

CABINET

19 March 2019

Title: Contract for the Provision of a Domestic and Sexual Violence Service	
Report of the Cabinet Member for Social Care and Health Integration	
Open Report	For Decision
Wards Affected: All	Key Decision: Yes
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Accountable Director: Mark Tyson, Adults Care and Support Commissioning	
Accountable Strategic Leadership Director: Elaine Allegretti, Director of People and Resilience	
Summary: <p>The Council currently commissions several separate services to tackle domestic and sexual violence which are delivered by external voluntary sector providers. These contractual arrangements end during 2019 and the provision will need to be re-tendered.</p> <p>The intention is to bring the provision together under one service provider which will include elements of refuge, advocacy, therapeutic support and community engagement. The new strategic partner will deliver a service which can be adapted to the changing needs of residents and fluctuating budgets, as well as bring several extra layers to the borough, including the ability to seek out potential funding streams to strengthen sustainability through the service.</p> <p>This report seeks permission to procure and award a new contract for delivering an outcomes-based domestic and sexual violence support service and the extension of the current advocacy contract for a three-month period up to 30 September 2019, to align it with the end of the other contracts prior to the commencement of the new service.</p>	
Recommendation(s) <p>The Cabinet is recommended to:</p> <ul style="list-style-type: none">(i) Agree, in accordance with the provisions of clause 6.6(h) of the Council's Contract Rules, to waive tendering requirements and directly award the contract for the provision of an Independent Domestic and Sexual Violence Advocacy Service for a three-month period up to 30 September 2019;(ii) Agree that the Council proceeds with the procurement of a contract with a strategic partner to deliver outcomes based Domestic and Sexual Violence Services with effect from 1 October 2019, in accordance with the strategy set out in the report; and	

- (iii) Delegate authority to the Commissioning Director of Adults Care and Support, in consultation with the Cabinet Member for Health and Social Care Integration and the Director of Law and Governance, to conduct the procurement and award and enter into the contract(s) and all other necessary or ancillary agreements with the successful partner, in accordance with the strategy set out in the report.

Reason(s)

The Council has committed to the vision of 'One borough; one community; No one Left Behind', and domestic and sexual violence directly threatens this vision. The Borough Manifesto sets domestic violence as a clear priority and the developing Health and Wellbeing Strategy puts forwards the need to work closely with and for our residents to tackle violence and abuse.

1. Introduction and Background

- 1.1 The following acronyms may be used throughout this document:
- VAWG: Violence Against Women and Girls
 - LCPF: London Crime Prevention Fund (MOPAC Monies)
 - IDSVA: Independent Domestic and Sexual Violence Advocacy
- 1.2 The domestic and sexual violence strategy ended in 2017 and a new strategy has now been agreed on an interim basis through the Health and Wellbeing Board. The new strategy: Ending Violence Against Women and Girls 2018-2022 sets out the plans to re-shape services better to fit the needs of our residents, and to integrate better with Community Solutions and Children's Care and Support. It also supports the move to a trauma-informed and gender-informed approach.
- 1.3 There is a need for a consistent level of support services in Barking and Dagenham. The borough has a high prevalence rate for domestic abuse, and there were over 2000 referrals to children's safeguarding in 2017/18, with 80% being for domestic violence and 20% being for other violence against women and girls' strands, such as female genital mutilation, so called 'honour' based violence and forced marriage.
- 1.4 Domestic violence is a clear demand driver and impacts all areas of business. It impacts demand for housing, social care and health services and has fiscal costs of £13.8million in Barking and Dagenham every year. If we include the socioeconomic costs this increases to somewhere in the region of £60million each year.
- 1.5 We have high acceptance levels of abusive behaviour amongst our young residents with a 2017 school health survey showing 26% of young people thought there were times it is ok to hit your partner and 27% reported experiencing domestic abuse with a boyfriend/girlfriend. This was from Barking and Dagenham's year 8, 10 and 12 students (sample size over 2500).
- 1.6 This normalisation of abuse at such a high level has prompted a press release regarding the Council's intention to launch a commission specifically in relation to the attitudes and perceptions in the borough relating to domestic abuse. This will

create evidence-based recommendations on how we can create changes in the tolerance and acceptance of abusive behaviour locally.

- 1.7 A Domestic Abuse Commission Terms of Reference has been drafted and has been presented to the Corporate Strategy Group in February 2019 for discussion and clarity on moving it forwards. The Chief Executive will sponsor the commission, in recognition of the need to champion the commission from a whole systems approach, and it will be supported from several service areas: commissioning teams, operational teams, public health, and the insights team.
- 1.8 The commission will last 12-18 months and there is likely to be learning put forwards at several points over its term.
- 1.9 The successful delivery partner for the tender this document covers will be required to work alongside the Commission, sharing datasets and linking service users to workshops and focus groups etc. There may also be the opportunity for using specific geographic or service areas as testbeds for small projects as part of test and learn pilots. Therefore, the delivery partner will need to be responsive and adaptive to working alongside the commission.
- 1.10 The successful delivery partner will also need to work closely with the Children's Care and Support Target Operating Model, which is developing a relational response to several social factors affecting families in Barking and Dagenham. This will be made clear in the service specification and will also include close working relationships and service delivery alongside our Child Protection team.
- 1.11 The development of the Ending VAWG strategy showed some clear gaps and conflicts with the current provision:
 - The services feel disjointed, incoherent, and fragmented (for residents, for us and for partners).
 - Survivors still report not being believed, or not receiving a sympathetic response across statutory services.
 - The response is risk rather than needs led, with a heavy focus on crisis intervention and little provision for early validation and help-seeking, or with reconnecting survivors back into the community post crisis intervention.
 - There are scarce community resources for perpetrators who want to change.
 - The independent nature and capacity of current advocacy service integrates poorly with statutory services
 - There is scarce therapeutic community resource targeted at young people experiencing domestic violence
 - Staff attrition has caused several concerns within the advocacy service both in current provision and historically. The feedback from advocates is that they want to work for specialist rather than general services.
 - We have no specialist support for men despite the current service being able to provide advocacy for men. Feedback shows this service is still viewed as a women's service.
 - We lack specialist support for LGBT, BME and disabled people, and LGBT residents have told us that the service is not visible enough to them.
 - The demands on an external provider with limited funding requires some management of expectations. The specification will be developed closely with key stakeholders in order to ensure the best value for money going forwards.

- Victims with no recourse to public funds are not able to access refuge provision and the options through advocacy can be limited. The future provider must have a good knowledge of supporting and working with no recourse to public funds cases.

1.12 We currently fund the following projects and services. The first three listed - Refuge Accommodation, IDSVVA Service and Domestic Violence Treatment Programme - will be included within the tender:

Project/Service	Provider	Activity	Cost	Funding Stream
Refuge Accommodation	Hestia	Refuge accommodation provision, 13 bed spaces across 2 sites. 6 months move on, support 26-28 women and their families each year.	£131,939 pa	General Fund
IDSVA Service (independent domestic and sexual violence advocacy)	Victim Support	Advocacy and support provision working with around 400 people per year. Crisis intervention only.	£236,905 pa	Public Health Domestic Violence Budgets: £156, 905 HRA: £40,000 LCPF: £40,000
Domestic Violence Treatment Programme	Post Holder (agency)	Community Against Violence and Abuse programme for children and mothers	£30,000	Public Health Domestic Violence Budgets
VAWG Counselling	Ashiana Network and Women's Trust	Specialist Counselling for women	£33,000	LCPF (Agreement for £13,000 to be allocated toward this from the LCPF for years 2019/20 and 2020/21)
Diversionary Programme in Schools	Arc Theatre	VAWG empowerment and peer education programme	£13,000	LCPF (Agreement for £25000 to be allocated in 2019/20 and £30,000 in 2020/2021)
Caring Dads	Internal	Delivered by Children's Care and Support	£7000 per group (£21,000 agreed for 2018/19)	Public Health Domestic Violence Budgets
MARAC Coordinator	Internal	Delivered by Community Solutions	£50,000	Public Health Domestic Violence Budgets
Domestic Abuse Commissioner	Internal	Adults Care and Support Commissioning	£50,000	Public Health Domestic Violence Budgets
Total			£568, 844	

2. Proposed Procurement Strategy

2.1 Outline specification of the works, goods or services being procured

- 2.1.1 This report presents a procurement strategy that will commission an outcome-based domestic and sexual violence service in Barking and Dagenham to commence on the 1st October 2019.
- 2.1.2 We intend to seek a VAWG strategic partner to deliver a service which can be adapted to the changing needs of residents and fluctuating budgets. We intend to identify a VAWG strategic partner that will bring several additional layers to the borough, including the ability to seek out potential funding streams to strengthen sustainability throughout the service.
- 2.1.3 The VAWG strategic partner will deliver a needs-based domestic and sexual violence service that meets national guidelines for Violence Against Women and Girls Commissioning and fulfils the Council's obligations and commitments to tackle domestic and sexual violence.
- 2.1.4 This will allow for the identified VAWG strategic partner to adjust service delivery to respond to emerging trends, population changes and/or budget changes, whilst delivering against key outcomes.
- 2.1.5 It is anticipated that the specification for the new service would deliver scope for better balancing capacity of the new service to achieve the following:
- Delivering the refuge accommodation support service. The successful delivery partner for this support service must be prepared to take on the housing management service delivery and enter into contract with L&Q Group who have ownership of the two buildings being used for refuge accommodation. Where a provider is not already in contract with L&Q, L&Q will need to undertake a full vetting of the organisation and confirm they are able to contract with them to deliver housing management.
 - Improving LBBD's domestic and sexual violence outcomes in relation to repeat victimisation, improved early intervention and improved connection to support for victims, perpetrators and children.
 - Earlier identification of domestic abuse across universal and statutory services, community and voluntary sector groups and from our residents. Earlier identification and good quality access to support will counter escalation and reduce the levels of high harm domestic violence.
 - Improving availability and access to good quality trauma-informed support for victims and their families, helping to 'break the cycle.' This will include a clear 'front door' so victims are able to understand the options available to them, and are empowered to make informed decisions.
 - Improved links between domestic and sexual violence services and other commissioned services working with adults and young people, particularly those at risk of poor health outcomes: substance misuse, mental health, offending, healthy lifestyles, employment support etc.
 - Improving health outcomes for vulnerable groups, particularly children and young people exposed to domestic violence, through effective partnerships with schools, colleges, health, police and other statutory early help, and children's

care and support.

- Improved links between domestic and sexual violence services and community resources that can tackle the isolation experienced by people impacted by domestic and sexual violence.
- Protecting the vulnerable from perpetrators of domestic violence by disrupting the perpetrators offending behaviour and offering opportunity for behaviour change.
- More effective engagement with residents to empower them to better identify and respond appropriately to domestic and sexual violence
- Gender informed provision will ensure that women who are victims are able to access women-only spaces, and that men who are victims can also access specific men's provision.
- Increased visibility and accessibility to all residents and employees, particularly those who face additional barriers to accessing support such as people from LGBT communities, or disabled people etc.
- Trauma-informed provision will ensure that engagement is effective, and that the physical, emotional and psychological safety of the victim and their family is assured.

2.1.6 There are several outputs that will need to be delivered including:

- A single front door with one phone number, one referral form, assessment and transfer into appropriate support.
- Refuge Accommodation
- Advocacy and Support (1:1)
- Therapeutic support (group) for adults and for children affected by domestic abuse
- Sanctuary schemes
- A response to people using abusive behaviours
- Community engagement and awareness raising
- Volunteering Opportunities, peer mentoring and peer support development

2.1.7 We want the provider to be able to adapt to existing offers, cross refer with them, and provide some capacity building across the partnerships under the Community Safety Partnership, Health and Wellbeing Board, and Safeguarding boards.

2.2 **Estimated Contract Value, including the value of any uplift or extension period**

2.2.1 The intention is to waive the contract rules and directly award the contract for the provision of the current IDSPA contract from the 30th June 2019 to the 30th September 2019 to bring the refuge accommodation contract and IDSPA service contract end dates into alignment. The cost for this will be £59,226.25 and this is set out under section 4 as a waiver.

New 5-year (3+2) Contract 1st October 2019 – 30th September 2024.

2.2.2 The estimated total cost for the contract duration is £2,520,000, this is based on spend of the individual elements of support required in the last 3 years as set out in the table in section 1.

2.2.3 The service will initially be funded from several streams, currently set out per annum as:

Funding Stream	Allocation
Public Health Grant	£280,000
General Fund	£135,000
HRA	£40,000
Agreement for Safer Homes Project to be included:	£49,000
Total:	£504,000

2.2.4 This does not include funding from other potential streams such as the London Crime Prevention Fund or the Troubled Families budget. The LCPF budget has been agreed for the next two financial years and will include £13,000 per year towards VAWG counselling and £25,000-30,000 from the LCPF and the Early Intervention Fund to local community sector groups. This will include Arc Theatre who deliver Raised voices – an empowerment and education programme for girls, with a peer education element making use of forum theatre and drama activities.

2.2.5 There will be a clear requirement for the successful strategic partner to respond quickly to positive and potentially negative fluctuations in budgets, and to be able to identify potential funding streams to strengthen our offer to residents.

2.2.6 The total value of the contract is as follows:

Year 1	Year 2	Year 3	Year 4 (optional)	Year 5 (optional)	Total
£504,000	£504,000	£504,000	£504,000	£504,000	£2,520,000

2.3 **Duration of the contract, including any options for extension**

2.3.1 Waive the contract rules and directly award the contract for the IDSVA contract extension under waiver from 30th June 2019 to 30th September 2019

2.3.2 A three-year contract from 1st October 2019 to 30th September 2022 with the option to extend for a further 2-year period to 30th September 2024 (3+2) at the sole discretion of the council.

2.4 **Is the contract subject to (a) the (EU) Public Contracts Regulations 2015 or (b) Concession Contracts Regulations 2016? If Yes to (a) and contract is for services, are the services for social, health, education or other services subject to the Light Touch Regime?**

2.4.1 This procurement is subject to the Public Contracts Regulations 2015 and as a social care service is subject to the Light Touch Regime. However, because the estimated value of the contract is higher than the set threshold (currently EUR750,000), it needs to be opened to competition and be advertised in the Official Journal of the European Union (OJEU) as required by the Regulations.

2.5 **Recommended procurement procedure and reasons for the recommendation**

2.5.1 A competitive open market tender is proposed to take place by 24th June 2019 to

procure a new domestic and sexual violence service and award a contract to commence 1st October 2019 and run to 30th September 2022, with the option to extend for a further 2-year period to 30th September 2024 (3+2) at the sole discretion of the council.

- 2.5.2 The service will be procured in line with the Public Contract Regulations 2015 through a 'light touch regime' and line with the Councils contract rules. The tender opportunity will be advertised in OJEU, on the Council's e-tendering portal (Bravo), Contracts Finder and the Council's website. The process will widen the competition and ensure the Council gets best value for money for this service.
- 2.5.3 This proposal is designed to reflect the VAWG Strategy that was endorsed by Corporate Strategy Group on 19 July 2018 and subsequently approved at the Health and Wellbeing Board on 7 November 2018.

Procurement and Governance Timetable-

People and Resilience Management Group	29 November 2018
Portfolio	18 December 2018
Procurement Board (Sub)	7 January 2019
Procurement Board (Main)	21 January 2019
Prior Information Notice (PIN)	February 2019
Cabinet	19 March 2019
Provider Engagement Event	25 March 2019
Issue Contract Notice (ITT)	w/c 1 April 2019
Clarification Deadline	16 May 2019
Return Tenders	23 May 2019
Tender Evaluations	27 May – 7 June 2019
Award Report Approval and Sign off	10 – 21 June 2019
Provisional Award (Notify successful/unsuccessful tenderers)	24 June 2019
Standstill Period	25 June - 5 July 2019
Final Award	8 July 2019
Mobilisation including potential TUPE Transfers	9 July- 30 September 2019
New Contact Commencement	1 October 2019

2.6 The contract delivery methodology and documentation to be adopted

- 2.6.1 For the 3-month IDSVA contract direct award under waiver (section 4) from 30th June 2019 to 30th September 2019, the contract document will be a Deed of Variation, to vary the termination date of the contract.
- 2.6.2 The Council's standard terms and conditions will be used for the delivery of this service. A no fault break clause will be included allowing notice to be given by either party for termination. This is relevant due to the anticipated changes to funding in April 2020 relating to the Public Health Grant and the use of business retention rates. This allows increased flexibility should a significant change in service provision or relating to funding streams be required. Terms and conditions will also take account of changes in the law, which may be relevant for the work currently being undertaken to introduce new legislation in the form of an expected Domestic Violence Bill.
- 2.6.3 It should be understood that the successful delivery partner must be prepared to take on the refuge accommodation housing management service delivery and enter into contract with L&Q Group who have ownership of the two buildings being used for refuge accommodation. Where a provider is not already in contract with L&Q, L&Q will need to undertake a full vetting of the organisation and confirm they are able to contract with them to deliver housing management. All documents are embedded at the end of this document. Also, if the housing management contract is closed with L&Q Group, the delivery partner would no longer be able to fulfil the refuge accommodation element of this domestic and sexual violence contract and would therefore no longer receive the funds in order to do so. This will be outlined within the contract terms.
- 2.6.4 The management responsibility for the contract lies with Adults care and support commissioning and the contract will be managed in line with a contract management plan to be set out within the final specification.
- 2.6.5 Service performance will be monitored through a series of Key Performance Indicators (KPIs) as detailed in the service specification that includes quantitative and qualitative data, service user feedback and activity on outstanding action plans reviewed at quarterly meetings.

2.7 Outcomes, savings and efficiencies expected as a consequence of awarding the proposed contract

- 2.7.1 The outcome expected as a consequence of awarding the proposed contract is to improve the social, economic and health outcomes of the population across the borough by building an effective, responsive and high quality domestic and sexual violence service, which effectively meets the needs of our local community and offers a range of high quality, needs-led services which will target those most vulnerable in our borough.
- 2.7.2 As set out in the Health and Wellbeing Strategy and the Violence Against Women and Girls Strategy the outcomes we wish to achieve for our residents are to:
- Residents can recognise violence and abuse and know where to get help.
 - Victims are able to access clear routes to housing support, and support with

keeping themselves and their children safe

- Residents can identify abusive behaviour and inform the right agencies so that people using abusive behaviour are held to account and victims and their children are supported to get effective help
- Children and young people are supported to understand their experiences of domestic abuse and can lean on positive coping strategies and good quality community networks to support healthy development
- Children and young people know about positive relationships and abusive behaviour and can identify where to get help.
- Survivors can access services to help them process and understand their experiences, and to reduce their vulnerability to any recurrence.
- Perpetrators of abuse are stopped from re-offending and are supported to change where appropriate and safe to do so.
- Where behavior change efforts are not appropriate, perpetrators are disrupted from repeat offending through civil and criminal law enforcement, and through tactical operations such as Operation Dauntless (an Operation that tackles high harm repeat offenders that affect multiple victims)
- Residents are able to set up peer support networks across the borough and can help families to connect with positive and healthy lifestyle activities to tackle isolation.
- Service users can identify, work towards and achieve their education, employment and training goals, and are encouraged to develop aspirations for themselves and their families.
- Schools are better able to recognise the early signs of childhood trauma and adversity, and are supported to respond, referring into the service as appropriate. This includes being aware of Operation Encompass and how this interrelates with MASH, MARAC and the domestic and sexual violence services.
- The service supports the Councils Gender Equality Charter and raises awareness of the correlations between domestic and sexual violence and gender inequality.

2.7.3 Additionally, we want to see a reduction in harm to victims, families and the wider community. We will be working closely with the Community Safety Partnership, Health and Wellbeing Board and Safeguarding Boards to ensure that the service specification integrates with the trauma-informed health intervention model developed with local schools and the voluntary sector.

2.7.4 The service specification will make clear the expectation to include connection to and close partnership working with existing services, as part of an effort to focus on resilience building for individuals and their families.

2.7.5 It is recognised nationally that spending money on domestic and sexual violence services can save significant amounts of money further down the line to both health and non-health (including local authority) services.

2.7.6 Analysis by Trust for London and the Henry Smith Charity highlights the costs of domestic violence to the public purse across England – a minimum of £5 million each week in every region.

2.7.7 In England the estimated total costs of domestic violence are £5.5bn which comprises:

- £1.6bn for physical and mental health costs
- £1.2bn in criminal justice costs
- £268m in social services costs
- £185.7m in housing and refuge costs
- £366.7m in civil legal costs (legal aid, family courts, family court advisory services etc.)
- £1.8bn in lost economic output

2.7.8 The highest total costs in England are shown to include London. In addition, the human and emotional costs are estimated to be in the region of £26m per day. The inclusion of human and emotional costs 'is based on the notion that people would pay something in order not to suffer the human and emotional costs of being injured. The Department of Transport developed its research programme to estimate the cost of injuries in order to identify the full cost of road traffic accidents as part of their cost-benefit analysis of whether building a new road was appropriate or not. The Home Office followed this methodology in estimating the cost of crime. It might be considered that if it is appropriate to include human and emotional costs in decisions on whether or not to fund the building of new roads, it is appropriate to include them in decisions on whether or not to fund policies to reduce and eliminate domestic violence.' From Professor Sylvia Walby's 2009 update to her earlier work for government (2004) calculating the cost of Domestic Violence.

2.7.9 Locally, the costs have been estimated to be £13.8m fiscal costs and £60m including the wider social economic costs in Barking and Dagenham. This is based on reported figures to police services, and it is important to note that only 20% of victims report to the police so these costs are likely to be much higher.

2.8 **Criteria against which the tenderers are to be selected and contract is to be awarded**

2.8.1 It is proposed that a Quality/Price split of 70/30 is used in the assessment of tenders. For this service, there is a clear need to drive major innovation in quality of services. We are looking for a strategic partner who can adapt quickly to the changing needs in the borough and who have the skills, knowledge and experience to deliver against outcomes.

2.8.2 We require the 70/30 quality/price split in order to ensure good quality tenders. Value for money is clearly important, but in the case of domestic and sexual violence we require specialist knowledge and skills and leaning too heavily in favour of price leads to non-specialist service providers undercutting specialist providers in the sector, with poorer quality in terms of service delivery.

2.8.3 The scope of the contract will be published beforehand including the minimum requirements, award criteria and their weightings, and this will not be changed during the tender process. The whole process will be fully documented.

2.9 **How the procurement will address and implement the Council's Social Value policies**

2.9.1 The Council's social value responsibilities are taken through its vision: One borough; One community; No one left behind.

- 2.9.2 Through the award of the contracts to the providers, the Council will ensure service continuity that meet the needs of the local population, including provision of information, advice and support on a range of issues related to domestic and sexual violence, such as orders and interventions that may assist residents, and support with engaging with social care services, police, health, housing, employment etc.
- 2.9.3 Applications would be encouraged from providers able to demonstrate potential to muster additional social value across the council through the development of local employment opportunities as well as training and development of local volunteers and students/trainees, community and faith leads.
- 2.9.4 Applications will be encouraged from providers able to demonstrate an ability to meet the Councils strategic aims to protect vulnerable people whilst developing sustaining services and building resilient communities. Those able to demonstrate an ability to interface with other services of a similar nature to resolve the causes and symptoms of referrals would also be welcomed.

2.10 **Contract Management methodology to be adopted**

- 2.10.1 The contract will contain specific service requirements and expected outcomes. Key performance indicators will be outlined in the service specification and agreed with the providers. Commissioners will undertake performance management of the service.
- 2.10.2 Contract monitoring meetings will take place each quarter to review performance reports and contribute to the continuous development of the service. In addition, annual reviews will be required to be completed by the provider, to include feedback on contract outcomes.
- 2.10.3 Should the contract be extended at the end of the first three years to continue for a further two, the provider and commissioners will undertake a best value review.

3. **Options Appraisal**

- 3.1 Other options considered as an alternative option to the above are as follows:

3.1.1 **Do Nothing**

This option would not be recommended as these services are required to enable social inclusion and equality of opportunity for those with vulnerable backgrounds. There would also be a loss of opportunity to achieve better outcomes for service users who require access to refuge accommodation, advocacy and therapeutic support.

We know the costs of domestic violence alone are high, and that it drives demand across all areas of business. Withdrawing services to support residents at this preventative and health protection level will result in further investment being required in relation to health and social care costs associated with domestic and sexual violence.

It is important that appropriate contractual arrangements are put in place locally to cover such services, to minimise risk, reduce repeat victimisation and ensure value for money.

3.1.2 **Extend and maintain existing contract arrangements.**

The current contracts do not permit further options to extend, which would necessitate a need to tender, unless the relating contract rules were waived.

The current contracts have also been prohibitive in terms of innovation as multiple providers are delivering different elements of service, and there are no economies of scale that can be sought by coming under one contract.

3.1.3 **Extend the current IDSVA service contract by three months and undertake a competitive process for an outcomes-based domestic and sexual violence service.**

This would be the preferred option, given that stakeholder feedback and service reviews have highlighted areas of improvement required with the current contractual arrangements, and that we are looking to move towards a whole system approach to domestic and sexual violence.

There is evidence from domestic and sexual violence commissioning across the country that an outcomes-based commissioned service integrated within existing services gives greater scope for cost efficiencies in relation to provider overheads, particularly in relation to some of the more strategic leadership.

The procurement exercise will ensure compliance with the Council's Contract Rules and all Legislation and ensure continued provision of domestic and sexual violence services to residents beyond the contract end date of 30th September 2019.

4. **Waiver**

4.1 For the 3-month IDSVA direct award under waiver from 30th June 2019 to 30th September 2019, the contract document will be a deed of variation, to vary the termination date of the contract. The waiver to vary the end date of the contract by three month meets Rule 6.6(h) of the Council's Contract Rules in that the circumstances are genuinely exceptional.

4.2 This will assist with bringing the two main current domestic and sexual violence contracts (refuge accommodation and advocacy service) to the same end date, allowing for the new tender specification to include both elements under one service provider.

5. **Consultation**

5.1 As part of the need to re-tender Commissioners have reviewed the current service provision and pathways and undertaken analysis of referral activity etc. The local authority will be providing an open access, universally provided Domestic and Sexual Violence Service that will meet the need of the population. The service will allow for targeted provision for those parts of the population that have greater or more specific needs.

5.2 As part of the development of the Violence Against Women and Girls Strategy 2018-2022, commissioners undertook several stakeholder workshops, survivor consultation and interviews. This helped to highlight service gaps and conflicts and brought a better understanding of the need to ensure the service specification should be explicit in targeted provision for certain parts of the populace, namely: black and minority ethnic women, LGBT survivors and men.

- 5.3 Although the service will be open to the general population on equal terms there is a need to make more explicit, visible and accessible safe spaces for women experiencing domestic and sexual violence. For this reason, the service specification will make clear the expectations around how the needs of women are met, and how the needs of men are met.
- 5.4 It also highlighted the need to better address perpetrators through disruption tactics and through behaviour change programmes.
- 5.5 The proposals in this report were considered and endorsed by the Peoples Management Resilience Group (PMRG) at its meeting on 29th November 2018, as well as Member of Cabinet Cllr Worby portfolio meeting on 18th December 2018.
- 5.6 This proposal is designed to reflect the VAWG Strategy that was endorsed at Corporate Strategy Group on 19 July 2018 and subsequently approved at the Health and Wellbeing Board on 7 November 2018. The VAWG strategy was also presented at several other meetings including PRMG, Core Directors Group and Community Safety Partnership.

6. Corporate Procurement

Implications completed by: Adebimpe Winjobi, Senior Procurement and Programme Manager

- 6.1 This report seeks authority to waive the requirement to conduct a competitive procurement exercise for the provision of the current IDSPA contract from the 30th June 2019 to the 30th September 2019 to bring the refuge accommodation contract and IDSPA service contract end dates into alignment, in accordance with Contract Rule 6.6 (h) which relates to genuinely exceptional circumstances as set out in this report.
- 6.2 This report is also seeking approval to procure a contract for the provision of the domestic and sexual violence service. The service being procured falls within the description of services covered by the Light Touch Regime under the Public Contracts Regulations (PCR) 2015. However, as the estimated value of the contract is higher than the set threshold (currently EUR 750,000), it needs to be opened up to competition and be advertised in the Official Journal of the European Union (OJEU) as required by the Regulations.
- 6.3 In keeping with the EU procurement principles, it is imperative that the contract is tendered in a competitive way and that the process undertaken is transparent, non-discriminatory and ensures the equal treatment of bidders. The proposed procurement route to tender this service via EU Open Procedure will widen the competition, provide best competition to get best value for money for the Council and will be compliant with the Council's Contract Rules and EU Regulations.
- 6.4 The report gives details of the procurement procedure, evaluation criteria, award criteria and the timetable for the procurement exercise. All the above show evidence of a fair tender exercise, in accordance with the PCR 2015, which must be adhered to in compliance with the Regulation.
- 6.5 Corporate procurement will provide the required support to commissioners

throughout the entire process.

7. Financial Implications

Implications completed by: Abdul Kayoum, Finance Business Partner

- 7.1 The total value of the contract is £2.520m over five years, with the option of terminating at the end of year three which would reduce the contract value down to £1.512m.
- 7.2 The service will be funded from several streams and most of it is Public Health funded (breakdown of funding stream above). The council is relying on these funding streams continuing and should any of them end we would need to consider alternative options in the first three years of the contract. As part of the negotiations with the preferred supplier it would be ideal to agree a favourable exit strategy.

8. Legal Implications

Implications completed by: Jonathan Bradshaw, Solicitor

- 8.1 This application falls into two parts. The First is a waiver to allow an extension of the existing arrangements. The second is authority for a Tender exercise to appoint new providers. There is a need for the end date of the existing arrangements to fall into place with the new arrangement.
- 8.2 The extension makes sense and is a preferred way forward. Approval should be given.
- 8.3 This is a substantial contract and, although the contract falls within the “Light Touch” definition, the value exceeds the upper limit. There must, therefore, be a full procurement, as set out in this paper.
- 8.4 Both strands of the application are proper and should proceed in the circumstances.

9. Other Implications

- 9.1 **Risk and Risk Management** - Potential procurement risks are outlined below:

Issue	Likelihood	Impact	Risk Category	Mitigation
Delay to/ failed procurement process	Medium	Medium	Medium	Set and follow a realistic timetable. Councils to negotiate short term contract with current provider in case of a delay or failed procurement
Financial risk- bidders' prices higher than available budget	Medium	High	High	Service specification to be realistic and have flexibility on requirements from providers. Negotiation procedure is used for this process to allow dialogue with bidders to achieve a cost-effective service for the partnership
TUPE issues prevents new	Medium	Medium	Medium	Gather TUPE information early in project; get expert advice from legal

providers from tendering for service				services. Make information clear in ITT documents. Negotiate new contract with current provider as contingency plan for no tenders received
No tender received	Medium	High	Medium	High level of publicity around the soft market testing and tender launch in various contract register platforms and via the Council for the Voluntary Sector. Hold market engagement event. Clear service budget identified and new short-term contract negotiated with current provider
Reduced budget due to change from PH Grant to 100% business retention scheme	Low	High	Medium	The contract will have a break clause allowing notice to be given by either party for termination. This allows increased flexibility should a significant change in service provision be required.
Contract award decision challenged by unsuccessful provider(s)	Low	Low	Low	Procure contract in line with Council's contract rules and EU Public Contracts Regulations. Liaise with legal and corporate procurement departments at all stages and ensure documentation is kept.
Provider fail to meet contractual obligations	Low	High	Medium	Clear set of outcomes set out in service specification and agreed with provider. Detailed mobilisation period with sufficient time included in procurement plan. Robust and regular performance monitoring procedures, performance indicators and consequences of failure to meet them set out in service contract.

9.2 **TUPE, other staffing and trade union implications** - Eligible staff currently employed in the service will, in the event of change in service provision, transfer their employment to the new provider under the Transfer of Undertakings (Protection of Employment) Regulations 2014. All TUPE information will be made available. Responsibility for assessing TUPE requirements will remain with the bidding providers.

9.3 **Corporate Policy and Equality Impact** - Tackling domestic and sexual violence is a key priority for the council and is a specific target in the Borough Manifesto. Domestic and sexual violence services help deliver the 'Empowering People' priority set out in the Corporate Plan, by enhancing the inclusion and equality of opportunity for people who are vulnerable as a result of the violence they have experienced. The specification will make clear the need to include resilience building within communities to assist with this focus.

The procurement exercise will lead to better services contributing to delivering key

outcomes. As such there are no negative impacts on any of the protected characteristics as set out in the Equality Act. In fact, it is expected to lead to a wider more inclusive service offer including gender informed provision and services for the LGBT community. An Equality Impact Assessment screening tool has been carried out and considers the impact in more detail. Combined with work to develop the Ending Violence Against Women and Girls Strategy 2018-2022 equality impact has been explored in some depth and therefore a full EIA has not been completed. However, tender applicants will need to evidence the impact of their bid on all protected characteristics, their understanding of intersectionality, and how they plan to monitor and review the impact of service delivery on equality.

Prevalence data shows high levels of residents living in proximity to domestic violence and sexual violence, whether as victims, as perpetrators, as children and family members or as neighbours and colleagues. This service will increase the ability of residents to better identify and respond to domestic and sexual violence, and to feel empowered to challenge violence and abuse. Tackling the normalisation of abuse will help to alleviate the demand on statutory services and on health services.

Domestic violence advocacy services can provide a voice or facilitate involvement for those from these vulnerable client groups who otherwise may have difficulty engaging in the care and support process. Floating support services can help residents to stay in their homes when it is safe and appropriate to do so and can assist victims and their families to manage their housing, develop independent living skills and avoid the need for crisis intervention.

9.4 **Safeguarding Adults and Children** - The provider must have in place the necessary Safeguarding protocols, in line with Council Policy and must demonstrate a good working knowledge of the Working Together to Safeguard Children 2018 document and the 6 principles of adult safeguarding.

9.5 **Health Issues** - The support of specialist domestic and sexual violence services can help improve the effectiveness of treatment and, in some cases, help early intervention or prevent the need for treatment and so ensuring the best use of resources.

The proposal is in line with the outcomes and priorities of the joint Health and Wellbeing Strategy. The award of the contract should further enhance the quality of and access to domestic and sexual violence services in the borough. The proposal will have a positive effect on our local community.

9.6 **Crime and Disorder Issues** – VAWG (violence against women and girls) remains a priority within the Community Safety Partnership Plan with four key areas being a focus:

- Support Survivors
- Educate and Communicate
- Challenge Abusive Behaviours
- Include Lived Experience

This tender will include these elements within the tender specification and will build on the areas of the plan that set out aspirations for improvement, including a move to a trauma-informed and gender informed approach, working more closely in the

community and building in survivor voice through all elements of service delivery.

In addition, the delivery partner will be expected to support the Trauma Informed Health Intervention Model developed by the Community Safety Partnership, including attending a steering group which will set out referral pathways throughout the model.

A shared outcome for Community Safety Partnership and the Health and Wellbeing Board is to adopt a stronger focus on the impact of adverse childhood experience and effects of trauma on children and young people. Reshaping our domestic and sexual violence services to be trauma-informed and therapeutic in approach directly supports this objective.

Public Background Papers Used in the Preparation of the Report: None

List of appendices: None