



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

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| 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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