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| <b>Subject:</b>          | <b>Joint Commission of Domestic Violence and Abuse and Sexual Violence Services</b> |  |                          |
| <b>Date of Meeting:</b>  | <b>2<sup>nd</sup> July 2018</b>   |  |                          |
| <b>Report of:</b>        | <b>Executive Director for Neighbourhoods, Communities &amp; Housing</b>             |  |                          |
| <b>Contact Officer:</b>  | <b>Name:</b>  | <b>Jo Player</b>                           | <b>Tel: 01273 292488</b> |
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| <b>Ward(s) affected:</b> | <b>All</b>  |  |                          |

**FOR GENERAL RELEASE**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 To seek committee approval to a joint commission of specialist and community based services for victims/survivors of Domestic Violence and Abuse (DVA) and Sexual Violence (SV) for Brighton & Hove by Brighton & Hove City Council (BHCC), East Sussex County Council (ESCC) and Office of the Sussex Police and Crime Commissioner (OSPCC). These services are currently collectively known as The Portal.
- 1.2 The commission will include: 1) pan-Sussex initial needs and assessment centre with a specialist DVA and SV service 2) community-based DVA and SV services and 3) refuge provision. The community based services will be commissioned for Brighton & Hove and East Sussex. The refuge provision will be Brighton and Hove only. The tender and contract arrangements will be developed as part of the new commission. The Council is not committed at this stage to tendering or contracting with either the OSPCC or ESCC.
- 1.3 This paper outlines the rationale for the joint commission, involvement of providers and service beneficiaries, and indicative timescales for the commission.

**2. RECOMMENDATIONS:**

That the Neighbourhoods, Communities, Inclusion and Equalities Committee:

- 2.1 Agree to the joint recommission of victim support services to include: a pan Sussex initial needs and assessment centre, community based DVA and SV services in Brighton and Hove and East Sussex and refuge provision in Brighton and Hove only as outlined in section 4 of the report.
- 2.2 A cross-party members group is established to provide oversight of the development of the commission.

- 2.3 Grant delegated authority to the Executive Director - Neighbourhoods Communities & Housing to participate in the joint commission of the services listed in section 4 including the procurement process and contract award following recommendations of the evaluation panel(s), reporting at appropriate times to the cross party members working group.
- 2.4 Approve the extension of the current Portal contract for six months (April 2019 to September 2019).

### **3. CONTEXT/ BACKGROUND INFORMATION**

#### **Drivers for New Commission**

##### **Increasing Demand**

- 3.1 SV and DVA reporting has increased substantially. Using reporting to the Police as an example, between 2013/14 and 2016/17, there has been an increase of 28% in reporting of domestic violence incidents and crimes and an increase of 115% in sexual offences in Brighton and Hove. In 2016/17 there were 4,703 domestic violence incidents and crimes reported to the police and 821 police recorded sexual offences in the city.
- 3.2 Although this increase is substantial, it is accepted that police recorded data is likely to under represent the scale of violence and abuse since as many numbers of people do not report. Applying the latest prevalence rates from the Crime Survey for England and Wales to 2015 mid-year population estimates shows that in Brighton & Hove:
- 7,639 women and girls aged 16-59, and 3,868 men and boys, are estimated to have experienced domestic violence and abuse in the last year
  - 2,515 women and girls, and 677 men and boys, are estimated to have experienced any sexual assault in the last year.
- 3.3 During 2016/17:
- In relation to support services accessed through The Portal <sup>1</sup>, 1495 clients who had experienced DVA were referred to RISE, with a further 221 clients who had experienced SV being referred to Survivors' Network.
  - 468 high risk clients were referred to the local Multi-Agency Risk Assessment Conference (MARAC)
  - 131 residents accessed the local Sexual Assault Referral Centre (The Saturn Centre).
- 3.4 These crime types have a significant impact on victims/survivors, their children and the wider community. Impacts can include: poor mental, sexual or physical health, behavioural problems, substance abuse, poor school achievement, reduced economic prospects and the risk of further violence.

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<sup>1</sup> The Portal is a partnership of charities – including–

- 3.5 These crime types have a significant financial cost: The individual, economic and social cost of domestic and sexual violence and abuse to the city is estimated to be at least £143 million per annum.

### **Findings of the Domestic Homicide Review and the Business Improvement Review**

- 3.6 The current service model allows multiple access points for victims/survivors which whilst positive is resulting in inconsistency of referrals. There is a systemic issue with the design of victim care pathways from the Police to victim support services. Currently, those victims of DVA crime who are assessed as being at 'standard' risk receive support from Victim Support (commissioned by the OSPCC), while 'medium' and 'high' risk victims are supported through The Portal. This means there are different offers made to clients depending on their level of risk at the point of a report to the Police, and so the response is driven by a Police risk assessment rather than a specialist service assessment of victim risk and need. This is inefficient and creates parallel pathways (e.g. where risk levels change). There is also an inbuilt element of unmet need (those victims who are assessed as being at 'standard' risk but who have not been victims of crime are not referred to either service routinely).
- 3.7 Critically this issue has been the subject of findings of Domestic Homicide Reviews (DHRs) in both Brighton & Hove and East Sussex<sup>2</sup>. Recommendations from each have been made to simplify pathways and ensure that victims can access support regardless of level of risk or whether a crime has occurred. Specifically, that there is a need to map the victim journey and review triage and assessment processes to make best use of resources and that a review of the current pathways for referral / assessment relating to DVA, SV and safeguarding needs to be undertaken in order to identify opportunities to reduce parallel pathways, make best use of resources.
- 3.8 It should also be noted that efforts to manage the increasing demand means that the priority afforded to high risk cases has led to reduced availability of prevention and recovery services. This has been exacerbated by failure of agencies to obtain consent to refer victims of DV and SV to specialist services. A recent pilot to improve triage by the police has resulted in a significant reduction in the number of non- consensual referrals.

### **AVA Consultation**

- 3.9 Consultation is currently being undertaken by AVA a national organisation to inform the refresh of the VAWG strategy. The consultation will specifically seek the views of victims/survivors, their families and children, as well as providers of specialist services and identify barriers to services as well as what local provision is needed. This will be important information to help commissioners understanding of service users experiences of current provision and to inform the new specifications for future provision. The consultation is due to be completed at the end of June with the initial report due at the end of July.

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<sup>2</sup> <http://www.safeineastsussex.org.uk/Domestic%20Homicide%20Reviews.html>

## **Current contracts and provision**

- 3.10 Brighton & Hove City Council currently has a contract with RISE (as lead partner) for the delivery of victim support services. This is known as '[The Portal](#)' and is delivered by a partnership of RISE, Survivors' Network and CGL. They provide a single point of access and help victim/survivors of DVA and SV to find advice and support in Brighton & Hove and East Sussex, principally through community based support services. The Portal was jointly commissioned across Brighton & Hove and East Sussex and is funded by B&HCC, ESCC and the OSPCC. BHCC manages the contract with a Memorandum of Understanding with the OSPCC and a service level agreement with ESCC.
- 3.11 The contract period for The Portal is 1 October 2015 to 30 September 2018. However, it has had a six month extension to allow sufficient time for a new commission to be designed and learning from a new triage pilot funded by the OSPCC to deliver. Therefore the contract currently ends 31<sup>st</sup> March 2019.
- 3.12 The combined spend on DVA and SV services by BHCC within The Portal in 2017/18 was £0.670m. Together with the investment by ESCC and the OSPCC and the Brighton & Hove Clinical Commissioning Group, the existing contract for The Portal was circa £1.4 million in 2017/18.
- 3.13 Within the Portal contract BHCC also contracts for refuge provision in Brighton and Hove. Therefore this is also due to end 31 March 2019.
- 3.14 ESCC has a separate contract with 'Refuge' to provide refuges in East Sussex.

## **4. Proposed Joint Commission: process, timescale and principles**

- 4.1 The OSPCC has commenced a commissioning process to implement a new contract to support victims of all crime types from April 2019. The proposed model makes provision for a countywide DVA and SV initial needs and triage service (to specifically include stalking also) – this represents a considerable change in current processes and is in direct response to the drivers outlined above notably the review of DHR findings and BHCC BPI Review. It is the DV and SV element of the proposed new needs and triage service which the Council will input into with the OSPCC. BHCC will review the final specification for the assessment centre and give consideration to pooling funding depending on the need and benefits to Brighton and Hove.
- 4.2 The DVA, SV and stalking aspect of the model has been designed in collaboration with BHCC, ESCC and counterparts in West Sussex County Council as well as other key stakeholders such as Sussex Police. This part of the model will need to work in conjunction with any local specialist support services and will build upon existing partnerships across service providers.
- 4.3 The intention is that the service will be in place by April 2019 and the commissioning arrangements will make provision for pooled budgets and/or joint commissioning with other partners, should for example BHCC wish to explore these.

4.4 Based on performance management of the current contract and the commission of a new assessment and triage service by the OSPCC, BHCC officers are recommending that a joint commission is carried out between BHCC and ESCC to ensure either a single or aligned specification(s) for community based DVA and SV services in Brighton and Hove and East Sussex and a Brighton and Hove refuge, as well as BHCC participating in the commission of the pan Sussex needs and triage service commission to feed in the city needs and ensure alignment between the specifications.

4.5 The proposed principles underpinning the commissioning will be:

- Point of contact – a single point of access with the response driven by risk and need, offering timely contact and triage.
- Passport through to community based DVA and SV services – enables providers to focus on activity which is their USP
- Multiple ‘points in’ – victim/survivors can still access the local DVA and SV services ; as can other statutory partners
- Connectivity – if additional services are commissioned / funded then they can be ‘plugged in’
- Flexibility – can scale up / down additional capacity
- Sustaining capacity for women, who constitute the majority of victim/survivors, within the context of women only provision, as well as delivering proportionate specialist capacity for Lesbian, Gay, Bisexual (LGB) and Trans (T) people, those from Black, Minority Ethnic (BME) communities and heterosexual me.

These will be tested as part of developing the specification(s).

4.6 Aligning these commissioning streams, and subsequent contracts, is part of developing a shared commissioning approach to provide specialist DVA and SV services from April 2019. This should:

- Ensure that the specification for each part of the SV and DVA service has a coherent relationship with the other parts
- Reduce duplication and inefficiencies between service providers as a result of different commissioning streams including realising economies of scale.
- Allow better management of increasing demand, making the most effective use of resources and supporting service providers.

4.7 Addressing these issues would be consistent with both national and local best practice, reflecting:

- The UK Government’s ‘National Statement of Expectations (NSE)’<sup>3</sup>. Appendix 1.
- The findings from the BHCC Business Process Improvement Review (BPI) of DV and SV in 2017. Appendix 2.

## **Process**

### **Pan Sussex Initial Needs and Assessment Centre**

4.8 As noted above the Head of Commissioning at the OSPCC will lead the commission of a pan Sussex wide assessment and triage centre which will include specialist DVA, SV and stalking provision. Market engagement for the

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<sup>3</sup> <https://www.gov.uk/government/publications/violence-against-women-and-girls-national-statement-of-expectations>

design of the assessment centre started in June and a further event will be held later in July. Brighton and Hove City Council and current SV and DVA providers are feeding into the design of the centre to ensure it takes account of the needs of victims from Brighton and Hove and the experience of providers delivering community based services.

4.9 The principles for the centre will be:

- To improve triage of victims at point of contact
- To reduce unnecessary burdens on specialist community based services
- Proportionate and appropriate sharing of risk between Police, contact centre and specialist services

4.10 Feedback from the engagement events for the assessment and triage centre will be used to inform the commission of specialist community based provision and future engagement activity for developing the latter's specification.

4.11 The OSPCC is anticipating publishing the tender for the centre in August 2018 and the new service to go live April 2019.

4.12 A recommendation on whether this specification meets the needs of Brighton and Hove and if BHCC should pool funding will be sought from the cross-party members working group.

### **Community Based Services and Refuge**

4.13 From September 2018 through to February 2019 the joint strategic commissioner for SV and DVA for ESCC and BHCC will engage with current and potential providers, and victims and survivors to inform the specification for specialist community based services in East Sussex and Brighton and Hove, as well as a Brighton and Hove refuge. This will include specific detailed engagement with survivors and victims of SV and DVA (see section 6 for examples of the likely engagement). The tender will also be informed by the findings of the AVA<sup>1</sup> survey as well as the final tender and successful bid for the Sussex wide needs and assessment centre.

4.14 Intention is to publish the tender in February 2019 and the new services to go live September 2019. It is anticipated that the new contract term for the community based services will be for 3 years, with the possibility of an extension of up to 2 additional years at the council's discretion. However, this will be discussed along with preferred delivery models as part of developing the specification.

4.15 This process will help ensure that the three elements of SV and DVA provision across East Sussex, Brighton and Hove and Sussex wide are designed to align with each other and streamline the pathway for victims. It will also, importantly, provide time for the new assessment centre and triage approach to mobilise and inform the new specification for the community based services. It also provides staggered approach to the tendering process, enabling a level playing field between smaller and larger providers.

4.16 The above approach will require the current Portal contract to be extended for a further six months until September 2019.

## Timescale

| Activity  | Date                      |
|---|---------------------------|
| AVA consultation  | Early April 2018          |
| Current provider engagement for pan Sussex assessment and triage centre   | April – July 2018         |
| Publication of tender for assessment and triage centre  | August 2018               |
| Award of contract for assessment and triage centre  | October 2018              |
| Mobilisation for assessment and triage centre   | November – March 2019     |
| <ul style="list-style-type: none"> <li>• Victim and survivor engagement for community based services and refuge, including service standards</li> <li>• Provider engagement for community based services and refuge, including service standards</li> <li>• Feedback from national specialist organisations on community based services and refuge, including service standards</li> <li>• Stakeholder (police, health, CVS) engagement for community based services and refugee including service standards</li> </ul> | September – February 2019 |
| Publication of tender(s) for community based services and refuge  | February 2019             |
| Award of contract(s) for community based services and refuge  | April 2019                |
| Mobilisation for community based services and refuge  | May – September 2019      |

4.17 Tender applications will be assessed by an evaluation panel comprised of the officers responsible for DVA / SV from the commissioning bodies (B&H, ESCC and OSPCC), as well as Children, Adult and Housing Services from both authority areas. Tenders will be appraised against assessment criteria, based on price and quality, which will include Social Value. At this stage the intention is to award a three year contract with option to extend for a further two years and as per all BHCC contracts funding will be subject to annual budget setting. It is expected that the joint commission will result in two contracts. One, led by the OSPCC for the assessment and triage centre and one lead by BHCC for the community based services and refuge. However purchasing methods will be

tested as part of the development of the commission. The commissioning arrangements will make provision for pooled budgets and/or joint commissioning with other partners, should those options wish to be explored by, for example, the OSPCC.

- 4.18 It is essential that the voice of the service user is at the heart of the process. We are therefore proposing that the service user voice is part of the development of the specification as well as being part of the evaluation process, and if appropriate, a representative from a national DVA or SV specialist service to bring specialist sector expertise. The commissioning process and contract management will be overseen by the VAWG joint commissioning group.

## **5. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 5.1 Alternative options include:

**Option A** - the joint strategic commissioner for SV and DVA for ESCC and BHCC lead two separate commissioning process for the respective councils for specialist community based services for East Sussex to the same timescale as the assessment and triage centre (award in October 2018) and a longer timescale for Brighton and Hove (award in April 2019) as per the timetable in section 4. This would mean commissioning specific Brighton and Hove only services within our own boundaries.

- 5.2 This would require extension of the current contract until September 2019 with re-negotiated provision and outcomes as a result of ESCC withdrawing their funding. This would most likely result in reduced opportunities for efficiency savings; loss of specialists' capacity, and less likely that specialist BME, LGBT or Male posts will be sustainable within a contract solely from BHCC.

- 5.3 If BHCC extend the contract and ESCC withdraw BHCC will potentially be liable for the whole funding until the extended period (September 2019) which is not budgeted for. It could also lead to duplication of service offer, as victim/survivors could potentially be accessing both ESCC commissioned services and BHCC commissioned services. It may also require providers to both mobilise and bid for community services at the same time.

- 5.4 Option B - the joint strategic commissioner for SV and DVA for ESCC and BHCC renegotiates the current contract with current providers. However, the value of the potential contracts (either individually for the City Council at £670,000 or collectively circa £1.5m) are such that a procurement exercise must be completed. This is in accordance with the Public Contract Regulations 2015 and Brighton & Hove City Council's Contract Standing Orders.

- 5.5 The commissioning process as outlined in section 4 is the preferred option by ESCC and the OSPCC.

## **6. COMMUNITY ENGAGEMENT & CONSULTATION**

- 6.1 As part of the refresh of the DVA, SV and VAWG Strategy a series of community engagement and consultation events are taking place (run by AVA). These will have a focus on future delivery and will inform the development of the specification(s).



- 6.2 The first stage of consultation with professionals and local statutory and voluntary sector services has been completed (in December 2017). In February and March 2018 there was a further round of consultation, including online consultation with victim/survivors, residents and communities and a number of follow-up focus groups with sample of victims / survivors. The aim is to understand and assess the impact of DVA, SV and VAWG and the services available locally, including identifying which services are needed locally and including questions in relation to current service provision and the design of council commissioned services including The Portal. The consultation process is being undertaken by an external consultant (a national specialist service, AVA<sup>4</sup>).
- 6.3 Detailed involvement of victims and survivors will be carried throughout the engagement period for developing the community based and refuge specifications. These will likely take the form of several different engagement methods, developing a victim/survivor steering/reference group, focus groups, online surveys, drop-ins, piggybacking other engagement activity by relevant service providers. The joint strategic commissioner will be responsible for drafting and delivering the engagement plan. It is vital that victim and survivors voice is heard in the development of the specification.

## **7. CONCLUSION**

- 7.1 The council has several options in taking forward the commission all of which have timetable provides the council with a strong opportunity to maximise its investments and ensure high quality services for residents
- 7.2 A competitive tender process will achieve the best outcomes for victim/survivors, whilst meeting legislative requirements and enabling a long term contract to be let. This option is more likely to secure the stability of the specialist provision in the long term.

## **8. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

- 8.1 The council has an indicative budget of £0.670m for 2019/20, subject to annual budget council approval in February 2019. At this stage a standstill budget is anticipated for future years of the new commission, however this will be subject to council's annual budget setting process. The same will be applicable for ESCC and the OSPCC. Both have indicated at this stage that budget will be at least the same for the first year. If Option A in section 5 is pursued there is a financial risk that BHCC will potentially be liable for the total funding for The Portal until the extended period (September 2019). This is not budgeted for and provision would need to be made when budget setting in February 2019.

*Finance Officer Consulted: Michael Bentley*

*Date: 06/06/18*

### Legal Implications:

- 8.2 Contracts valued at sums in excess of £500,000 <sup>[i]</sup> require approval to tender and award from the relevant Committee (the Neighbourhoods, Inclusion, Communities & Equalities (NICE) Committee) <sup>[ii]</sup>. If the value the of each of proposed contracts also exceeds the EU threshold for a Light Touch Regime service, being £615,278, the services must be procured in accordance with the Public Procurement Regulations 2015 and advertised in the OJEU (Official Journal of the European Union). Light Touch contracts are subject to less strict procedural regulations but must be compliant with the treaty principles of transparency and equal treatment and be conducted in conformance with the information provided in tender documentation including the award procedure. In order to comply with these principles the time allowed for the preparation and submission of a bid must be reasonable and commensurate with the complexity of the service being procured.
- 8.3 Re-commissioning a service or commissioning a new service may result in a TUPE event (Transfer of Undertakings (Protection of Employment) Regulations 2006 as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014). The TUPE Regulations apply when there is a relevant transfer either as a result of a business transfer or when there is a service provision change. Prospective tenderers must be notified of this consideration at the time of tendering and legislative requirements must be complied with.

*Lawyer Consulted:*

*Judith Fisher*

*Date: 6 June 2018.*

### Equalities Implications:

- 8.4 An equality impact assessment will be carried as part of developing the specification for the community based services and the refuge.

### Sustainability Implications:

- 8.5 The proposed approach has implications for sustainability including support for victim/survivors in achieving Safety, Health & Happiness: Encouraging active, sociable, meaningful lives to promote good health and wellbeing.

### Crime & Disorder Implications:

- 8.6 Creating opportunities for safe disclosure and pathways to support survivors and victims will have a positive impact on community safety and reduce the impact of crime and disorder.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

- 1. National Statement of Expectations**
- 2. Business Process Improvement Review**

## Appendix 1: National Statement of Expectations

The NSE are intended to reinforce the importance of bringing local service providers together, understanding local needs, commissioning services accordingly and publishing data about their local needs, and how services are being provided to meet them, and setting out clear leadership and accountability for delivery.

The key principles within the NSE are:

- *The victim at the centre*: Every victim, whether adult or child, is an individual with different experiences, reactions and needs. Local areas should ensure that services are flexible and responsive to the victim's experience and voice.
- *A clear focus on perpetrators*: In order to keep victims safe, local areas should ensure that there are robust services in place which manage the risk posed by perpetrators and offer behavioural change opportunities for those willing and able to engage with them.
- *A strategic, system-wide approach to commissioning*: Good commissioning always starts with understanding the issue and the problem you are trying to solve.
- *Is locally-led and safeguards individuals at every point*: Commissioned services should make use of local initiatives and services already in place to utilise resource, share best practice and ensure that there are coordinated pathways of support.
- *Raises local awareness of the issues and involves, engages and empowers communities to seek and deliver solutions*: Commissioners should work with local partners to provide a multiplicity of reporting mechanisms to better enable victims to come forward and access the support they need.

## **Appendix 2:**

### **Draft recommendations from BHCC Business Process Improvement Review**

#### **Strategic Recommendations**

1. Refresh the partnership structure, reviewing representation from statutory and non-statutory partners to ensure it is relevant and inclusive, to enable the delivery of a Coordinated Community Response so that partners can coordinate their activities, review their performance, identify gaps, and support improvement.
2. Ensure that the Local Safeguarding Children's Board (LSCB) and Safeguarding Adults Board (SAB) are able to make the best use of the partnership structure to support local priorities (see recommendation 1) and additionally consider having a common slot for joint Board business related to this agenda.
3. As a minimum, all BHCC services in scope, statutory partners and commissioned providers to ensure effective protocols / referral pathways are in place to provide interventions to victims, and to manage perpetrators.
4. Review the current pathways for referral / assessment relating to DVA, SV and safeguarding in order to identify opportunities to reduce parallel pathways, make best use of resources and ensure a 'Whole Family' approach. E.g. scope capacity and feasibility to review DVA and SV in one hub.
5. Revisit the Memorandum of Understanding (MoU) between FCL and DVA SV Commissioning Team in relation to the Domestic Violence Perpetrator Programme (DVPP) to make amendments as necessary to reflect revised programme.
6. Review the current commissioning group with reference to other joint commissioning arrangements within the council, and across local partners, and agree how to deliver integrated commissioning in relation to this agenda.

#### **Other recommendations**

7. As part of the refresh of the partnership structure (see recommendation 1), BHCC should explore opportunities to streamline structures with East Sussex and Pan-Sussex groups to reduce duplication in the current set-up and improve clarity in terms of decision making.
8. Further monitor levels of demand for victim/survivors (and their families) and consider:
  - Whether the current investment in specialist services is sufficient to meet need
  - Explore future funding options including how best to meet increase in demand
  - Where there is unmet need, work with statutory services to manage unmet need
  - Identify other opportunities to increase options for earlier intervention (e.g. the role of field officers)
9. Complete the current work with the specialist service to map the victim journey and review triage and assessment processes to make best use of resources
10. Implement recommendations emerging from the Sussex review of the SARC conducted by NHS England
11. Clarify and communicate our offer for clients who are vulnerable and seek external funding to meet the unmet need.
12. Work with the CCGs in Brighton & Hove and East Sussex to develop business case(s) for role of CCGs in MARAC, including representation at MARAC, as well as the specialist service training and support offer in primary and secondary care (e.g. Health Independent Domestic Violence Advisor (HIDVA)), from 2018/19 onwards.
13. Clarify funding and commissioning arrangements for the Trauma Pathway for those affected by DVA and SV, from 2018/19 onwards.

14. Review the outcome of the bid to the Police Transformation Fund for perpetrator provision and associated provider support and, if successful, identify how this can be aligned to existing local provision
15. Undertake a review of pathways for perpetrators to clarify the programme offer(s), including existing provision through children and criminal justice providers and areas of unmet need within the community and substance misuse services, and address issue around pathways, unmet need and outcomes
16. Ensure the recommendations for the sexual assault Health Needs Assessment are shared and inform the commissioning of provision as agreed by statutory agencies at the Pan-Sussex Executive Board
17. Set baseline data monitoring protocols with commissioners and partners and streamline the reporting of key data to have consistent recording and to reflect the true measures of DVA and SV
18. Use the recommendations from the Business Improvement review, alongside with local needs assessments, service mapping and stakeholder and community consultation, to inform the development of a DVA, SV and VAWG Strategy
19. Ensure there is a robust action plan to deliver partnership priorities as part of a Coordinated Community Response with joint working between statutory partners, commissioners and providers. This could be held in the annual Community Safety and Crime Reduction Strategy and Action Plan.
20. Complete the planned review of the Joint DVA SV Unit in accordance with BHCC procedure and principles which includes customer and communities insight.
21. Review co-commissioning arrangements to inform future commissioning cycles, including decision making in relation to The Portal after September 2018 and other areas such as refuge and wider victim support pathway
22. Carry out a refresh and review of contract monitoring arrangements to maximise resources and capacity, looking at both the requirements of the commissioner and the needs of the provider
23. Continue to deliver a DVA SV and Harmful Practices multi-agency training programme through the integrated training prospectus, ensuring this is co-produced with statutory and Voluntary and Community Sector partners and refreshed annual in light of national and local policy / guidance and outcome from various reviews. Ensure that there is clear communication regarding mandatory requirements
24. Review findings of Pan Sussex MARAC Review and agree / implement changes to local process to manage volume, in particular considering MARAC chairing, structure of MARAC meetings and administration of the MARAC process.
25. Review findings of Pan Sussex DHR Review and, building on existing local good practice, explore options for a collaborative approach to commissioning, conduct and learning from reviews with East and West Sussex County Councils.
26. Continue to work with the CCG to ensure that GPs receive training in relation to domestic and sexual violence and this is rolled out within practices.
27. Ensure that there is a clear understanding of the training needs of council offers from the Directorates in scope who deliver universal and targeted services and that staff can access to the appropriate levels of training relating to DVA and SV.

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<sup>i</sup> <http://www.avaproject.org.uk/>

<sup>[i]</sup> CSO 8.3 “...the value is the value of the Contract including the period of the extension.”

<sup>[ii]</sup> CSO 3.1 “...Above this sum [£500,000] and before inviting expressions of interest from potential bidders, Council Employees must seek approval from the relevant Committee”

