

HEALTH AND WELLBEING BOARD

05 NOVEMBER 2013

Title:	Tender of Specialist Domestic Violence Services		
Report of the Corporate Director of Adult and Community Services			
Open Report	For Decision		
Wards Affected: ALL	Key Decision: YES		
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Sponsor: Anne Bristow, Corporate Director of Adult and Community Services			
Summary: <p>In response to the recent review undertaken by the Director of Public Health focusing on domestic violence services and the recommendation from the findings to prioritise 'the funding of services which focus on identification and protection of those individuals (including children) at risk and experiencing domestic violence'.¹ Further work has now been undertaken by the Council to take recommendations forward.</p> <p>There is now an opportunity to remodel existing services in line with the recent review and the draft guidance on domestic violence: how social care, health services and those they work with can identify, prevent and reduce domestic violence by National Institute for Health and Care Excellence (NICE).</p> <p>The Local Authority currently has two contracts in place which deliver support in relation to domestic violence. These consist of supported accommodation for women fleeing violence from outside the borough and the Independent Domestic and Sexual Violence Advocates (IDSVA) in both community and Maternity BHRUT settings.</p> <p>The IDSVA service offers residents of Barking and Dagenham a specialist independent domestic violence advocacy service and specialist sexual violence services to female victims of DV, (including pregnant women experiencing DV using BHRUT) and also provides a signposting function for male victims of domestic violence. The service outcomes in the current specification include reducing the harm domestic violence/sexual</p>			

¹ A review of Services for those Affected by Domestic Violence – Matthew Cole Director of Public health July 2013

violence causes to individuals and families, and maximising the immediate and long-term safety of adults and children (including unborn) at risk due to domestic violence/sexual violence.

The supported accommodation refuge is intended to offer a high quality supported accommodation environment for women and their families fleeing violence. The refuge is split across two sites in the borough; one with shared facilities where license agreements are issued and one with self-contained facilities using Assured Short-hold Tenancies (ASTs). The service outcomes in the current specification include move onto independent living, support to gain education training & employment (ETE) status and improving health and wellbeing.

The Supported Accommodation contract is £135,465 per annum in value and is due to end on 31 March 2014. The IDSVAs contract is £250,000 per annum in value and is also due to end on the 31 March 2014. The current IDSVAs contract is jointly funded by Clinical Commissioning Group (CCG) (£120,000) and the Local Authority which includes Metropolitan Police Service, Housing Revenue Account & Public Housing (£130,000) however the CCG have come to a decision to cease joint funding arrangements at the end of the current contract period and are now devising an alternative commissioning strategy for the IDSVAs maternity function which will be delivered as a payment by results model (PbR) and primarily offer a signposting function.

Victim Support London also currently provides support to victims who would not meet the threshold for IDSVAs support (i.e. those assessed as medium risk) providing a signposting and early intervention function. The current arrangement will end in March 2014 and cost of provision is £31,500.

Officers recommend that both services are remodelled to include young peoples IDSVAs function and low level medium support offering a seamless service that supports people over a life course that are most at risk therefore reflecting draft NICE guidelines. Once remodelled it is recommended that the new services are retendered to ensure continuity of support for those who require it. Plans to retender will consider a reduction in contribution for the IDSVAs service and will be remodelled to compliment the CCG's plans, avoiding duplication of services.

Members of the Health and Wellbeing Board are asked to consider the recommendations set out in the report and to approve the retendering of specialist domestic violence services.

Recommendation(s)

- (i) To agree that remodelling of existing services reflect recommendations made in the report 'A review of services for those affected by Domestic Violence'
- (ii) Approve the procurement of IDSVA community based provision and supported Accommodation, on the terms detailed in the report; and
- (iii) Delegate authority to the Corporate Director of Adult and Community Services, in consultation with the Chief Finance Officer, LBBD to award the contract to the successful contractor upon conclusion of the procurement process.

Reason(s)

To take forward the recommendations outlined within the recent review which took place in July 2013. The review evaluated current impact and value for money and made recommendations based on current and future needs. The review highlighted the importance of targeted preventative action, early intervention and targeting those most at risk.

These contracts also assist the Council and partners to deliver the following priorities within the Health & Wellbeing Strategy:

- To reduce health inequalities.
- To promote choice, control and independence.
- To improve the quality and delivery of services provided by all partner agencies.

1 Introduction & Background

- 1.1 The recent review undertaken by Public Health which focused on domestic violence² outlined key recommendations for commissioners to consider. The recommendations included prioritising funding arrangements which focused on prevention and protection and targeted early interventions across the life course of those most at risk. In addition the draft NICE guidance which is due to be published in February 2014 also refers to the importance of integrated care pathways, creating an environment for disclosure and tailoring support. All the above recommendations have been taken into consideration in preparing the proposal for remodelling existing services. Service utilisation across both IDSVAs and Supported Accommodation were included in earlier review³.
- 1.2 The function currently provided by Victim Support London offers Domestic Violence casework to those women who do not meet the IDSVAs threshold and mainly provides early intervention and signposting. The referral source for this support is mainly via police and IDSVAs. In 2012/13 the worker received 1,697 domestic violence referrals. Of these the worker supported victims via 85 attendances at court, 982 cases of advocacy support, 61 cases were escalated back up to IDSVAs high risk services and 166 referrals were made for target hardening.
- 1.3 More recently funding from The Mayor's Office for Policing and Crime (MOPAC) was secured to employ a young person specific IDSVAs which works with under 18s with a focus on prevention of sexual exploitation, this funding is agreed year on year and is currently delivered as a secondment within the current IDSVAs contract. Children's services have now also secured funding via Public Health to recruit an additional young person IDSVAs in the new financial year.
- 1.4 The overall aim of the Domestic and Sexual Violence strategy is to ensure that the Partnership has an effective co-ordinated community response to D&SV, this will be achieved by focussing on the following objectives:
- Preventing D&SV from happening in the first place;
 - Providing support to victims where violence does occur;
 - Reducing the risk and bringing perpetrators to justice; and
 - Working better as a Partnership locally to achieve the best outcomes for victims

2 Proposal & issues

- 2.1 Both the IDSVAs and supported Accommodation service contracts will expire on the 31 March 2014, as will the arrangement with Victim Support London. It is proposed

² A review of Services for those Affected by Domestic Violence – Matthew Cole Director of Public Health July 2013

³ <http://modern.gov.barking-dagenham.gov.uk/documents/s71032/HWBB%20160713%20Domestic%20Violence%20Service%20Review.pdf>

that new contracts which will include a revised model of IDSVAs that will focus primarily on the community function as the CCG have now decided to withdraw funding and remodel BHRUT services as part a PbR model. As the maternity function was always a health priority withdrawal of funding has meant that the Council has had to make difficult decisions and focus remaining funding around the community function. It is proposed that the new model will also provide low level medium support and specialist young people advocacy which are in line with draft NICE guidance in relation to early intervention and prevention for those most at risk.

- 2.2 Both contracts will be tendered and procured as separate contracts to continue to provide specialist domestic violence supported accommodation and independent domestic violence advocacy to commence on the 1 April 2014. Added value will be sought where the same provider is awarded both contracts.
- 2.3 Our local approach to commissioning domestic abuse services is founded upon a principle of identifying and then prioritising those most at risk of homicide, however we also work to prevent the risk of escalation for all other victims. The services outlined within the report are predominantly delivered by specialist voluntary agencies because research dictates that independent support is most accessible for victims. All of the services currently in place work together as part of a co-ordinated community response and as such are interdependent upon the services offered by one another.
- 2.4 Domestic violence impacts on many of our local priorities. For example domestic violence is a contributing factor for many of the issues that we collectively grapple with including homelessness, unemployment, child protection, truancy, crimes against the person, missing education, missing persons, pupil mobility, anti-social behaviour, youth crime, GP visits, A& E visits, female offending, sexually transmitted infections, drug and alcohol use, teenage pregnancy, prostitution, mental ill health, adult safeguarding, obesity, reducing the number of children in care, reducing poverty, even some dental neglect can be due to a phobia of another person standing over them and the list goes on. Therefore, work to reduce domestic violence will contribute to the health and well-being of the population on many different levels.
- 2.5 The view is that the supported accommodation refuge service is improved to provide further specialised focus and targeted support the women and children who live within the schemes. Evidence collated during service reviews as highlighted that this is an area for development to work more holistically. It is recommended that the women and their children are suitably assessed and supported as part of a Family CAF if appropriate to prevent any further crisis and aide transition into the borough.
- 2.6 It is planned that the service will continue to work with the Substance Misuse Treatment System to engage those with additional substance misuse needs and support children under 'Hidden Harm'. The service will need to continue to work closely with Housing and build links within the Private Rented Sector to enable move onto independent living due to the shortage of social housing. The new service

specification will also include more outcome focused targets that will enable greater ETE outcomes for women when exiting the refuge.

- 2.7 The current IDSVAs service specification will need to be revised to remove the current maternity related function and redirect advocacy resources within the community. The specification will require CCG and health partners input to shape and inform service delivery, to avoid duplication in functions and create integrated pathways as highlighted within the draft NICE guidelines. In addition it has been identified through contract monitoring that an area to be defined within the new specification is the support IDSVAs provide for those applying for independent injunctions that are not in receipt of benefits.
- 2.8 The new service model for IDSVAs will also incorporate support for low level medium risk cases with a view to offering a seamless intervention for those women that may need higher or lower levels of support depending on need and potentially their changing circumstances. This approach will further clarify pathways in the borough and offer victims a seamless transition between low or high risk support.
- 2.9 To ensure that the provision in the borough does not become disjointed and remains coordinated, it is proposed that the new IDSVAs specification also include the young people specific IDSVAs to focus on those under 18 and to prevent sexual exploitation. This will further enhance the local offer to victims and ensure that pathways for support are clear therefore enabling rapid access to support when most needed.
- 2.10 Confirmed funding for 2014/15 is £241,500 for Community IDSVAs of which is currently made up of £161,500 Public Health, £40,000 Housing Revenue Account and £40,000 MOPAC. Please note that the contribution of £39,000 contribution from the Metropolitan Police Service is included in the MOPAC allocation.
- 2.11 Confirmed funding for 2014/15 is £135,465 for supported accommodation. To alleviate the financial risk to the Council in future years the new contract will have break clauses for early no fault termination.

3 Procurement process

- 3.1 Both contracts falls under the EU procurement category of health and social care and will be procured under Part B of the EU procurement process and in line with the Council's Contract Rules. Adult Commissioning will work in collaboration with Elevate to identify areas for joint work on the procurement arrangements. The contract will be advertised on the LBD external website on the Current Tenders page:
 - <http://www.lbbd.gov.uk/BUSINESS/CURRENTTENDERS/Pages/Tenders.aspx>
 - and the Contracts Finder website: <http://www.contractsfinder.businesslink.gov.uk>

4 Tender Evaluation

4.1 The evaluation of tender submissions will be based on a quality: cost: matrix of 70:30. The contract will be awarded on the basis of the most economically advantageous tender (MEAT) criteria.

4.2 Prospective tender candidates will be advised of any weighting to be applied to any of the criteria or sub-criteria beforehand. This will enable a fair and transparent approach to be taken. Prior to award of the contract an evaluation of the price will be carried out to ensure that provider organisations tendering for the contract provide value for money and fair and competitive prices that are consistent with the requirements in the service specification.

4.3 Tender Timetable

Outline tender timetable for both Supported Accommodation and IDSVA services (all dates are provisional and subject to change).

Action	Date
Health and Wellbeing Board approval	November 2013
Advertise	November 2013
Contract award	February 2013

4.4 The new IDSVA Contract will be awarded to the successful provider for a period of one year with an option to extend for a further two and a half years based on confirmed funding arrangements. It is proposed to award Supported Accommodation to successful provider for a period of three and a half years with option to extend for a further 2 years.

4.5 Supported Accommodation contract for five and half years is estimated up to a value of £745,057. If the contract is not extended beyond the initial three and half year period, then the total contract value over this period is estimated up to a value of £474,127.50. IDSVA contract for three and a half years is estimated up to a value of £845,250. If the contract is not extended beyond the initial one year period, then the total contract value over this period is estimated up to a value of £241,500.

4.6 Confirmed funding sources for the 2014/15 contracts are as follows (see table overleaf):

New Contract	Current Contract Name	Amount	Funding source	New Contract Value
Supported Accommodation	Supported Accommodation	£135,465	LBBB	£135,465
IDSVA Community Function	IDSVA	£130,000	LBBB	£241,500
	Victim Support London	£31,500		
	YP IDSVA	£40,000 £40,000	MOPAC LBBB	

5 Consultation

- 5.1 This report has been written in consultation with representatives from Refuge, Victim Support London, Barking and Dagenham CCG, Public Health and LBBB partners.
- 5.2 There is a commitment to working with all members of LBBB diverse communities and understanding the prevalence and impacts of domestic violence on specific groups. We will use a range of communication approaches to ensure all groups are offered equal access to services. This will be carried out through the commissioning cycle process and include service user involvement. Consultation with service users through contract monitoring reported that residents would like supported accommodation to be more responsive to Families needs particularly children and more focus on re engaging women back into mainstream services locally including more focused structured support to gain ETE status. Consultation also includes input from professionals including Health and Public Health which will feed into the development of the new service specification.

6 Equalities & Diversity

- 6.1 Gender: Domestic and sexual violence can affect people of both genders. However, research shows that despite under-reporting, women and girls are more likely to experience all forms of intimate violence. Whilst both women and men experience domestic violence, it is also important to recognise that they do not experience it at the same frequency, impact or harm and this is reflected in the different priorities female and male domestic violence victims have for services. Women tend to prioritise physical safety for themselves and their children whereas male victims tend to prioritise access to information. As such, setting up emergency refuges for both genders would be ineffective.
- 6.2 On average, two women a week are killed by a violent partner or ex-partner. This constitutes nearly 40% of all female homicide victims. Women who were killed by

current of former partners significantly outnumber men – around three quarters of the people killed by current or former partners are women. While men are more likely than women to be the victim of a homicide, women are more likely than men to be killed by a partner, ex-partner or other family member. 51% of all female victims of homicide and 5% of male victims were killed by a current or ex-partner.

- 6.3 Age: Teenage girls between 16 and 19 are now the group most at risk of domestic violence, closely followed by girls aged 20-24 – all victims of a new generation of abusers who are themselves in their teens and early twenties. British Crime Survey estimates that up to 15% of the adult population of the UK have been sexually abused in childhood. This includes 11% of young men. 1.5 per cent of men had suffered a serious sexual assault at some point in their lives with 0.9 per cent reporting rape. It is estimated that 227,000 older people were neglected or abused in the past year, by family members (including partners), carers or close friends. (2.6% of the population aged over 65).
- 6.4 Pregnancy: Between 4 and 9 women in every 100 are abused during their pregnancies and/or after the birth
- 6.5 Disability: Disabled women are twice more likely to experience gender-based violence than non-disabled women. They are also likely to experience abuse over a longer period of time and suffer more severe injuries as a result. They are less likely to seek help and often the help is not appropriate.
- 6.6 Mental Health: In addition to the physical symptoms experienced by victims of domestic violence, it is also thought to be the single most important cause of female suicide, particularly amongst pregnant women and Black, Asian and Minority Ethnic women. Victims often also present to health services with symptoms of traumatic stress, psychosis, depression, anxiety, post-traumatic stress disorder, eating disorders and self-harm; although often professionals will not make the causal link. 75% of incidents of domestic abuse result in physical injury or mental health consequences. (DOH, 2005)
- 6.7 Substance Misuse: Women with problematic substance use who also experience domestic violence are particularly likely to feel isolated and doubly stigmatised. They may find it even harder than other women to report or even to name their experience as domestic violence; and when they do, are in a particularly vulnerable position, and may be unable to access any sources of support. Other research suggests that in 73% of cases of domestic violence, alcohol had been consumed prior to the incident and 48% of those convicted of domestic violence had a history of alcohol abuse, while 19% had a history of substance misuse.

7 Safeguarding Vulnerable Adults and Children

- 7.1 Adults at risk and their children are disproportionately affected by domestic abuse and so any work that we do to prevent and de-escalate it will be in keeping with the partnerships work led by the Safeguarding Adults Board and Local Safeguarding Children Board respectively.
- 7.2 Robust safeguarding policies and procedures will be evidenced as part of the procurement process including compliance with local safeguarding procedures. Both services provide specialist functions which are an integral element of the local suite of services available to residents and connect strongly with the priorities within the Health and Wellbeing Strategy as well as the work of the Barking & Dagenham Safeguarding Adults Team. There remains a robust referral pathway between DV services and the local Safeguarding Adults Team and Social Services. All staff in DV services is qualified to recognise child protection issues. Whilst staff have a duty to respect and protect the confidentiality of service users which is both professional and a legal responsibility; complete confidentiality cannot be guaranteed. There may be cases when it is lawful to break confidence, there are situations that might arise where confidential information may need to be shared; for example in an emergency where there is a risk to the client or others.
- 7.3 All commissioned voluntary and statutory sector organisations must have their own safeguarding and child protection policies in place. Evidence of these is gathered at tender stage and then through contract monitoring and auditing processes. Case files are audited by commissioners to ensure best practice is routinely undertaken.
- 7.4 All agencies commissioned to work with adults and young people are aware of LBBD safeguarding procedures and must adhere to incident reporting as part of their contractual obligations. In addition all providers are required to be section 11 compliant and attend relevant borough training sessions.

8 Mandatory Implications

8.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) 2011 shows that the borough has the highest Domestic Violence (DV) reported incident rate in London; therefore DV remains a priority for the borough. Nearly three quarters of children with child protection plans live in households where DV occurs, (Department of Health 2002). It is estimated that serious incidents of DV cost the public purse £20,000 per case, during 2010/11 the Multi Agency Risk Assessment Conference (MARAC), 264 cases with an estimated cost of £5 million locally (including £3.1million in NHS costs), (JSNA 2011).

8.2 Health & Wellbeing Strategy

A key action identified in theme 2 of the Health and Wellbeing Strategy (Protection) highlights the need for “work relating to accident and emergency and maternity services which are both areas where individuals affected by domestic violence may present and require support and signposting”. Approving the recommendations set

out in this report will achieve progress against that safeguarding priority by having an IDSVAs service operating from a BHRUT setting.

8.3 Integration

Domestic Violence is a cross cutting need across health, social care and crime. The proposed services will form part of a wider response which includes necessary partnership working and specialist input from Health, Police, Social workers Substance Misuse and the local Voluntary Sector. Both new service specifications will include more outcome focused targets.

8.4 Financial Implications

(Implications completed by Roger Hampson, Group Manager, Finance)

Budget provision is available in 2014/15 of £241,500 for Community IDSVAs and £135,465 for supported accommodation. To alleviate the financial risk to the Council in later years, both contracts will have break clauses for early no fault termination.

8.5 Legal Implications

(Implications completed by Eldred Taylor-Camara, Legal Group Manager)

This report is seeking the Health and Wellbeing Board's permission to tender for the service provision of Independent Domestic and Sexual Violence Advocates (IDSVAs) and the support service for users requiring supported accommodation.

The services to be procured in this report are classified as Part B services under the Public Contract Regulations 2006 (as amended) (the "Regulations") and therefore not subject to the full tendering requirements of the Regulations. However in conducting the procurement, the Council still has a legal obligation to comply with the relevant provisions of the Council's Contract Rules and with the EU Treaty principles of equal treatment of bidders, non-discrimination and transparency in procuring the contracts.

The tender timetable for the procurement of these services is set out in paragraph 4.3. The contract is to be advertised in November with a view to awarding the contract in February 2014. The EU Treaty principles noted above generally encourage the advertisement of contracts in a manner that would allow providers likely to be interested in bidding for the contracts to identify opportunities and bid for the contracts, should they wish to do so. This report states that the Council's website and the Contracts Finder website will be utilised for advertising to potential bidders.

In keeping with the Regulations this report stipulates the selection criteria to be applied in assessing the tenders. It is noted in paragraph 4.1 that this will be on a quality to cost ratio of 70:30, while the contract will be awarded to the tenderer that is considered to have submitted the most economically advantageous tender (MEAT). Officers will need to ensure that they also establish and publish to bidders any sub-criteria and weightings against which the quality element of bids will be evaluated.

In deciding whether or not to approve the proposed procurement of the contracts, the Health and Wellbeing Board must satisfy itself that the procurement will represent value for money for the Council.

Contract Rule 13.3 provides delegated authority to the commissioning Corporate Director, in consultation with the Section 151 Officer, to approve the award of a contract upon conclusion of a duly conducted procurement exercise, in the absence of direction to the contrary from Cabinet/ the Health and Wellbeing Board.

The Legal Practice confirms that there are no legal reasons preventing the Health and Wellbeing Board from approving the recommendations of this report.

Non-Mandatory Implications

8.6 Staffing Implications

There are no TUPE implications for LBBD staff; however, there are potential contractor to contractor TUPE implications

12 Background papers used in the preparation of the report

- [A review of services for those affected by Domestic Violence](#)