

Subject:	Options for the Commission of Domestic Violence and Abuse and Sexual Violence Services		
Date of Meeting:	8th October 2018		
Report of:	Executive Director - Neighbourhoods Communities & Housing		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 In July 2018 the NICE Committee requested that officers provided options for the effective development of commissioned services for Domestic Violence and Abuse (DVA) and Sexual Violence (SV) provision in the City. This paper reports on aspects of the current service known as The Portal and the proposal to involve service users and providers from all sectors in the co-production of a strategy to address the needs of those requiring support as a result of DVA and SV and which will inform the re commissioning of services.
- 1.2 To seek committee approval to the joint commission of specialist and community based services for victims/survivors of Domestic Violence and Abuse (DVA) and Sexual Violence (SV) for Brighton & Hove and East Sussex by Brighton & Hove City Council (BHCC) and East Sussex County Council (ESCC) which services are to commence on expiry of the current contract arrangements.

2. RECOMMENDATIONS:

That the Neighbourhoods, Communities, Inclusion and Equalities Committee:

- 2.1 Note the intended timescales and development plan as set out in Appendix 3 of this report for the redevelopment of the DVA and SV Strategy will inform the recommissioning of DVA and SV services.
- 2.2 Approve the extension of the current Portal contract until 30th November 2019.
- 2.3 Grant delegated authority to the Executive Director, Neighbourhoods, Communities and Housing to participate in the joint commission of DVA and SV services in Brighton and Hove and East Sussex and refuge provision in Brighton and Hove only, and including the procurement process and contract award with services to commence in December 2019.

- 2.4 Agree to establish a cross party member working group to provide oversight on the commission and request that the officers report to the working group at key stages throughout the procurement process.

3. CONTEXT/ BACKGROUND INFORMATION

Drivers for a 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 it is estimated that in Brighton & Hove:
- 7,639 women and girls aged 16-59, and 3,868 men and boys, will have experienced domestic violence and abuse in the last year
 - 2,515 women and girls, and 677 men and boys, will have experienced sexual assault in the last year.
- 3.3 Between October 2017 and March 2018 across East Sussex and Brighton and Hove:
- The Portal Services received 3502 referrals, of which 9% were internal referrals between different elements of the service, leaving 3184 external referrals recorded: an average of 27 new referrals per working day.
 - In October and November 2017 referral levels rose by 24% and have remained consistent at this level.
 - The number of people referred who engaged with the service rose by 13% compared to the previous 6 month period.
 - 934 (30%) Domestic Violence and Abuse referrals were of Brighton and Hove residents (35% in the previous 6 month period)
 - 200 (42%) Sexual Violence referrals were for Brighton and Hove residents, consistent with the previous year's data
- 3.4 These crime types have a significant impact on victims/survivors, their children and the wider community. Impacts include: poor mental, sexual or physical health, and behavioural problems such as substance abuse, poor school achievement, reduced economic prospects and the risk of further violence.
- 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 Although the current service model allows multiple access points for victims/survivors which, whilst positive, has resulted in an inconsistency in the application of referral guidelines. 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 Office of the Sussex Police and Crime Commissioner (OSPCC), while 'medium' and 'high' risk victims are referred for support 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. The response is therefore 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 as 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 Domestic Homicide Reviews (DHRs) in both Brighton & Hove and East Sussex¹ have each recommended action be taken to simplify pathways and ensure that victims can access support regardless of level of risk or whether a crime has occurred.

Work to further map the victim journey, and review triage and assessment processes to make best use of resources is continuing as part of necessary service review: pathways for referral and assessment relating to DVA, SV and safeguarding need further exploration in order to reduce parallel pathways and make best use of resources.

- 3.8 It is 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 referring agencies to obtain consent of victims of DV and SV to their referral to specialist services.

Since July 2018 work has continued to review triage and assessment processes, which has included an OPCC funded triage pilot project involving providers from the Portal (RISE and CGL) working in partnership with Victim Support. Whilst the pilot is ongoing, evidence shows that the introduction of the triage process for crimed incidents has resulted in a marked reduction in the number of non-consenting referrals, immediately reducing demand on Portal services at initial contact stage.

The pilot works with victim choice and a consent or vulnerability led referral approach. There is a need to better understand flow in demand for DV and SV specialist support services, and the relationship between prevention and demand for services at all levels of risk. This includes focus on early intervention with both victims (and potential victims) and perpetrators (e.g. Pilot projects with

¹ <http://www.safeineastsussex.org.uk/Domestic%20Homicide%20Reviews.html>

perpetrators are showing early evidence of direct and positive impact for victims in their own ability to access services and make progress in recovery).

Stakeholder Engagement and Involvement

- 3.9 There is a commitment to ensure that service user and service provider insight is central to service review and commissioning, and in overall partnership management of DVA and SV issues. There is also opportunity to explore the relationship between DVA and SV commissioning and other service commissioning to ensure targeted and best use of resources. These amongst other recommendations have been highlighted in the BHCC Business Process Improvement Review response to which will form part of the development work required to plan for and enable continuous service improvement (Appendix 1) along with the National Statement of Expectations for Domestic Abuse and Sexual Violence services.
- 3.10 In April 2018, AVA (Against Violence and Abuse), a national organisation, was jointly commissioned by BHCC and ESCC to undertake a consultation to inform the development of a joint strategy for Domestic Abuse and Sexual Violence, and Violence Against Women and Girls. The consultation sought the views of victims/survivors, and their families, as well as providers of specialist services, and referring services with a view to identifying the value in services, and where there are gaps in or issues with and barriers to the effectiveness of existing services. This work has been completed. However the report makes admission to significant missing data and insight, and commissioning officers for the work consider that the report exhibits shortcomings with regard to both methodology and reach. There is therefore a need for further consultation and engagement with stakeholders to verify the findings and explore and understand development requirements for services in order to meet the needs of victims and survivors. The AVA report will form part of the information set that will be used to produce a comprehensive needs and service assessment to inform new specifications for services.
- 3.11 Further stakeholder engagement will take place alongside strategic data review to inform development of the joint strategy and future required service model which would include the joint commissioning of DVA and SV services. The proposed approach and associated timeline for this work is attached at Appendix 3, which works towards commissioned services going live in December 2019.

Current Contracts and Provision

- 3.12 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 between RISE as lead provider, Survivors' Network and CGL. They provide a single point of access and help victims/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. Additional funding is provided for targeted provision by Brighton and Hove CCG, delivery of which is managed as part of The Portal programme. BHCC manages the contract with a Memorandum of Understanding with the OSPCC and a service level agreement with ESCC.

RISE and its subcontracted partner, Survivors Network, raise and invest significant funds in their own right to deliver services for victims and survivors outside The Portal and should be noted as key contributors to the funding landscape.

- 3.13 The initial contract period for The Portal is 1 October 2015 to 30 September 2018. The contract was extended in conformity with the contract for six months to 31st March 2019, to allow sufficient time for learning from the triage pilot funded by the OSPCC and other new initiatives to come forward so as to inform the redevelopment of the strategy and the design of a needs-led new commission. Within the Portal contract BHCC also contracts for refuge provision in Brighton and Hove. Therefore this is also currently due to end 31 March 2019.
- 3.14 It should be noted that due to the post vacancy of the Joint Strategic Commissioner (vacant from April-August 2018), and additional pressures due to staff shortage within the Joint Unit, opportunity to develop the strategy has been delayed for a period of 6 months.
- 3.15 At the time of writing this report, BHCC, ESCC and the OSPCC had agreed to extend the contract to September 2019.
- 3.16 The combined spend on DVA and SV services by BHCC for The Portal in 2017/18 was £0.670m. Together with the investment by ESCC and the OSPCC and the clinical commissioning group, the value of the existing contract for The Portal was circa £1.4 million in 2017/18. Appendix 4 (Not Public) shows a breakdown of the funding contributions from partner agencies for 2018/19
- 3.17 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. The PCC wishes to work with partners to develop the DVA and SV response for victims following the initial needs and triage service.
- 3.18 East Sussex County Council has also indicated it would consider further extension to December 2019 (subject to the main funding partners doing the same) to facilitate the best outcomes for victims, survivors and their families.

4 **OPTIONS**

- 4.1 The original service contract for The Portal was for 3 years until 30 September 2018. The contract allows for a two year extension from September 2018 until September 2020. An extension to March 2019 has already been agreed with the commissioners and providers.
- 4.2 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 create a needs and consent led referral pathway into onward specialist support services. The OSPCC has confirmed that it will support an extension to the Portal contract and the PCC will maintain funding at a sustainable level toward the contract extension which will be managed through the pooled budget arrangements. A

new grant agreement between the PCC and BHCC will come into force following the expiration of the current MOU at the end of March 2019.

- 4.3 In the light of the change in funding priorities of the current joint commissioners of the Portal Service it is appropriate for the new Joint Strategic Commissioner for DVA and SV for ESCC and BHCC to lead a strategic cross-sector partnership project to develop the strategy. This work would take place between September 2018 and April 2019 and include comprehensive stakeholder engagement and cross-sector involvement with current partners, specialist providers and voluntary and community sector organisations. It is the intention of the Strategic Commissioner to bring the resultant draft strategy back to the Committee in March 2019 for approval.
- 4.4 The strategy will inform the development of the service requirements which will be incorporated in a specification for a robust procurement process for specialist community based DVA and SV services in East Sussex and Brighton and Hove, as well as a Brighton and Hove refuge. Whilst this work would take a number of months to complete, the value in undertaking a meaningful partnership development approach will come through securing commitment across sectors to work together towards sustainable services to support victims and survivors and reduce incidence of Domestic Abuse and Sexual Violence, in a climate of reducing local authority budgets.
- 4.5 It is estimated that the commission of new DVA and SV Specialist Services can be completed by the 30th November 2019 to go live on the 1st December 2019, and that the commissioning arrangements will make provision for pooled budgets and/or joint commissioning with other partners the terms of which will be set out in a service level agreement.

In order to ensure continuity of service provision until the establishment of a new service provision the committee is asked to consider two options as set out below.

Option 1- Extend current contract until the 30th November 2019

- 4.6 The extension of the current contract until the 30th November 2019 would allow sufficient time for robust stakeholder engagement, cross-sector co-production of the joint strategy and multi-agency cross-sector partnership working to develop the new service specification that meets the needs of B&H residents and uses effectively the available resources across the relevant sectors. It also provides sufficient time for a procurement process to take place in accordance with the Public Contract Regulations 2015 and Council Standing Orders.
- 4.7 ESCC has indicated its support of a contract extension to the 30th November 2019 and the OSPCC has also indicated continued funding until the end of 2019.

Option 2- Extend current contract until September 2020

- 4.8 This option would be to extend the contract by the full 2 years permitted under the contract, thereby allowing additional time to develop and procure a new contract. The Council's commissioning partners have indicated they will not commit to funding the current contract beyond the 30th September 2019 (and potentially the 30th November 2019 subject to negotiation). Therefore if BHCC chooses to extend the current contract a reduction in scope reflecting the shortfall in funding would need to be negotiated and formalised by way of a contract variation which could lead to an overall reduction in the services for B&H residents.

5. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 5.1 All options with potential viability have been set out in section 4 of the report above. Officers do not consider that the option of allowing the contract to terminate at the end of March 2019 is a viable alternative because it would leave many B&H residents without or with very limited access to the support services, and would put the council in breach of its statutory crime and disorder duties and its health responsibilities.
- 5.2 A joint commission with East Sussex County Council allows both authorities to benefit from economies of scale and develop more efficient communication and integrated services with providers and partners for the benefit of those accessing the services.
- 5.3 The Joint Strategic Commissioner is currently jointly funded by B&H and ESCC to deliver work that benefits both organisations. The partnership work with East Sussex also provides a joint training and development officer, a partnership development officer and a MARAC (Multi Agency Risk Assessment Committee) team leader. Should it be deemed necessary to commission services just for B&H the joint strategic commissioner would have to undertake two separate commissions. If BHCC chose to commission services independently it would need to budget for a support team to include commissioning, training and project development the funding for which would have a direct impact on the funding available for commissioned services. The extent of impact is not known at this stage, but could result in loss of specialist service capacity. It would also be less likely that specialist BME, LGBT or Male posts would be sustainable within a contract solely from BHCC.

6. CONCLUSION

- 6.1 The council currently has one viable option (Option 1) that would provide additional security to contracted specialist services and their service users during a period of review and service commissioning. Whilst this may not be an ideal scenario for commissioned services who wish to continue delivering the existing contract until September 2020, it offers the best outcome possible in an environment of necessary service and budget review. Officer view is that a joint commissioning process provides the council with a strong opportunity to maximise the benefit of its investment in the service so as to ensure high quality services are available for residents.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 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.
- 7.1 Both of the options set out in Section 4 highlight the potential financial risks to BHCC. Option 1 represents the most viable option, but there is a possible

requirement that additional funding is provided by BHCC and ESCC to meet the 3 month shortfall in OSPCC contribution. There would be no financial implications arising from a contract variation.

Finance Officer Consulted: Michael Bentley

Date: 06/09/18

Legal Implications:

7.3 The Council has a statutory duty under S17 Crime and Disorder Act 1998 to consider the crime and disorder implications in the exercise of its functions. DVA and SV impact on the Council's responsibilities under the Act which requires Council involvement as a statutorily responsible authority. Additionally the Council has a responsibility under the Health & Social Care Act 2012 to reduce health inequalities and improve the health of their local population. Contracts valued at sums in excess of £500,000 require approval to tender and award from the relevant Committee (the Neighbourhoods, Inclusion, Communities & Equalities (NICE) Committee). If the value 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). Procurements of Schedule 3 or "Light Touch" contracts which include social and health care services such as these are subject to less strict procedural regulations but the process must be compliant with the treaty principles of fairness, 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.

7.4 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
2018.*

Date: 10 September

Equalities Implications:

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

Sustainability Implications:

7.6 Decisions made may have implications for sustainability including support for victims/survivors in achieving Safety, Health & Happiness: Encouraging active, sociable, meaningful lives to promote good health and wellbeing.

Crime & Disorder Implications:

- 7.7 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. Business Process Improvement Review**
- 2. National Statement of Expectations**
- 3. Proposed Strategy Development and Recommissioning Timetable**
- 4. The Portal Funding Contributions**

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:
8. Whether the current investment in specialist services is sufficient to meet need
9. Explore future funding options including how best to meet increase in demand
10. Where there is unmet need, work with statutory services to manage unmet need
11. 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.