workstream 3: Service evaluation and Benchmarking

Workstream 4: Service User, Provider and Stakeholder consultation

Workstream 5: Financial and Demand modelling

Workstream 6: Market engagement and Commercial model

Workstream 7: Specification and Service delivery model development

Workstream 8: Legal and Governance process

3.2 The review concluded that the current model has performed well. Recent annual contract reviews have resulted in an overall rating of 'good' for the treatment service and 'outstanding' for the recovery service. However, the recommissioning offers an opportunity to apply learning from the last six years, including the pandemic. The key findings from the current services review are summarised as follows:

- The Recovery service model functions well and has maintained consistently high performance. Integration with the Treatment service will provide greater visibility of recovery within the treatment service, proactively focusing the outcomes on recovery.
- The Substance Misuse Treatment service saw a reduction in contract value last time it was re-commissioned, which impacted the number of alcohol service users in the service. The grant funding from OHID and DLUHC will enable testing better ways to support this cohort.
- The caseload in Treatment is high, approximately 60+ per worker. A reduction in caseloads will drive an improvement in the quality of outcomes. A benchmarking exercise has shown that the cost per individual supported through the current service is significantly lower than the national average.² Despite the low unit cost the penetration rate for opiate users is higher than the national average.³
- There is a skills shortage in the core skills required for a Substance Misuse drug and alcohol worker. An emphasis on workforce development (competitive pay, continued professional development) is key to sustainability.
- The rurality of Lincolnshire and covid has tested other ways to access and promote services (including digital and assertive outreach – assertive outreach being a means of reaching people in their own environment, be it home, café, park, street etc).
- Partnership arrangements including co-location of staff will improve joint working and are critical to providing substance misuse services. An emphasis on developing key pathways and referral routes into and out of the services will evidence this. In Lincolnshire, there are established countywide partnerships that support substance misuse prevention and treatment including the Safer Lincolnshire Partnership and the Drug and Alcohol Partnership, which offer the opportunity to link in with local partners and provide a holistic approach to tackling drug and alcohol abuse in the county.
- The Commercial model enables an improved integrated approach with key learning established through market engagement which will build flexibility and the achievement of key outcomes. Substance Misuse Services have a duty to provide wide ranging core data on service use and outcomes to the National Drug Treatment Monitoring System (NDTMS). It is key that the reporting is streamlined to critical Lincolnshire specific outcomes to avoid duplication, and NDTMS will help us to do this.
- The market engagement also identified protected budgets and strong identity for CYP and Recovery and an increased emphasis on strength-based approaches such as community and peer support) will be important factors in ensuring sustainable and high performing services. Volunteers, particularly in the Recovery service provide an invaluable resource and further strengthens a community-based approach.

² Financial and Benchmarking exercise undertaken in 2019 shows Lincs average £1625 versus national average of £2,293.

³ Lincs 56% versus National average 49%

- 3.3 The timing of the recommissioning provides an opportunity to respond to the strategic priorities from 'From Harm to Hope' and the associated supplemental grant funding. The triangulated findings from the pre-procurement have informed the proposed substance misuse delivery model.
- 3.4 There is an opportunity to meet the needs of a wider demographic and specific population sub-groups who are known to be underrepresented in substance misuse services, for example young people, migrant populations, women and girls, and older drinkers.
- 3.5 As part of the service review we explored a Greater Lincolnshire commissioning and procurement collaboration with North Lincolnshire and North East Lincolnshire. This work concluded that, at this time, there is insufficient alignment between the areas for a collaboration to be viable. However, we are working more closely in other strategic aspects of the substance misuse prevention agenda and will continue to learn from each other to drive best practice in prevention, treatment and recovery.

4 Proposed Changes to the Current Arrangements

- 4.1 The new Substance Misuse services are influenced by the key findings from the demand review, market engagement, stakeholder feedback and Lincolnshire Drugs Strategy 2021-25 which has a key focus on reducing drug related deaths, reducing drug-related offending, and reducing the prevalence of drug use within our communities.
- 4.2 The review concluded that the services should be structured as follows:
- A countywide all age integrated Substance Misuse Treatment and Recovery service.
 - A countywide all age Family and Affected others support service.
- 4.3 The key features of the revised and enhanced all age Treatment and Recovery model are:
- A web-based digital information offering for both service users and their families as a first point of contact, including self-serve information and referral route, and a range of online resources and signposting.
 - A clear distinct identity for parts of the service based on cohorts, e.g., women, Children and Young People (CYP), people in recovery
 - To take a "no wrong door" approach.
 - A Support Hub, including helpline, effective triage function and strength-based assessment provision.
 - Community-based Specialist Support Interventions for Adults and Children and Young People, providing person-centred, trauma informed, outcome focused support whilst leveraging community assets and collaborating with other key partners to develop complex needs pathways e.g., Probation, ICB, Police, and Dual Diagnosis (where individuals have co-occurring serious mental illness and a substance misuse problem).
 - The integration of the Recovery Support element will support service users to build resilience and prevent relapse. It will include access to training and education to enable reintegration.

- The introduction of a dedicated Outreach and Preventative Team to proactively target people with chaotic lives who have previously not engaged or have been unable to access building-based provision, and to minimise unplanned exits from the service.
 - The Outreach team will target underrepresented cohorts and develop community support networks and peer support systems to identify and enhance the support in the community.
- 4.4 The key features of the revised and enhanced all age Family Support model are;
- Meeting the needs of the whole family rather than family members having to access separate services dependent upon their age.
 - To collaborate with the treatment and recovery service to ensure families are involved in the treatment and recovery journey as and where appropriate.
 - Building a strong service identity, forming effective partnerships and connecting with the many families impacted by substance misuse.
 - Support service users to be aware of and understand their rights. For example, a parents rights to visit their child if they are arrested and in Police custody, or the rights of a kinship carer.
 - Provide specialist bereavement support for service users that have experienced a drug or alcohol related bereavement.
 - Provide support to rebuild family relationships.

5 Demand and Financial Modelling

- 5.1 Future demand and funding have been modelled to 2030 by analysing previous demand and costs for substance misuse treatment, recovery and family support. Estimates are that:
- If the national grant funding continues alongside core funding from the Public Health Grant, in 2030/31 4,170 adults and 245 young people will be in substance misuse treatment, 1,039 adults will be using the recovery service, and 671 people will benefit from family support.
 - If the national grant funding ceases, then the core Public Health Grant funding will support 2,510 adults and 130 young people in treatment each year, 238 adults will be using the recovery service, and 671 people will benefit from the family and affected others support service.
- 5.2 Overall, Lincolnshire unit cost for substance misuse treatment is below the national average. The demand and financial modelling has determined that the unit cost for the Lincolnshire treatment service has ranged from £1,553 to £1,697 during the last four years (average £1,625). The national average unit cost for treatment in 2019 was £2,293.
- 5.3 Though the unit cost in Lincolnshire is lower than the national average, and the caseloads higher, the penetration rate (50%) for opiate users is above the national average (46%), however the local penetration rate for alcohol (16%) is lower than the national average (20%).
- 5.4 The SSMTR national grant funding aims to increase capacity within the treatment service, improve quality by reducing caseloads, and increase the professional mix of staff which will in turn improve the range of interventions available to support service users. To date, there is a commitment to continue the grant funding, though it is not clear at what level beyond 2025/26. This uncertainty is reflected in the demand modelling figures above. The new contract will incorporate the ability to flex

requirements from year 2 onwards as the grant funded element of the service budget could impact overall service funding by a range between + 23% and - 31%. It is proposed that this flexibility will be achieved through the following measures:

- The new specification will set out the core deliverables, with delivery volume scalability to ensure service viability based on the available budget. The specification will be outcomes based to enable easier switching on/off of non-core services.
- The ability to adjust the eligibility criteria to support the management of demand and capacity if grant funding ceases.
- An effective harm reduction programme and outreach team, which is likely to result in a short-term increase in partner referrals and self-referrals as the service achieves better penetration into harder to reach communities and with complex service users, but should reduce the need for complex referrals in the long term. Greater outreach will also impact on the need for inappropriate buildings-based services.
- The focus on a quality workforce will ensure best use of the additional funding through demand led resourcing.
- KPI's focused on qualitative outcomes, in particular service users experience and outcomes from using the service.

6 Budget and Cost Implications

6.1 National supplemental grant funding is key to the continuous improvement of the service. Lincolnshire's continued eligibility for the supplemental grant funding is contingent on the Council maintaining its own funding of the services at the level of investment made in FY 2021/22. As such, it is recommended that the budget allocated for delivering substance misuse services in Lincolnshire under the new contracts be protected at the 2021/22 level of £5,473,652 from the Public Health grant, which breaks down as follows:

- £5,015,652 - Substance Misuse Treatment service
- £398,0000 - Substance Misuse Recovery service
- £60,000 - Substance Misuse Family Support service

The Public Health Medium Term Financial Plan, which is a part of the Council budget agreed in February 2023, maintains this level of funding for the duration of the Financial Plan.

6.2 Supplemental grant funding from OHID (Office of Health Improvement and Disparities) is £1.9m 2023/24 and £2.2m 2024/25. Grant funding beyond this point is unknown and will be subject to the 2024 National Government Spending Review.

6.3 Additional funding to enhance the offer to those with a coexisting mental health and substance misuse problem (or Dual Diagnosis) is being sought from the Integrated Care Board to match fund the £95,000 allocated to Dual Diagnosis from the OHID supplemental grant money.

7 Risks and Dependencies

7.1 Further grant funding proposals are likely within the contract term including monies for rough sleepers and other specific elements. The outcomes focused specification

should allow sufficient flexibility and scalability to respond to emerging duties, policies, and associated expectations.

- 7.2 The tender documentation will make explicit reference to this to ensure the market is informed of known and emerging changes as further guidance is published to enable the contracts to adjust as required to additional expectations that may emerge throughout the term.

8 Commercial Approach

- 8.1 Taking account of the findings from the review work undertaken, including the market engagement feedback, demand, and financial modelling, and required service model improvements, it is proposed the commercial model for the new services will be structured as summarised below.

- 8.2 Substance Misuse services for Lincolnshire will be procured as two lots:

- Lot 1 – A countywide integrated treatment and recovery contract that includes drug and alcohol treatment for adults and young people, Stay Safe prevention and lived experience recovery service delivery (lived experience delivery meaning people having experienced substance misuse issues and who have successfully been treated and recovered being involved in service delivery, akin to a peer support model).
- Lot 2 - Separate specialist family and affected others support service for children, young people, and adults (aged 5 years plus).

- 8.3 The new model will offer improvements to the current service through integration of treatment and recovery to maximise efficiencies and flexibility in service delivery.

- 8.4 The competition phase will allow bids from consortia and sub-contracting models, allowing smaller local providers and the large national providers to work together to maximise competition.

9 Payment and Performance

- 9.1 Payment will be by way of a fixed sum (block payment) for the delivery of the Substance Misuse Services, bidders will be able to submit tender costs up to but not exceeding the fixed sum confirmed by the Council prior to publication. The pricing schedule will be structured so core budget and additional funding allocations are clearly set out. Included as part of their pricing submission interested providers will be required to submit details of the service volumes and outcomes achievable within their respective delivery solutions and pricing proposal. Workforce related costings for specific service elements will also be generated via bidders' financial submissions which will be used as the basis for an additional payment mechanism, should funding become available to increase service delivery volumes established during the tender process.

- 9.2 It is proposed that the terms and conditions will include an indexation clause in order to support competition and ensure the market is not required to factor this into their solutions and future delivery methodology. This information will be included within

the pricing schedule to ensure it is clear to bidders that this risk has been considered and mitigated.

- 9.3 Utilising the Service Provider's financial submission at tender stage, the contract will include an Open Book Accounting approach as a basis for assessing whether the Service Provider is generating any excess profit. The open book approach will enable any efficiency savings to be apportioned via a gain share mechanism should the actual costs of service delivery be below the tendered service delivery cost. The gain share mechanism will be structured and managed in way that ensures all the funding is allocated to delivering Substance Misuse services.
- 9.4 Performance management and monitoring will be driven by industry standard user outcome measures and timely service interventions. Targets will also include reaching key demographic and underrepresented cohorts such as alcohol and CYP as identified within the demand and prevalence analysis.
- 9.5 A robust Strategic Contract Management Framework will include:
- Quarterly Contract Management meetings with increased frequency and engagement during mobilisation or in response to contract risk status.
 - An Annual Contract Review, assessing service delivery, quality, contract compliance, engagement, and service development.
 - Contract and Quality Risk monitoring
 - Open Book Accounting to support Gain Share mechanism application.
 - KPI's and service intelligence driven analysis and development.
 - Service credits will be linked to a small number of KPI's considered to be the most relevant indicators of a high performing service.
- 9.6 Given the variability of funding and the potential for additional sources of funding to be allocated against strict spending requirements the procurement and contract will contain appropriate wording and change mechanisms to enable the contract to be used to commission additional services without the need for separate procurement.

10 Contract Commencement and Duration

- 10.1 The current Substance Misuse Treatment, Recovery and the Family Support services contracts end on the 31 March 2024 with the new contracts required to commence on the 1 April 2024.
- 10.2 The term of the new contract is proposed as an initial period of 5 years, with opportunities to extend by up to a maximum of a further 4 years (a period of 2 years plus a further 2 years).
- 10.3 This will enable the Council to extend the service on the availability of funding, and if the Supplier is performing well. The proposal was tested as part of the market engagement process, through which feedback suggested that it is an acceptable term for the arrangement, would provide sufficient financial assurance for the successful provider, and is consistent with the approaches of other authorities commissioning Substance Misuse Services in the 18 months since the additional grant funding was rolled out nationally.

11 Procurement Implications

- 11.1 The Procurement will be undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 (PCR) under "Light Touch Regime" utilising an Open Procedure method.
- 11.2 In undertaking the procurement, the Council will ensure the process utilised complies fully with the Principles of Openness, Fairness, Transparency and Non-discrimination.
- 11.3 The procurement process will conform with all information as published and set out in the Contract Notice.
- 11.4 All time limits imposed on bidders in the process for responding to the Contract Notice and Invitation to Tender will be reasonable and proportionate.
- 11.5 Subject to the maximum available budget and a commitment to deliver the service requirements, which have been summarised at section 4, the final cost of the service will be determined via competition.
- 11.6 ITT evaluation will focus on a combination of service cost and quality, and the capability of the single provider and any organisations they may wish to form subcontracting arrangements with, to deliver the required volume of service and quality outcomes across the county set against clearly defined financial budgetary controls. The ultimate decision as to which organisation is awarded the single provider status will be based on their evaluation performance.
- 11.7 Assessment of qualitative proposals at tender stage will include specific evaluation criteria linked to service delivery, partnership working, innovation, and case management with co-production with individuals with lived experience involved in evaluating delivery and support scenarios.

12 Public Services Social Value Act

- 12.1 In January 2013, the Public Services (Social Value) Act 2013 came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by the PCR 2015 which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.
- 12.2 A well-resourced and flexible Substance Misuse Service will have the potential to deliver increased social and economic benefits to the area by;

- 12.3 Offering an all-age service, providing interventions for those who are misusing drugs and alcohol, with a focus on recovery, ranging from preventative, harm reduction and building community resilience and integration. Taking a whole family approach and helping relieve pressure on acute hospitals, and the wider health system by assisting, supporting and sustaining arrangements that will enable those who are misusing drugs and alcohol to become independent and contributing members of society.
- 12.4 Ways will be explored of securing social value through the way the procurement is structured. The operation of sub-contracting and consortium arrangements will be explored as a means of ensuring a role for local small to medium-sized enterprises (SMEs) in the delivery of the services. The qualitative award criteria for the tender will include Social Value, and bidders proposals for the social value benefits resulting from their proposed delivery model will be assessed against this criteria as part of tender evaluation.
- 12.5 Under section 1(7) of the Public Services (Social Value) Act 2013 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers is well understood. Best practice recently adopted elsewhere has been reviewed. This and the market consultation carried out is considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

Legal Issues:

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 purpose of the service is to support individuals who are misusing Substances such as Drugs and Alcohol. The new service will, through an outreach service and focus on dual diagnosis, better support vulnerable cohorts and women for whom their sex is a protected characteristic. Children of service users are at risk of themselves suffering mental health issues and misusing substances, hence having targeted interventions and universal advice support for families, children and young people (affected others) will seek to mitigate this risk. The new services will improve links with the community and create a service delivery model that provides multiple referral routes to the service and the use of online information and methods of contact. The community focused element will make it easier for those who identify as disabled as a protected characteristic to be supported as well as hard to reach groups such as individuals who identify with age, sexual orientation, race and religion as a protected characteristic.

An Equality Impact Assessment (EIA) has been undertaken and is available at Appendix A This is not the final version as the EIA is a live document that is updated throughout the re-commissioning process. The EIA identifies that the new service model inclusive of the proposed changes does not have any perceived adverse impacts on people with protected characteristics.

Joint Strategic Needs Assessment (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 and Wellbeing Strategy (JHWS) in coming to a decision.

Substance Misuse Treatment and Recovery Services are integral to five of the Lincolnshire JHWBS priorities. In addition to reducing health inequalities, the services play a pivotal role in supporting the mental health and wellbeing of young people, adults and

carers. Alcohol consumption is also a significant risk factor for dementia and there are well-evidenced interconnections between housing and substance use. Any reduction in services would impact on the health and wellbeing of people across Lincolnshire, but in particular those in deprived areas and within vulnerable groups. Additional pressure would be placed across several systems and services, especially on primary and secondary care including mental health, hepatology and A&E. There would also be an impact on Adult Care and Children's Services, and Lincolnshire Police.

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.

This service is directly designed to contribute to the furtherance of the section 17 obligations, through working in partnership with the Probation and other statutory bodies through the Safer Lincolnshire Partnership and the Lincolnshire Drugs strategy. The Recovery element and the new Family and affected others support service specifically seeks to create sustainability in recovery from the impacts of substance misuse and crime. The all-age aspect of the services contributes to reducing the impact of crime on CYP and focuses on prevention. The services seek to reduce the number of substance misuse deaths through harm reduction programmes. Thus, by seeking to increase safety and resilience the service contributes to reducing the risk of further Substance Misuse offences.

13 Conclusion

- 13.1 Re-commissioning a countywide all age Substance Misuse Treatment and Recovery service and an all-age Substance Misuse Family and affected others service supports the priorities and delivery of; the Councils' Corporate Plan, the Safer Lincolnshire Partnership and the Lincolnshire Drugs Strategy 2021-25, as well as the Councils' Public Health statutory duties. The proposed service model is scalable to respond to increase in funding from OHID and DLUHC in line with the 10-year strategy "From Harm to Hope".
- 13.2 The contract term will support investing in long-term planning, outcomes, and innovation to better enable sustainable and lasting change.
- 13.3 The Service will include a well-developed digital offer with separate adult and young people branding and content, and national webchat facilities to improve access to advice and information, self-help tools and referral into service. This should be alongside remote interventions, co-located provision, self-help, and mutual aid options, which will all further enhance opportunities for people to receive care in a way that works for them.

13.4 There is a focus on partnership working and integrated care pathways which are key to improving access for underrepresented groups, enabling good system leadership, maintaining a strong presence at all core multi-agency forums (such as the Drug and Alcohol Partnership and Dual Diagnosis Delivery Group) and strategic meetings.

13.5 The service model will be adaptable in the contract term to reflect emerging or changing needs and in response to national funding uncertainties.

14. Legal Comments:

The Council has the power to commission the services and enter into the contracts proposed.

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

15. Resource Comments:

The 2023-24 budget and medium-term financial plan for ACCW retains the 2021-22 substance misuse service spend level as stipulated in the new funding conditions.

The additional grant funding through to 2024-25 will be accounted for in accordance with the grant conditions. Should the grant funding change beyond 2025-26 mechanisms are in place as described in section 5 to reduce the cost base to match the funding.

16. 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 28th June 2023. The comments of the Committee will be reported to the Executive.

d) Risks and Impact Analysis

See body of report and Appendix A Equality Impact Assessment

17. Appendices

These are listed below and attached at the back of the report	
Appendix A	Equality Impact Assessment

18. Background Papers

The following background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

Background Paper	Where it can be viewed
National Drug Strategy	https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives
Lincolnshire Drugs Strategy 2021-25	https://www.lincs.police.uk/SysSiteAssets/media/downloads/lincolnshire/about-us/strategies-and-plans/lincolnshire-drugs-strategy-2021-25.pdf

This report was written by Reena Fehnert, who can be contacted on reena.fehnert@lincolnshire.gov.uk.

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 2021/2, 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>

Details	Response
	<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>

Protected characteristic	Response You must evidence here who will benefit and how they will benefit.
	<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>

Protected characteristic	Response You must evidence here who will benefit and how they will benefit.
	<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

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.

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)

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>
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective	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		
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		
V0.5	Review of engagement team comments and updates	Allison Walker / Nicola Williamson			
V0.6	Further review and updating of comments.	Allison Walker	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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Open Report on behalf of Glen Garrod, Executive Director Adult Care and Community Wellbeing

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	28 June 2023
Subject:	Adult Care and Community Wellbeing Financial Position 2022-23

Summary:

This report describes Adult Care and Community Wellbeing's financial performance in 2022-23 and reports on the underspend of £0.715m, identifies and explains variances from the revenue and notes the carry forwards of under spends into 2023-24.

Actions Required:

1. That the Adult Care and Community Wellbeing Scrutiny Committee notes the financial performance in 2022-23
2. That the Adult Care and Community Wellbeing Scrutiny Committee notes the carry forwards, which are made in line with the Council's Financial Regulations

1. Background

We set our spending plans for 2022-23 in the context of increasing costs across the sector arising from the cost-of-living crisis, continued uncertainty about longer term government funding, growing cost pressures from demand led services especially in working age adult services, and the Council's responsibility to pay the National Living Wage.

For the eleventh consecutive year Adult Care and Community Wellbeing (ACCW) has delivered services within its financial envelope.

The commencement of the war in Ukraine saw 1,161 people seek support in Lincolnshire and brought in excess of £11m grant funding. Funding which enabled us to provide services to support our Ukrainian guests. Grant funding was received for each guest and for the families who very kindly opened their homes.

Financial Outturn

The table below shows the financial position, per service, for the period 1 April 2022-31 March 2023.

Service Budget	Budget	Actual	Variance
Adult Frailty & Long-term Conditions	127.147	127.797	0.651
Adult Specialties	94.728	94.689	-0.039
Public Health & Community Wellbeing	29.315	27.897	-1.418
Public Protection	4.220	4.278	0.058
Public Health Grant	-34.847	-34.847	0.000
Better Care Fund	-54.336	-54.303	0.033
Adult Care & Community Wellbeing			-0.715

Adult Frailty, Long Term Conditions, and Infrastructure

The Adult Frailty and Long-term Conditions strategy brings together older people and physical disability services as well as hosting the Directorate budgets for back-office functions in infrastructure budgets.

The financial overspend position is driven by a higher than planned increase in demand for residential care during 2022-23. An additional 150 people were placed in residential care following a needs assessment. The overall number of placements remains lower than before Covid-19. We are forecasting this demand to continue into 2023-24 at a cost of £3.4m. Actions are in train to build on the new services introduced during the later months of 2022-23. These services include additional reablement capacity and the active recovery service. Early performance data indicates people are exiting these services with reduced packages of care.

Specialist Adult Services & Safeguarding

The financial allocation of this delivery strategy supports delivery of services for eligible adults with learning disabilities, autism and/or mental health needs.

Specialist adult services saw continued growth in demand for mental health care coupled with increases in unit cost of care. To minimise the financial impact and better reflect the complexity of an individuals need, an alternative risk share was trialled which resulted in the draw down of £0.30m of non-recurrent support, materially less than the £1.1m forecast.

Public Health and Wellbeing

This financial allocation supports delivery of Adults Public Health services funded by the Public Health Grant and Adult Wellbeing Services. Wellbeing includes community equipment, the wellbeing service and housing related support. Children's public health expenditure is reported within the Children's Directorate.

Public Health and Wellbeing continued to tailor its financial resources to meet the needs of the population as Lincolnshire. Continued maximisation of grant income available to Public Health & Wellbeing, coupled with lower demand for volume-based services than forecast, namely health checks and sexual health services, resulted in the underspend reported.

Better Care Fund

The Lincolnshire Better Care Fund (BCF) is a pooled budget across partners including the Council, Lincolnshire ICB and District Councils. It is overseen by the Health and Wellbeing Board. The BCF for 2022-23 totalled £286m. The BCF pools funds from the organisations to aid the objective of integrated service provision. 2022-23 continued to see a roll-over of the 2021-22 programme with one exception, the introduction of the Discharge Fund in December 2022.

Through the BCF, the two largest investments made with the discharge funding were the active recovery service and investment in adult social care workforce supporting hospital discharge. The funding was an excellent catalyst to change, in particular:

- 298 more care workers employed, 117 more non-care workers employed.
- the active recovery service facilitated timely discharge from hospital at a greatly reduced bed day cost to the NHS and 61% of people returning to their own home post rehabilitation with a reduced social care package of support than was anticipated pre the active recovery service.

The discharge funding has continued for the period 2023-25 with the full BCF plan including the discharge funding going to the Health and Wellbeing Board 13 June 2023 prior to national submission at the end of June.

Public Health Grant

Lincolnshire's Public Health Grant increased by £0.952m in 2022-23 totalling £34.847m. The Public Health Grant was fully spent in 2022-23 across adults and children's services.

Grant Funding

With the start of the Ukraine War, the government commenced the Homes for Ukraine Scheme. Through this scheme the government provided unringfenced funding at a rate of £10,500 per person up to December 2022, reduced to £5,900 from January 2023, to provide support to families to rebuild their lives and fully integrate into communities. During 2022-23 Lincolnshire saw 1,161 guests arrive in the UK. All costs incurred have been supported by the grant funding with the unspent funding carried into 2023-24 to continue to support families as the war continues.

In addition, adults and children's services used the covid-19 grant funding carried forward into 2022-23 to continue to fund the impacts seen as a result of the pandemic. With spends across mental health services and health protection services in the first half of the

year £2.40m of the £2.79m carried forward has been spent and the balance carried forward into 2023-24.

Carry Forwards into 2023-24

Carry forwards relating from specific grants are included in the relevant section above. In accordance with the Council's Financial Regulations, Directorates can carry forward 1% of their underspend.

With the successful completion of the DeWint Extra Care Housing Scheme in March 2022 and the evidence of demand for additional housing, ACCW propose a revenue to capital transfer of £0.714m to further progress its agenda working with partners to increase the types of housing available across Lincolnshire.

2. Conclusion

For the eleventh consecutive year, Adult Care and Community Wellbeing has delivered within the financial allocation. ACCW medium term financial plan (MTFP) continues to be a critical financial forecasting tool, which underpins the wider council MTFP, providing the earliest indication of potential financial pressures enabling actions to be taken where possible to minimise / mitigate the pressure. The 2022-23 outturn position feeds into the MTFP which is indicating the potential to deliver within the financial allocation for 2023-24.

3. Appendices

n/a

4. 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 Pam Clipson, who can be contacted on 07775 003614 or via email at pam.clipson@lincolnshire.gov.uk



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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	28 June 2023
Subject:	Service Level Performance against the Corporate Performance Framework 2022-23 Quarter 4

Summary:

This report summarises the Service Level Performance against the Success Framework 2022-23 for quarter 4. All performance that can be reported in quarter 4 is included in this report.

Appendix A details the proposed key performance indicators to be reported to Adults and Community Wellbeing Scrutiny Committee for 2023-24.




Full service level reporting to all scrutiny committees can be found here: [Corporate plan – Performance data - Lincolnshire County Council](#)

Recommendation(s):

1. To consider and comment on the Adult Care and Community Wellbeing Service Level Performance for 2022- 23 Quarter 4.
2. To review and agree the 2023-24 Performance Indicators for Adults and Community Wellbeing as shown in Appendix A.

1. Background

This report details the Service Level Performance measures for the Adults and Community Wellbeing Scrutiny Committee that can reported in Quarter 4.

- 1 measure that exceeded their target 
- 14 measures that achieved their target 
- 3 measures did not meet their target 
- 1 survey measure not reported in 2022/23

1.1 Adult Frailty and Long-term Conditions

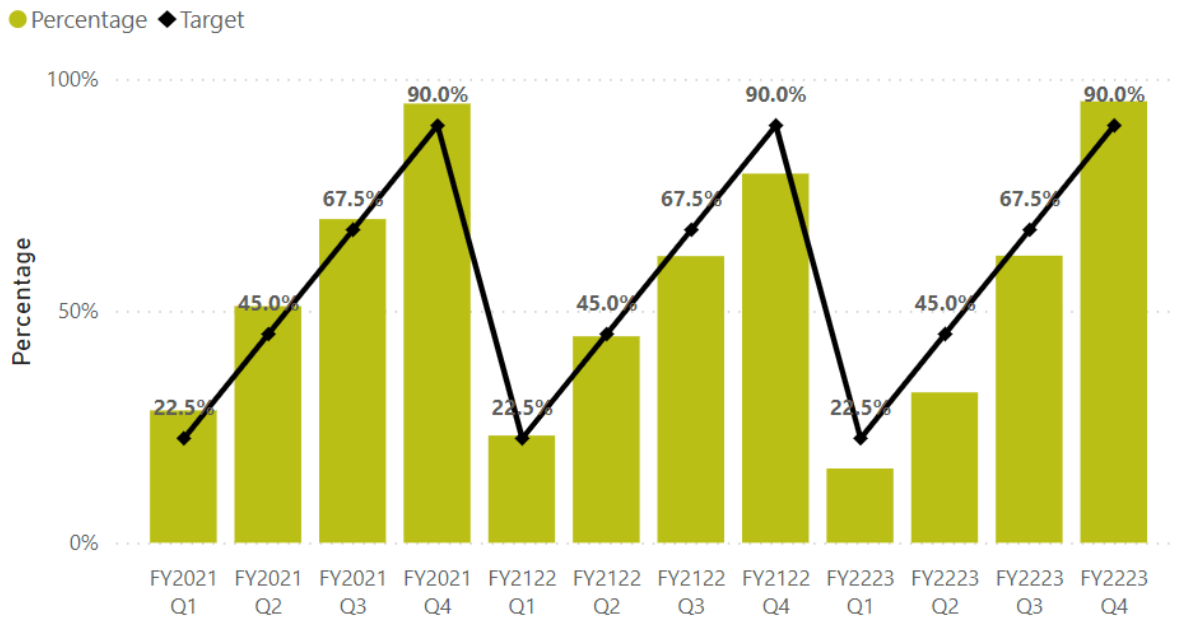
1.1.1 Measures that exceeded their target

PI 65 People in receipt of long term support who have been reviewed ★

Actual: 95.2

Target: 90

All teams across Specialist Adults Services and Adult Frailty & Long Term conditions teams have exceeded the target. As well as ensuring that planned reviews are completed our monitoring of quality practice standards also tells us that our assessment and care management practice is of good quality.



Benchmarking data has been removed as LCC uses a different cohort definition which does not match the national definition. However, the LCC definition will change in 2023-24 to match the national definition and benchmarking information will be available in future reports.

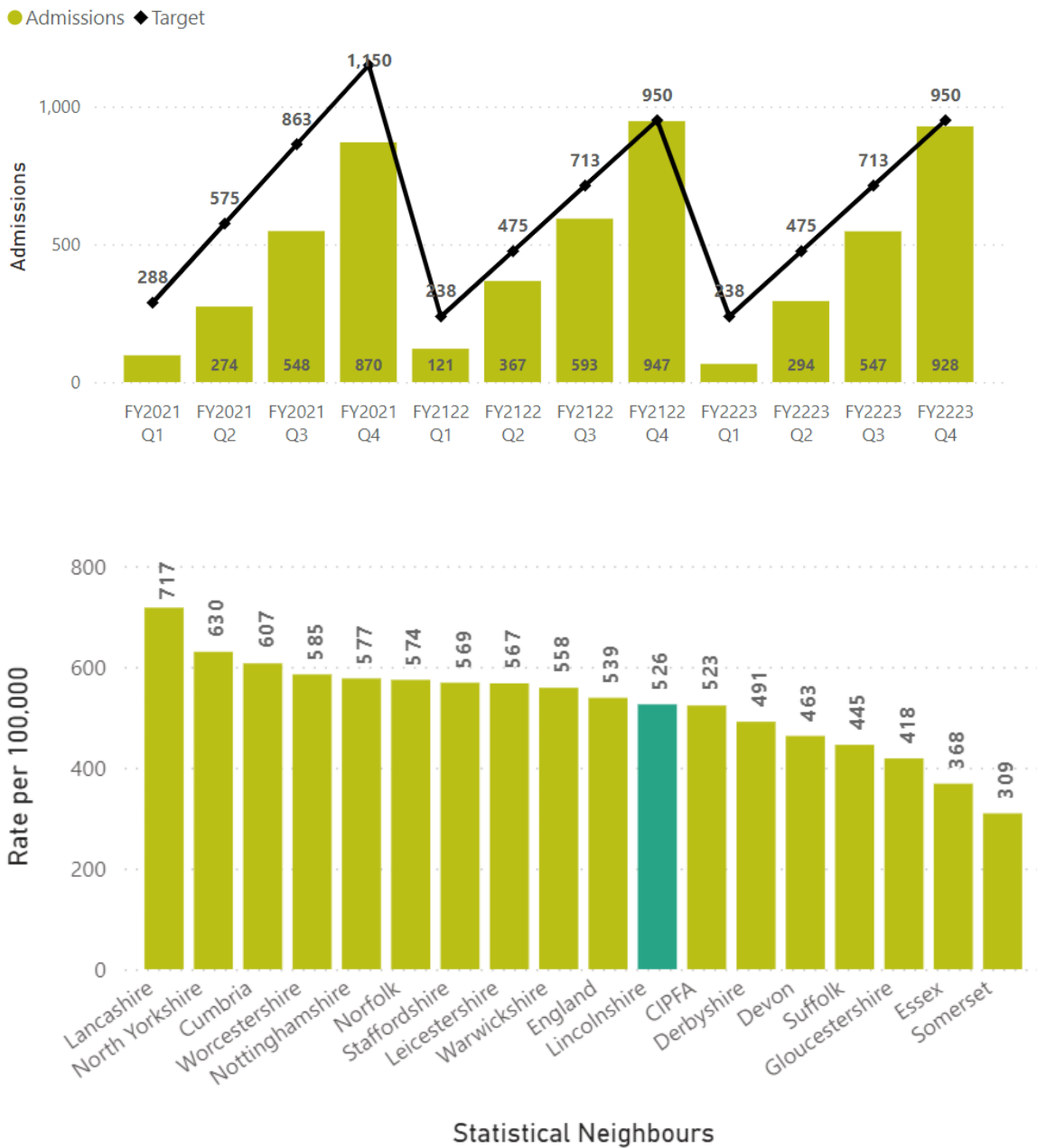
1.1.2 Measures that achieved their target

PI 60 Permanent admissions to residential and nursing care homes aged 65+ ✓

Actual: 928

Target: 950

The number of admissions is lower than predicted but has increased from the end of quarter 3 from 547. Quarter 4 usually see a large increase in the number of admissions due to delays inputting and updating our case management system.



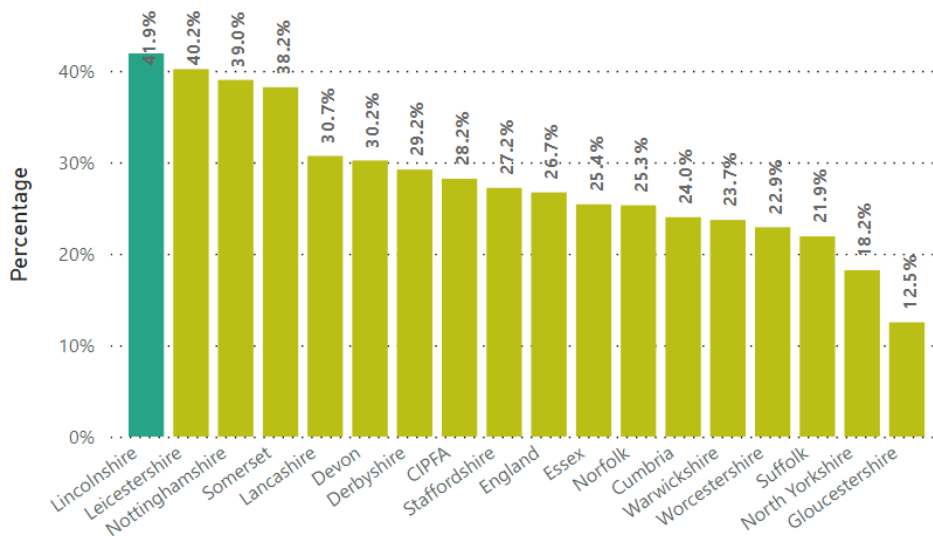
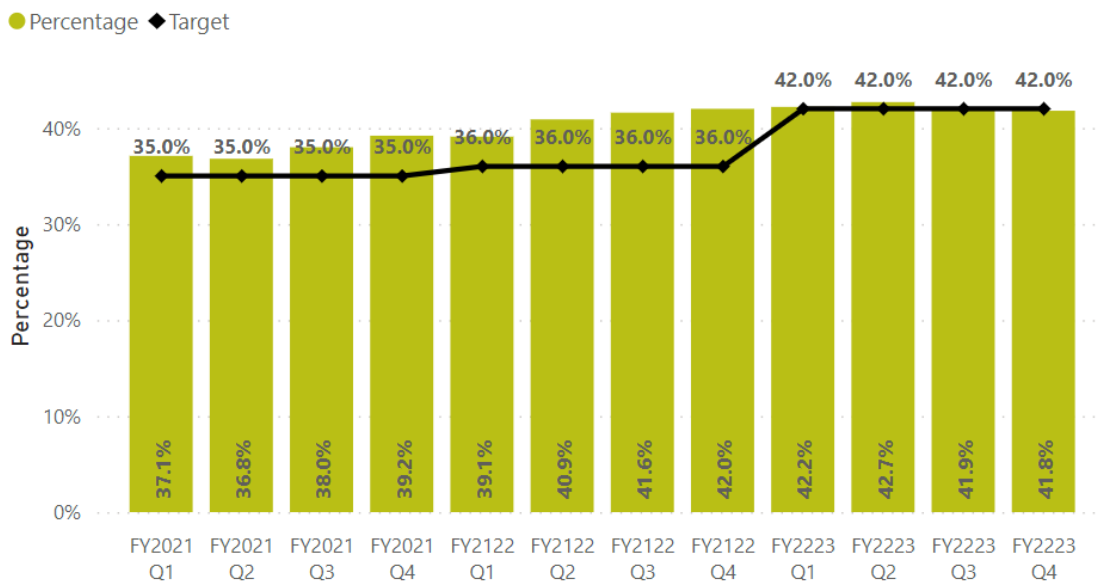
Benchmarking as at March 2022

PI 63 Adults who receive a direct payment ✓

Actual: 41.8

Target: 42

We continue to provide a consistent number of clients with a direct payment which enables them to have more control over how their own care and support is provided, and gives more freedom of choice over the care they need. For quarter 4 (as at 31 March) this was 2,026 clients which is a slight drop from the previous quarter which was 2,068. Performance against this measure is usually well-above the national average.



Statistical Neighbours

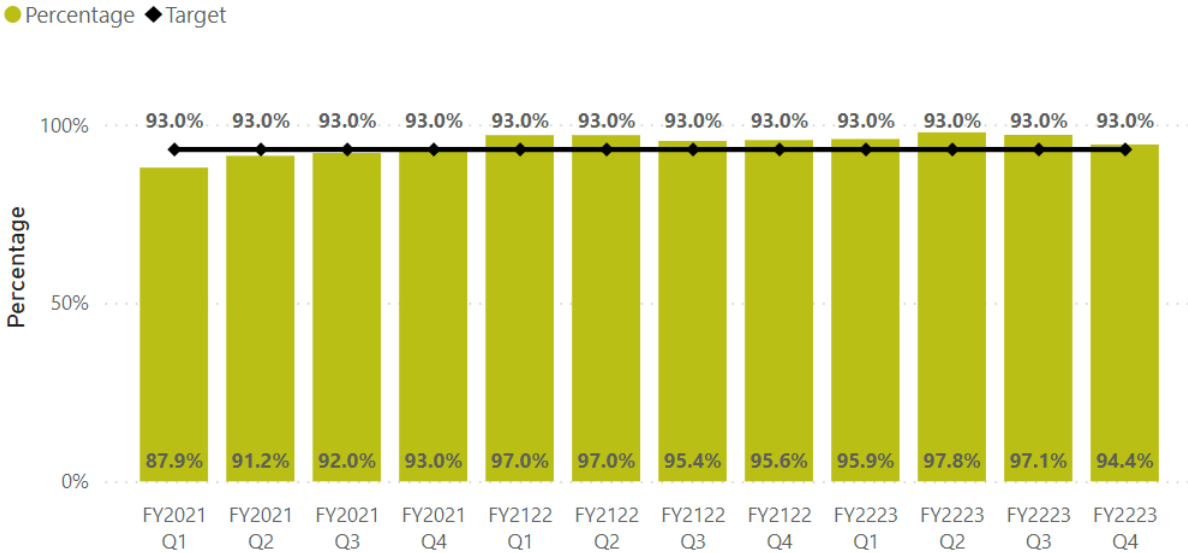
Benchmarking as at March 2022

PI 122 Requests for support for new clients, where the outcome was no support or support of a lower level ✓

Actual: 94.4

Target: 93

We continue to perform above the target. This measure reflects the proportion of those new clients who received short-term services during the year, where no further request was made for ongoing support. Since short-term services aim to reable people and promote their independence, this measure provides evidence of a good outcome in delaying dependency or supporting recovery – short-term support that results in no further need for service. We usually perform well above national and the region.



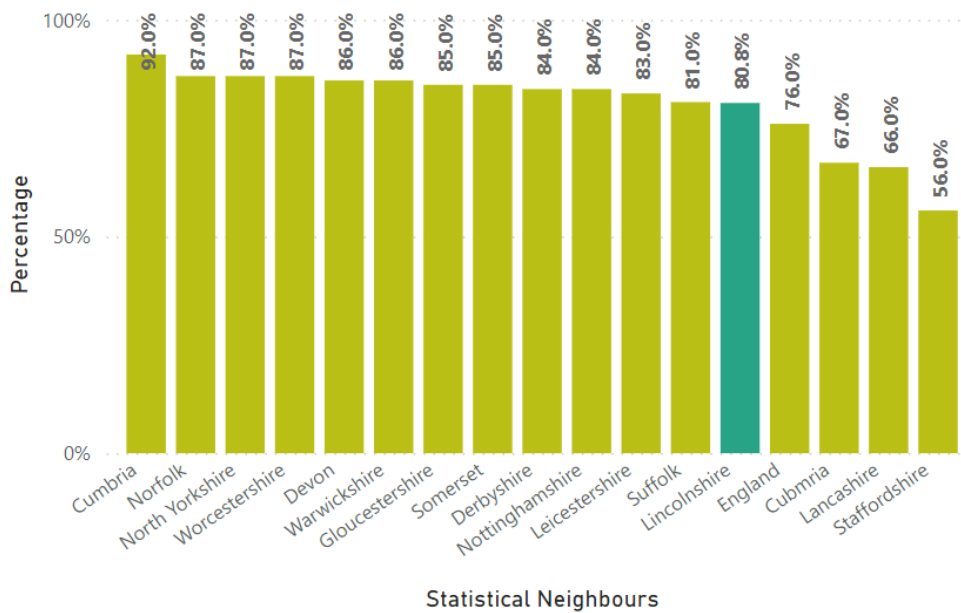
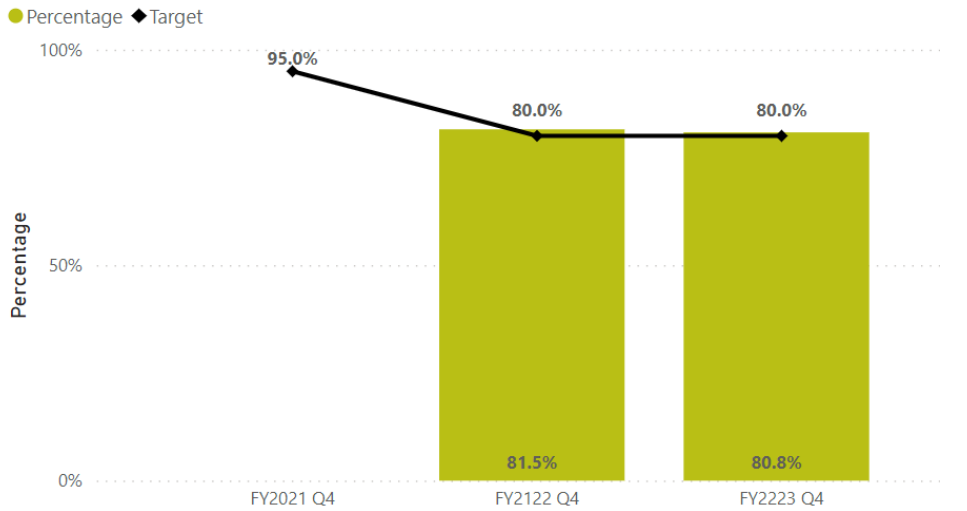
This PI is a local measure for the 65+ age group, so benchmarking data is not available. Benchmarking information is available for the 18+ age group.

PI 123 People who report that services help them have control over their daily life ✓

Actual: 80.8

Target: 80

This result comes from the annual Adult Social Care Survey and show that Lincolnshire performs well compared to the national average.



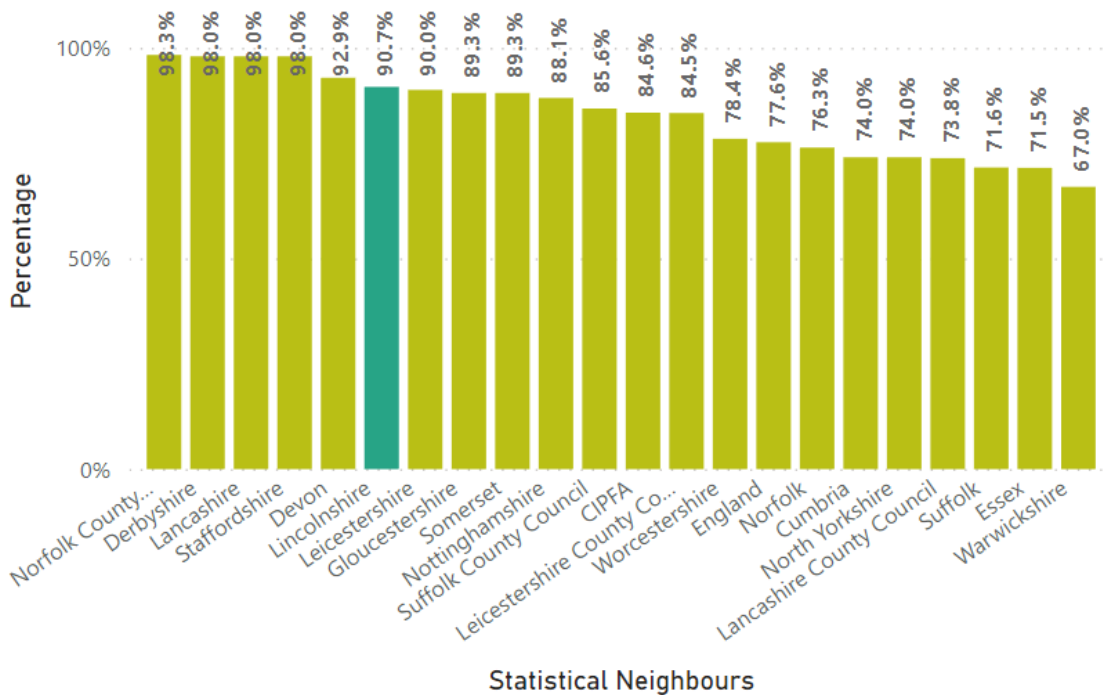
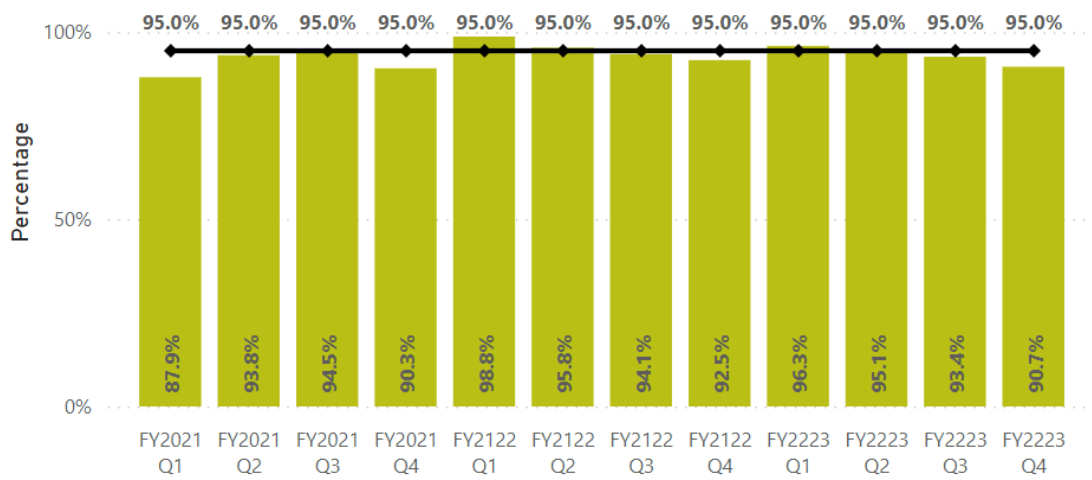
Benchmarking as at March 2022

PI 124 Completed episodes of Reablement, where the outcome was no support or support of a lower ✓

Actual: 90.7
Target: 95

The reablement service Libertas continues to provide care and support that allows clients up to a maximum of 6 weeks reablement care in their own home. Due to the care and support these clients are receiving 90.7% of all episodes of reablement have resulted in clients not going on to receiving a long term adult care service.

● Percentage ◆ Target



Benchmarking as at March 2022

1.1.3 Measures that did not meet their target

None in Quarter 4

1.2 Specialist Adult Services

1.2.1 Measures that exceeded their target

None in Quarter 4

1.2.2 Measures that achieved their target

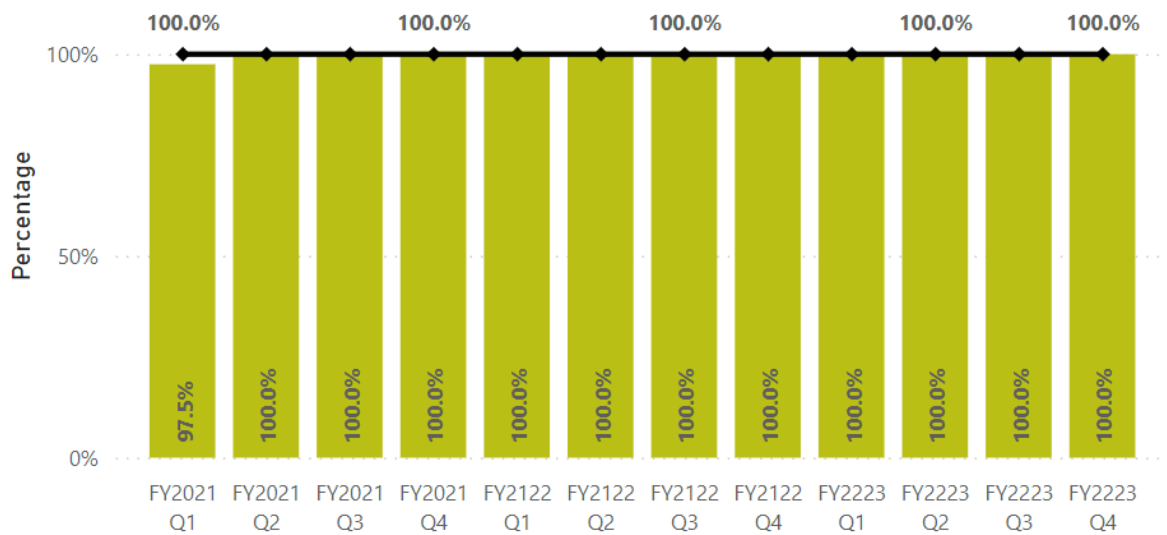
PI 28 Safeguarding cases supported by an advocate (where appropriate) ✓

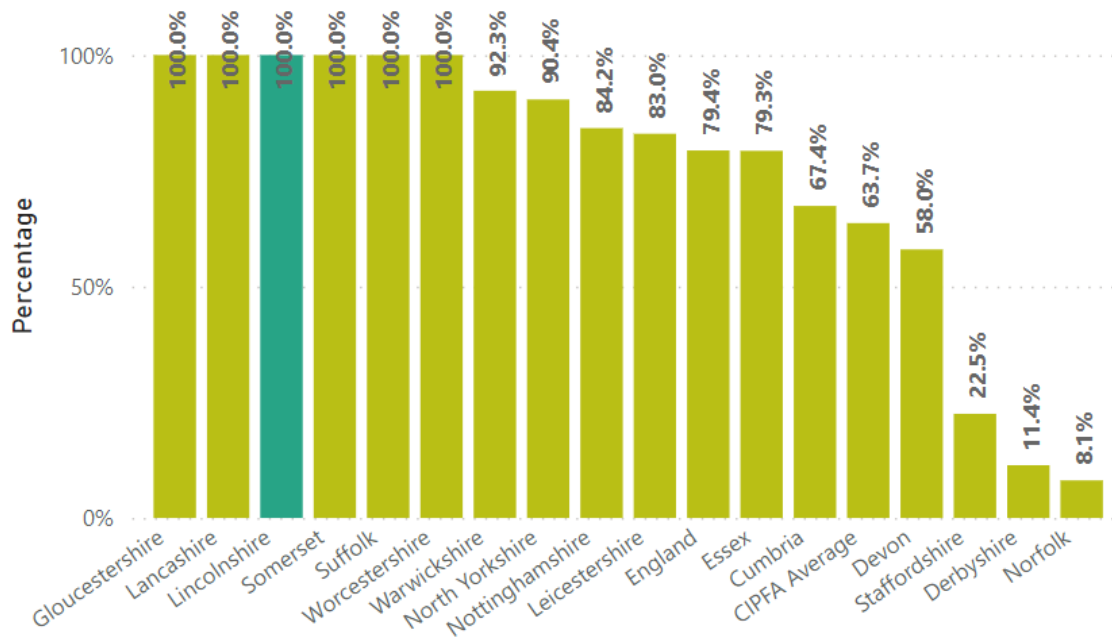
Actual: 100

Target: 100

‘Making Safeguarding Personal’ is the cornerstone of all safeguarding activity. It ensures that enquiries are led by the individual and focused on achieving their outcomes. This measure is consistently met and demonstrates that individuals are supported to share their views and wishes.

● Percentage ◆ Target





An empty column indicates no data.

Statistical Neighbours

Benchmarking as at March 2022

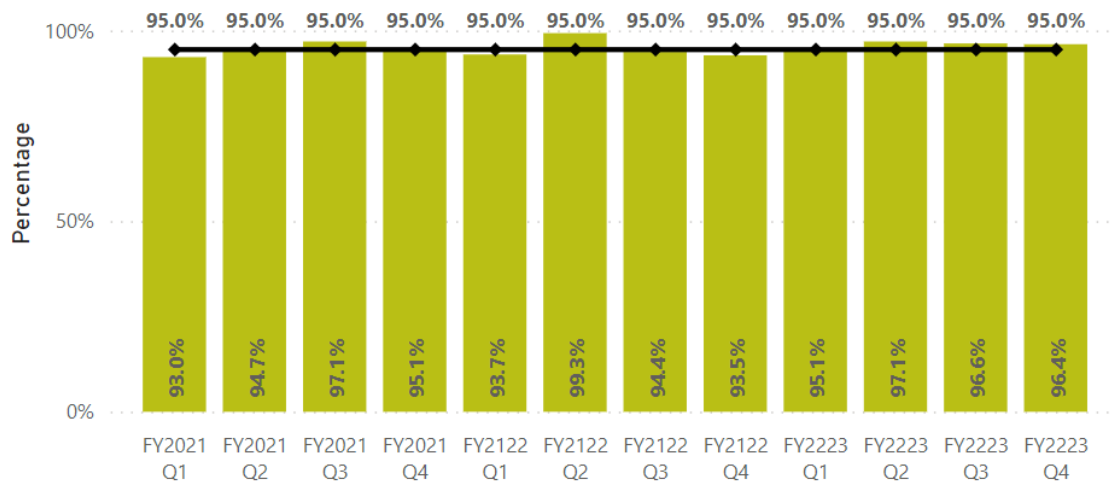
PI 116 Concluded safeguarding enquiries where the desired outcomes were achieved ✓

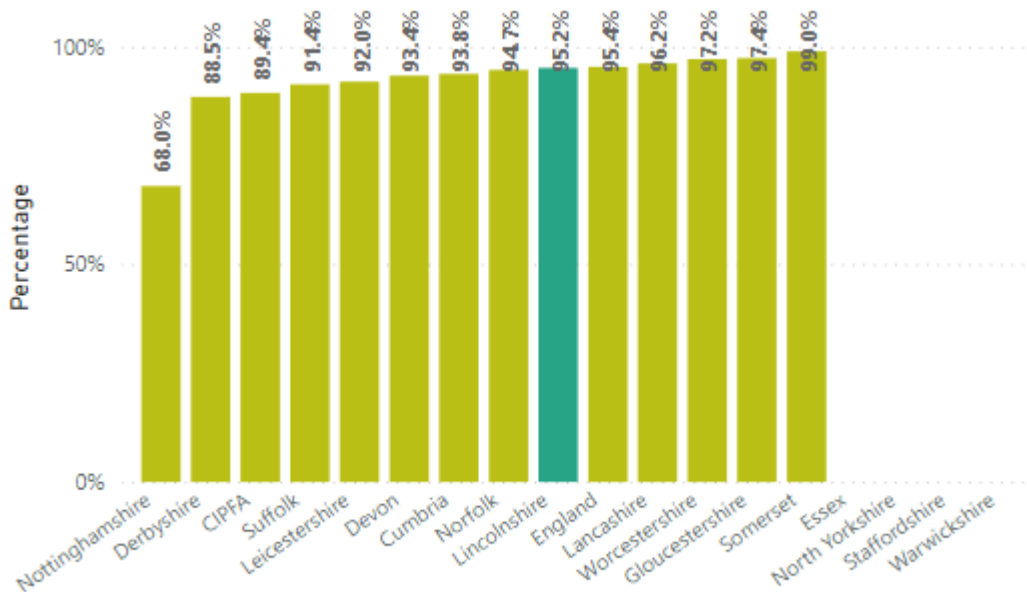
Actual: 96.4

Target: 95

This target has been achieved and remains consistent. We continue to ensure that the persons views and wishes are central to the process and work with them to achieve their desired outcomes.

● Percentage ◆ Target





An empty column indicates no data.

Statistical Neighbours

Benchmarking as at March 2022

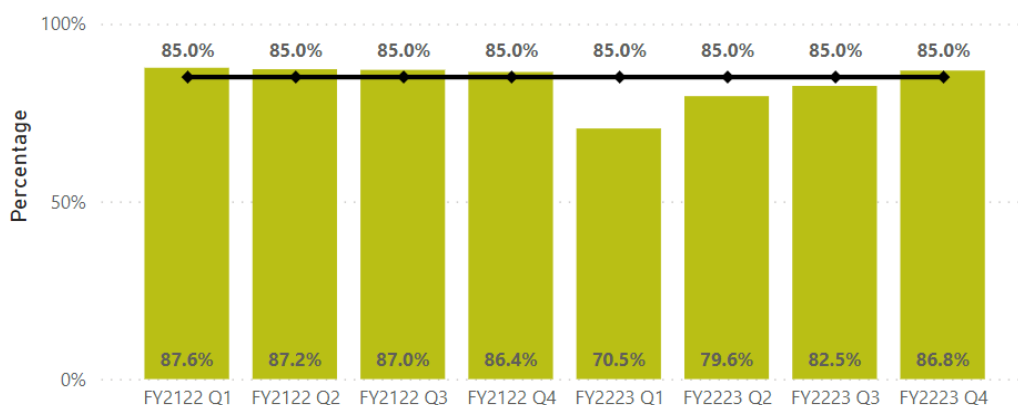
PI 163 Percentage of people who were asked what outcomes they wanted to achieve during an Adult Safeguarding enquiry ✓

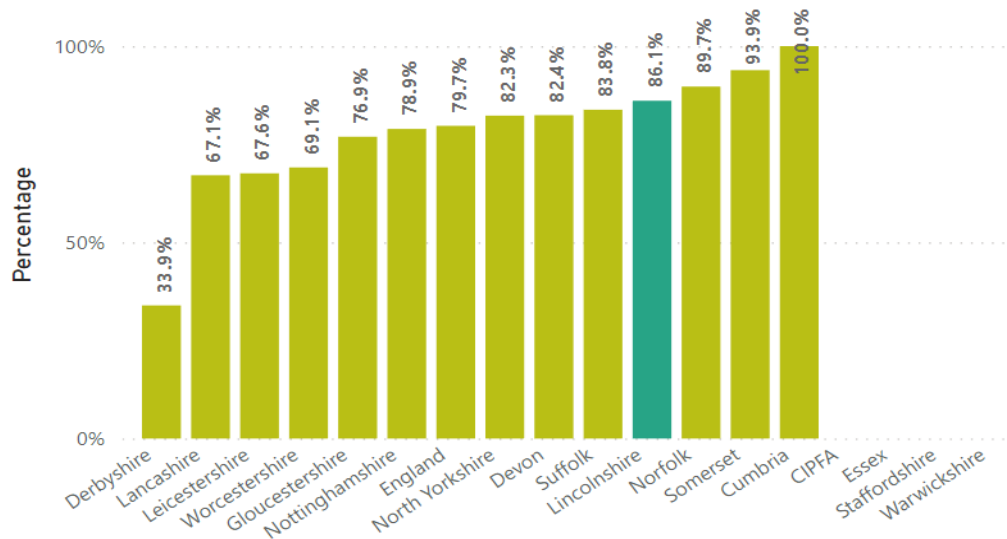
Actual: 86.8

Target: 85

This target has been met and there has been continued improvement. In order to maintain progress, we continue to work with the Lincolnshire Safeguarding Adults Board (LSAB) to embed the principles of 'Making Safeguarding Personal' within practice across all partner agencies. This will ensure that conversations are held with the person and that their desired outcomes are captured at the earliest opportunity.

● Percentage ◆ Target





An empty column indicates no data.

Statistical Neighbours

Benchmarking as at March 2022

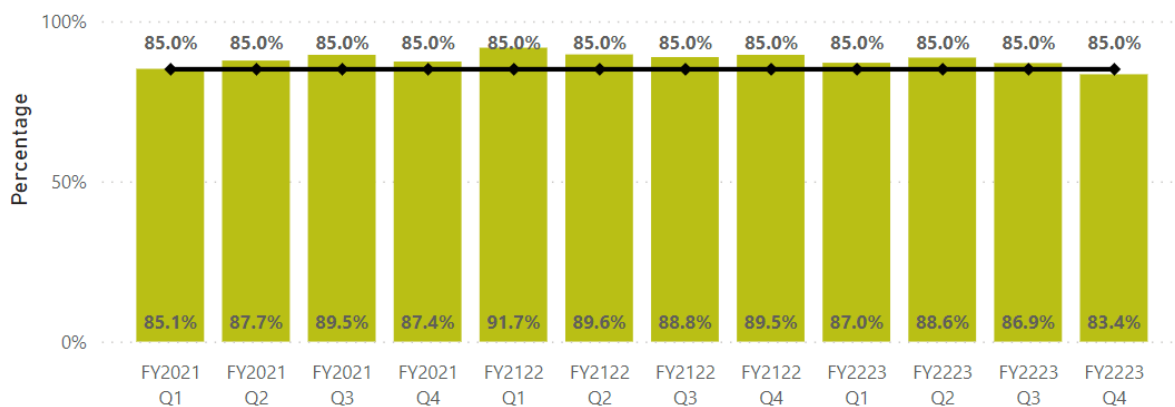
PI 158 For adults discharged from hospital, the percentage who remain at home 91 days after discharge ✓

Actual: 83.4

Target: 85

The target is being achieved which is positive evidencing that people have received an appropriate assessment of their needs to ensure they remain at home following discharge from hospital. Of the 1,250 discharges that are at home after 91 days 253 of these are at home receiving a long term support service (e.g. home care). Of the 249 clients not at home on the 91st day, 139 of these are now in residential care.

● Percentage ◆ Target



Benchmarking data is not available as LCC uses a local definition (which is different to the national comparator).

1.2.3 Measures that did not meet their target

None in Quarter 4

1.3 Public Health and Community Wellbeing

1.3.1 Measures that exceeded their target

None in Quarter 4

1.3.2 Measures that achieved their target

PI 33 Percentage of people aged 40 to 74 offered and received an NHS health check ✓

Actual: 57.1

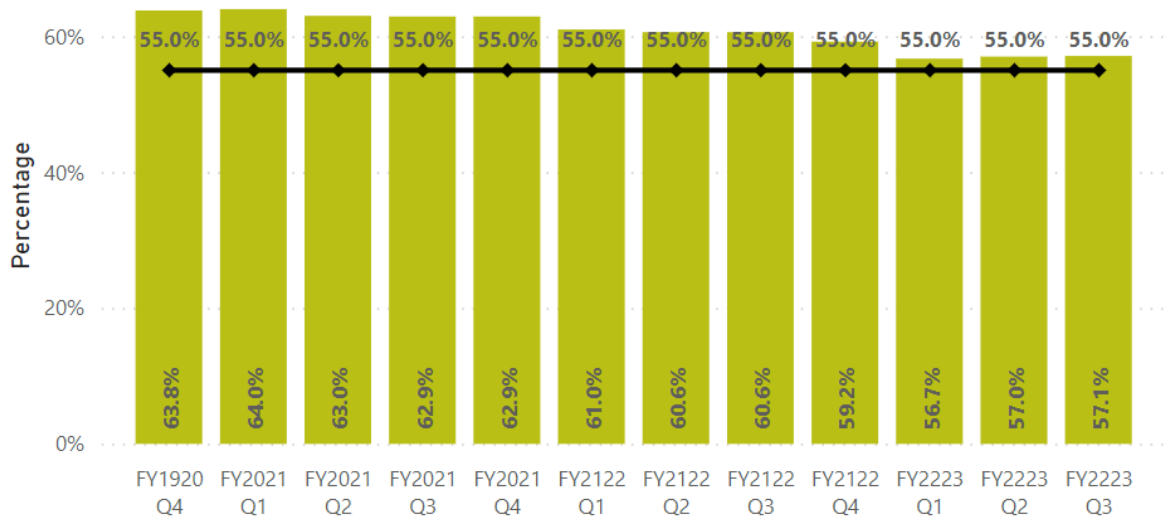
Target: 55

This performance indicator is over a 5-year period, with the latest data, published by the Office for Health Improvement and Disparities (OHID) being Q1 2018/19 –Q3 2022/23. In Lincolnshire during this period 116,294 people have been invited for an NHS Health Check and 66,442 have taken up the invite. The overall percentage of people taking up an NHS Health Check invite was 57.1% (compared to 42.2% in England and 51.7% in East Midlands). Lincolnshire has the highest percentage amongst its 'CIPFA nearest neighbours'.

The Office for Health Improvement and Disparities (OHID) provides the estimated eligible population for the NHS Health Check programme. This is 226,407 for Lincolnshire for 2022-23. People are invited every five years and therefore this means approximately 45,000 are eligible to be invited in 2022/23. Each general practice has been provided with their individual eligible population.

The NHS Health Check Programme supports the delivery of the Lincolnshire Health Inequalities and Prevention programme, specifically the priorities in relation to cardiovascular disease prevention. The programme is also identified as an important programme in the Interim Lincolnshire Integrated Care Partnership Strategy (January 2023) as part of Priority Enabler 1 – Population Health and Prevention (Theme 3 – working age).

● Percentage ◆ Target



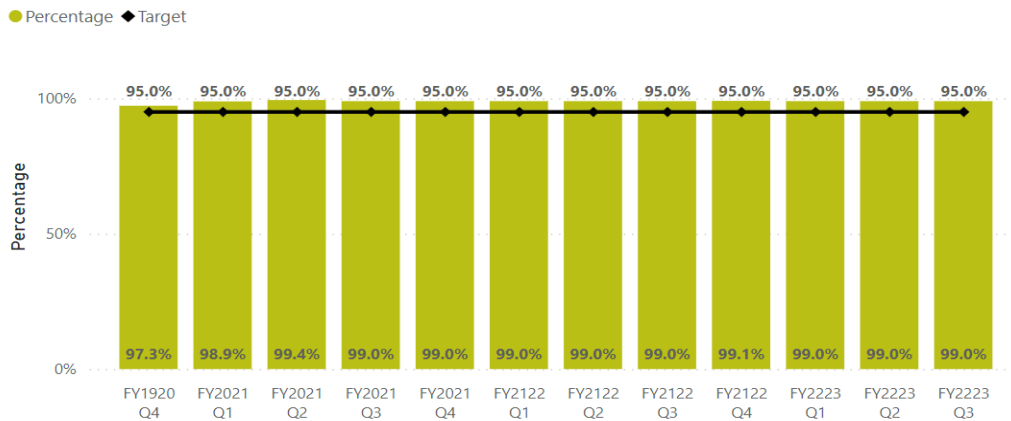
Benchmarking April 2018 - December 2022.

PI 110 Percentage of people supported to improve their outcomes following Wellbeing intervention ✓

Actual: 99
Target: 95

Due to the time delay on this measure to account for the up to 12 weeks of support interventions available, this data is for Quarter 3 2022-23. During this period, the service continued to experience high demand, although the known seasonal dip in referrals in December was noted. The service continues to maintain its consistently strong performance in this self-determined outcome measure indicating 99% of individuals made improvements in their overall outcomes following service intervention. The service also continues to

support the Homes for Ukraine initiative, providing advice and guidance to guests and assisting in rematching as required.

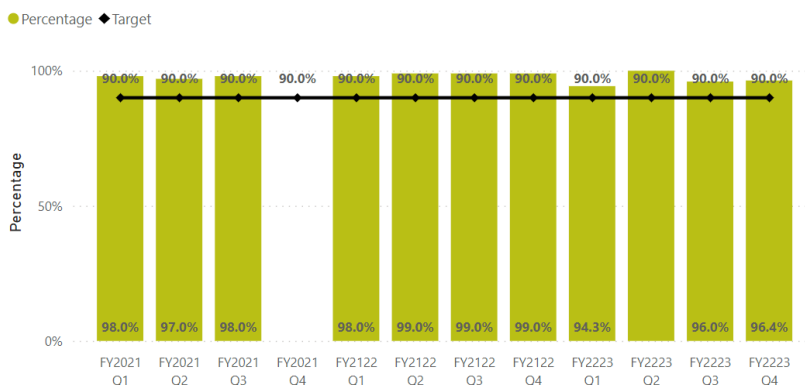


This PI is a local measure so benchmarking data is not available.

PI 112 People supported to maintain their accommodation via Housing Related Support Service (HRSS) ✓

Actual: 96.4
Target: 90

Framework continue to support their service users to meet their outcomes. During the quarter Framework supported 96.38% of their service users across both accommodation based support and floating support to develop new and improved skills to manage a tenancy/mortgage independently from services.

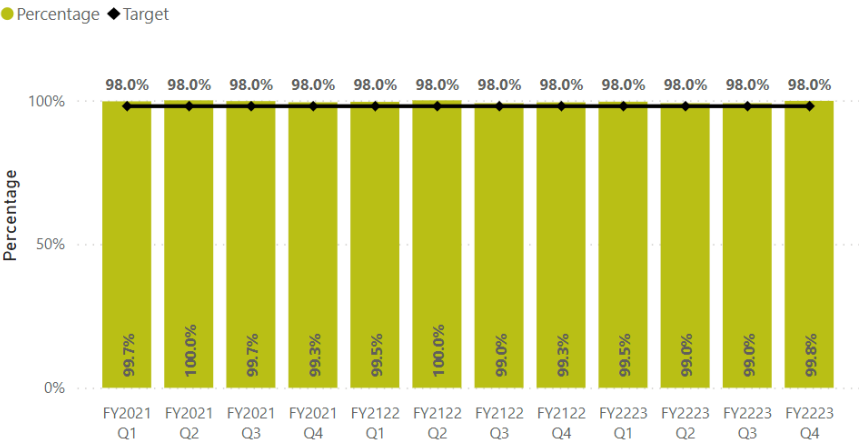


This PI is a local measure so benchmarking data is not available.

PI 113 Emergency and urgent deliveries and collections completed on time ✓

Actual: 99.8
Target: 98

The provider has met the changing need of the sector throughout the tenure of the contract and was successful in their bid for the new contract that started in April. There are different service levels on this contract and that will impact the figures reported going into the new financial year.



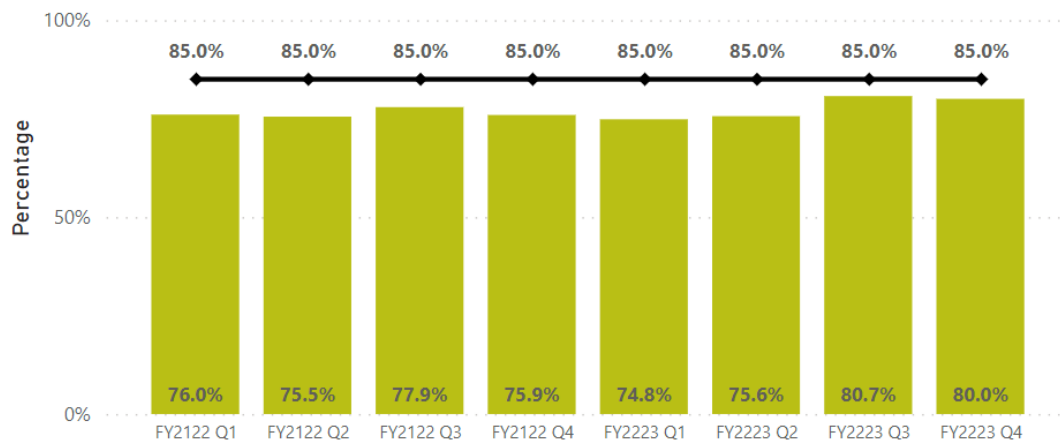
This PI is a local measure so benchmarking data is not available.

PI 121 Carers who have received a review of their needs ✓

Actual: 80
Target: 85

This quarter’s outcome of 80.0% (664 out of 830 carers who required a review received one) sits within the tolerance for achieving against our target of 85% and shows a similar picture to the previous quarter.

● Percentage ◆ Target



This PI is a local measure so benchmarking data is not available.

1.3.3 Measures that did not meet their target

PI 31 Percentage of alcohol users that left specialist treatment successfully ✖

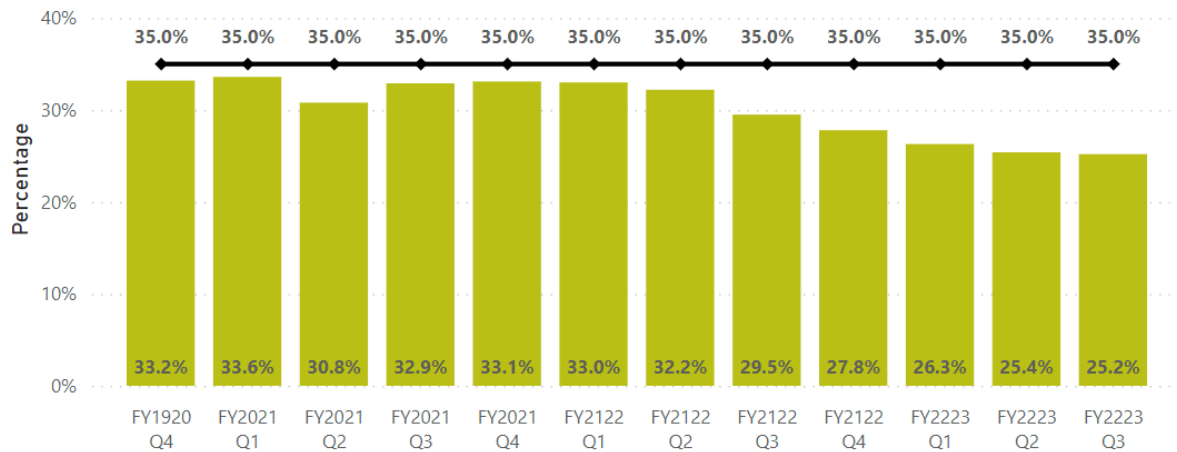
Actual: 25.2

Target: 35

This indicator has dropped by 0.2% from 25.4% to 25.2% during this report period. The number of successful discharges has dropped by 2 from 242 to 240 with the denominator remaining constant at 951. An improvement plan has now been put in place which is being formally monitored through the contract monitoring process to drive improvements in performance. Those presenting for treatment remain more challenging and often require medically assisted detoxifications and more complex packages of care to address their alcohol use, these clients are more difficult to discharge successfully so more inpatient provision is being provided utilising supplemental grant funding received from the Office Health Improvements and Disparities. 416 bed days are available to use for drugs and alcohol inpatient detoxification.

Recruitment to vacant posts remains challenging but a new training package is expected from central government during the early part of 2023/24 to help improve recruitment and retention of staff. Additionally the provider has reviewed its offer to front line workers to make posts more attractive which has helped but it takes time to train new recruits before becoming fully operational.

● Percentage ◆ Target



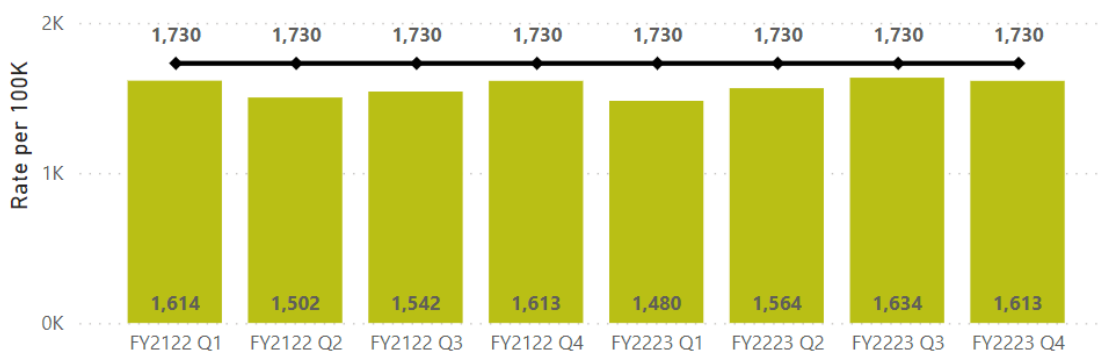
PI 59 Carers supported in the last 12 months ✘

Actual: 1613

Target: 1730

While this measure has not been met, 12,001 carers were supported over the last 12 months. This number breaks down to 9,582 Adult carers of adults and 2,419 Young Carers. Changes to forms identifying carers and tighter definitions on what counts as support have led to a reduction in the total number of carers reported over the last few quarters. We can be confident that the carers that we are reporting are receiving substantive support and we expect the numbers to increase over time. Of the 9,582 adult carers supported; 839 received a Direct Payment, 8,287 were offered Info & Advice and 456 no direct support (respite provided to carer for adult).

● Rate per 100K ◆ Target



This PI is a local measure and no national benchmarking data is available.

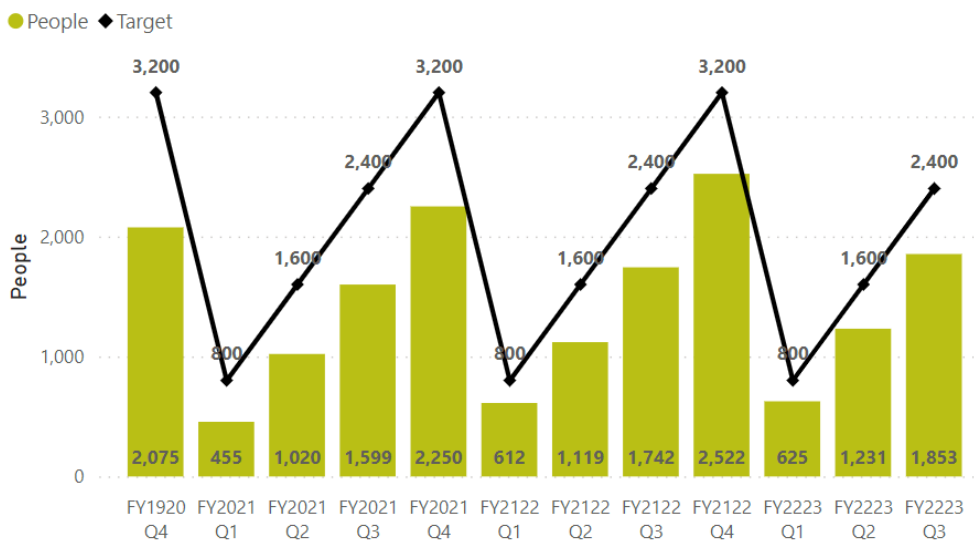
PI 111 People supported to successfully quit smoking ✘

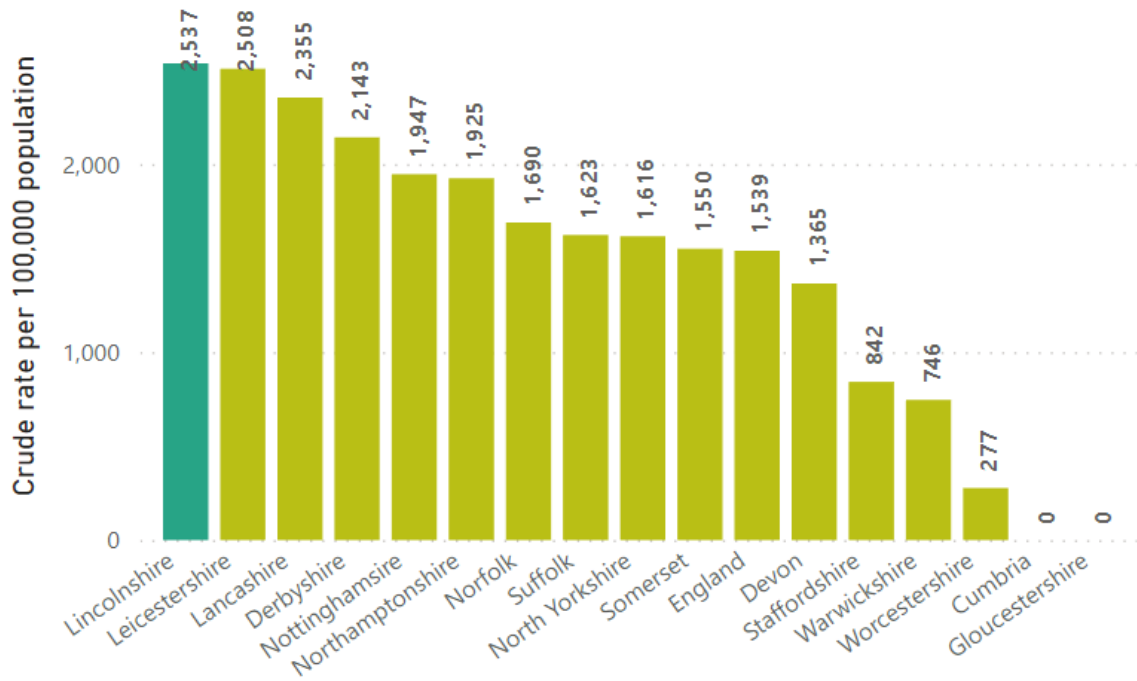
Actual: 1853
Target: 2400

Lincolnshire’s stop smoking service is ranked fifth highest performing in the country and continues to deliver good outcomes. Activity in the last quarter has improved when compared with the same period last year however the continued challenges around increasing activity by sub-contractors (GPs and Pharmacies) means that the target has not been achieved. At present only 13% of the quits achieved are coming from sub-contractors, with the balance of 87% coming through the One You Lincolnshire (OYL) core team. The average quit rate remains high at 60%, above the target of 50%. GPs remain under considerable pressure and have not yet been able to return to pre-pandemic levels of delivery. To increase future outcomes, OYL are working with providers to improve the referral route from digital self-referral and triage team routes and are confident that this will provide an increase in the number of smokers accessing support to quit through sub-contractors.

There is a recognition that, although the service is high performing, achieving the targets set pre-pandemic will remain unrealistic, and targets are being reviewed accordingly. OYL continue to focus on returning to face to face delivery and have clinics within some GP surgeries and a community hub. This allows for an increase in CO validation and provides clients more choice for how they would like to receive their support.

OYL continue to work very closely with the NHS LTP tobacco dependency service roll out, and within this quarter the ULHT maternity service was live and supporting pregnant women across some hospital sites, particularly in Boston and Skegness. The OYL team therefore receive less Smoking in Pregnancy referrals but continue to support pregnant women outside of the NHS pilot areas, and work closely with the maternity team for peer support and to provide a consistent service. Delays within the acute setting has meant that the in-house service is yet to start and referrals are still being directed to OYL as before.





Statistical Neighbours

Benchmarking as at March 2022

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report.

3. Consultation

a) Risks and Impact Analysis

n/a

4. Appendices

Appendix A	2023-24 Service Level Performance Indicators
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5. 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 Caroline Jackson, who can be contacted on caroline.jackson@lincolnshire.gov.uk

Appendix A 2023-24 Service Level Performance Indicators

Scrutiny Committee: Adults and Community Wellbeing					
PI Number	Performance Indicator	Directorate	If this PI is reported in Corporate Plan , PI number is given	Targets	
				2022-23 Q4 Outturn Trajectory is 'Bigger is better' unless stated otherwise	2023-24 target Targets have been approved unless stated otherwise
Service Area: Adult Care					
PI 60	Permanent admissions to residential and nursing care homes aged 65+ (Targeted)	ACCW	no	928 Admissions (Target 950) Smaller is better	950 Admissions
PI 63	Adults who receive a direct payment (Targeted)	ACCW	no	41.8% (target 42%)	42%
PI 65	People in receipt of long-term support who have been reviewed (Targeted)	ACCW	no	95.2% (Target 90%)	90%
PI 113	Emergency and urgent deliveries and collections completed on time (Targeted)	ACCW	no	99.8% (Target 98%)	98%
PI 122	Requests for support for new clients, where the outcome was no support or support of a lower level (Targeted)	ACCW	no	94.4% (Target 93%)	93%
PI 123	People who report that services help them have control over their daily life (Targeted)	ACCW	no	80.8% (Target 80%)	80%

Scrutiny Committee: Adults and Community Wellbeing					
PI 124	Completed episodes of Reablement, where the outcome was no support or support of a lower level (Targeted)	ACCW	no	90.7% (target 95%)	95%
PI 158	For adults discharged from hospital, the percentage who remain at home 91 days after discharge (Targeted)	ACCW	PI 25	83.4% (Target 85%)	85%
Service Area: Specialist Adult Services					
PI 28	Safeguarding cases supported by an advocate (where appropriate) (Targeted)	ACCW	PI 72	100% (Target 100%)	100%
PI 116	Concluded enquiries where the desired outcomes were achieved (Targeted)	ACCW	PI 73	96.4% (Target 95%)	95%
PI 163	Percentage of people who were asked what outcomes they wanted to achieve during an Adult Safeguarding enquiry (Targeted)	ACCW	no	86.8% (Target 85%)	85%
New! PI 173	Proportion of adults with a learning disability who live in their own home or with their family (Contextual)	ACCW	no	n/a	Contextual
New! PI 174	Proportion of adults with a learning disability or a mental health need in receipt of long-term support who have been reviewed (Targeted)	ACCW	no	n/a	90%
Service Area: Public Health & Community Wellbeing					
PI 31	Number of alcohol users that left specialist treatment successfully (Targeted) NB. Minimum of 230 completions as per National Drug Treatment monitoring system reports on successful completions definition	ACCW	no	Q3 25.2% (Target 35%) 1 qtr lag	Changed from percentage to Number 230 Alcohol users

Scrutiny Committee: Adults and Community Wellbeing					
PI 33	People aged 40 to 74 offered and received an NHS health check (Targeted)	ACCW	no	Q3 57.1% (Target 55%) 1 qtr lag	95%
PI 110	Percentage of people supported to improve their outcomes following Wellbeing intervention (Targeted)	ACCW	no	Q3 99% (Target 95%) 1 qtr lag	95%
PI 111	People supported to successfully quit smoking (Targeted)	ACCW	no	Q3 1853 people (Q3 target 2400) 1 qtr lag Annual target 3,200 people	TBC
PI 112	People supported to maintain their accommodation via Housing Related Support Service (HRSS) (Targeted)	ACCW	no	96.4% (Target 90%)	90%
PI 59	Carers supported in the last 12 months (Targeted)	ACCW	PI 76 New for 23-24	1613 Carers (Target 1730)	1730 carers
PI 120	Carers who said they had as much social contact as they would like (Targeted)	ACCW	PI 77 New for 23-24	Biennial - Not reported in 2022-23, 30.8% in 2021-22 (Target 35%)	36%
PI 121	Carers who have received a review of their needs (Targeted)	ACCW	PI 78 New for 23-24	80% (Target 85%)	85%

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**Open Report on behalf of Andrew Crookham,
Executive Director – Resources**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	28 June 2023
Subject:	Adults and Community Wellbeing Scrutiny Committee - Work Programme

Summary:

The Committee's forward work programme is set out in this report. The report also includes the relevant extracts from latest version of the forward plan of key decisions due to be taken from 3 July 2023. The Committee is requested to consider whether it wishes to make any suggestions for items to be added to its work programme.

The Committee is also invited to note the decision by the Executive on 6 June 2023 on the Procurement of Active Recovery Beds for 2023/24. The Committee's statement from 5 April 2023 was presented by the Chairman, Councillor Hugo Marfleet. In addition, the Leader of the Council and Executive Councillor for Resources, Communications and Commissioning has approved the plans for the Ancaster Day Centre Refurbishment.

Actions Required:

1. To review the Committee's forward work programme, as set out in the report.
2. Following consideration by this Committee on 28 May 2023, to note the following decisions:
 - (a) Procurement of Active Recovery Beds for 2023/24 – Executive on 6 June; and
 - (b) The Ancaster Day Centre Refurbishment - The Leader of the Council and Executive Councillor for Resources on 9 June 2023.

1. Background

28 June 2023 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
1	Lincolnshire Safeguarding Adults Board - Prevention Strategy	Richard Proctor, Independent Chair, Lincolnshire Safeguarding Adults Board Linda MacDonnell, Head of Safeguarding, Adult Care and Community Wellbeing	To consider the prevention strategy of the Lincolnshire safeguarding Adults Board
2	Re-Commissioning of Substance Misuse Treatment Service	Carl Miller, Commercial and Procurement Manager	To consider proposals for re-procurement of the substance misuse treatment service, on which a decision is due to be made by the Executive on 4 July 2023
3	Adult Care and Community Wellbeing Budget Outturn 2022-23	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This is the standard report on the budget outturn for 2022-23.
4	Service Level Performance Reporting Against the Success Framework 2022-23 Quarter 4	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.

2. Planned Items

The Committee's programme for future meetings is set out below: -

6 September 2023 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
1	Lincolnshire Safeguarding Adults Board Update	Justin Hackney, Assistant Director of Specialist Services	This is the regular update report on the activities of the Safeguarding Adults Board.
2	Day Services Update	Justin Hackney, Assistant Director of Specialist Services	On 30 November 2022, the Committee requested a further update on this topic.

6 September 2023 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
3	Service Level Performance Reporting Against the Success Framework 2023-24 Quarter 1	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
4	Admission to Discharge Care Pathway - Winter Planning for 2023-24	Afsaneh Sabouri, Assistant Director, Older Adult Services Andrea Kingdom, Head of Service, Hospitals and Special Projects, Adult Care and Community Wellbeing	To consider the arrangements for the winter of 2023-24, and to receive an update on active recovery beds.

18 October 2023 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
1	Care Quality Commission Update	Contributor from the Care Quality Commission to be confirmed.	This is the annual update provided by the Care Quality Commission on its inspection and regulation of social care services in Lincolnshire

29 November 2023 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
1	Introduction to the Lincolnshire Carers Service	Semantha Neal, Assistant Director, Assistant Director, Prevention & Early Intervention Public Health	To receive a presentation on support to unpaid family carers, including an introduction to the new support service provider.
2	Recommissioning of the Lincolnshire Wellbeing Service	Derek Ward, Director of Public Health Tony McGinty, Public Health Consultant	To consider proposals for re-commissioning of the wellbeing service, on which a decision is due to be made by the Executive on 5 December 2023

29 November 2023 – 10.00 am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
3 Service Level Performance Reporting Against the Success Framework 2023-24 Quarter 2	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.

The forward plan of planned key decisions on items within the remit of the Committee is attached as Appendix A.

3. Previously Considered Topics

Attached at Appendix B is a table of items previously considered by the Committee since the beginning of the Council's term in May 2021.

4. Conclusion

The Committee is invited to consider its work programme.

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

5. Appendices

These are listed below and attached at the end of the report.

Appendix A	Forward Plan of Key Decisions within the Remit of the Adults and Community Wellbeing Scrutiny Committee from 3 July 2023
Appendix B	Adults and Community Wellbeing Scrutiny Committee - Schedule of Previously Considered Topics

5. 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 Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

**FORWARD PLAN OF KEY DECISIONS WITHIN THE REMIT
OF THE ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE**

From 3 July 2023

MATTER FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	OFFICERS FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE	DIVISIONS AFFECTED
Substance Misuse Re-Commissioning	4 July 2023	Executive	Adults and Community Wellbeing Scrutiny Committee	Senior Commercial and Procurement Officer Reena.Fehnert@lincolnshire.gov.uk	All
Wellbeing Service Re-commissioning	5 Dec 2023	Executive	Adults and Community Wellbeing Scrutiny Committee	Programme Manager Sean.Johnson@lincolnshire.gov.uk	All

APPENDIX B

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE SCHEDULE OF PREVIOUSLY CONSIDERED TOPICS

	Previous Item
D	Previous Pre-Decision Scrutiny Item
	Future Item
D	Future Pre-Decision Scrutiny Item

	2021					2022					2023												
	29 Jun	14 Jul	8 Sept	20 Oct	1 Dec	12 Jan	23 Feb	6 Apr	25 May	6 Jul	7 Sept	28 Sept	19 Oct	30 Nov	11 Jan	22 Feb	5 Apr	24 May	28 Jun	6 Sept	18 Oct	29 Nov	
<i>Meeting Length – Hours : Minutes</i>	1:47	2:15	3:30	2:50	3:13	2:59	3:55	3:01	3:00	1:58	2:51	2:26	1:39	2:36	2:59	3:08	1:50						
Active Recovery Beds														D				D					
Acute Hospitals – Admission to Discharge Pathway																							
Adult Frailty and Long Term Conditions - Overview																							
Adult Mental Health Services - Overview																							
Adult Social Care Reform – Government Plans																							
Ancaster Day Centre Refurbishment																			D				
Better Care Fund																							
Budget Reports						D									D								
Carers Support Service							D																
Care Quality Commission Update																							
Community Equipment Service								D															
Community Supported Living																							
Day Services			D																				
Digital Initiatives Supporting Services																							
Director of Public Health Role / Annual Report																							
Disabled Facilities Grants																							
Extra Care Housing - Boston																							
Extra Care Housing - Lincoln																							
Extra Care Housing - Welton				D																			
Fair Cost of Care / Charging for Social Care																							
Grange Farm, Market Rasen Working Age Adult Accommodation																							
Greater Lincolnshire Public Health																							
'Gross' v 'Net' – Ombudsman Report			D																				
Improvement and Development Programme																							
Integrated Care Systems																							
Integration of Health and Social Care																							
Introduction to Services																							
Learning Disability – Section 75 Agreement																							
Market Sustainability, Fair Cost of Care																							
Obesity																							
Occupational Therapy																							
Ombudsman Reports			D	D																			
Performance Reports																							
Prevention Services - Overview																							
Residential and Nursing Care Usual Costs																							
Respite Care Ombudsman Report			D																				
Safeguarding Adults Board																							

	2021					2022							2023										
	29 Jun	14 Jul	8 Sept	20 Oct	1 Dec	12 Jan	23 Feb	6 Apr	25 May	6 Jul	7 Sept	28 Sept	19 Oct	30 Nov	11 Jan	22 Feb	5 Apr	24 May	28 Jun	6 Sept	18 Oct	29 Nov	
Safeguarding Services																							
Sensory Services			D																				
Sexual Health Services												D					D						
Social Connections																							
Specialist Adults Accommodation – Market Rasen																	D						
Specialist Adult Services - Overview																							
Strategic Market Support Services			D																				
Substance Misuse Treatment Services												D				D				D			
Wellbeing Service																							D
Workforce – Capacity and Development																							

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