

HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

Title: Contract: Independent Domestic & Sexual Violence Advocacy Service (IDSVA)	
Report of the Corporate Director of Adult & Community Services	
Open Report	For Decision
Wards Affected: All	Key Decision:
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Sponsor: Anne Bristow, Corporate Director of Adult and Community Services	
Summary: <p>Domestic Violence is exceptionally high in London Borough of Barking and Dagenham and the landscape has changed since services were last tendered. We have the opportunity to remodel and recommission the Domestic Violence Services to encompass feedback from the OFSTED Inspection of the LBBD Children Services and the government funding provided for Troubled Families. Furthermore, the recent review of Domestic Violence Services undertaken by the Director of Public Health (submitted to HWBB in July 2013) recommended prioritising 'the funding of services which focus on identification and protection of those individuals (including children) at risk and experiencing domestic violence.</p> <p>This report relates to the Independent Domestic & Sexual Violence Advocacy Service (IDSVA) contract with the Hestia which delivers support in relation to domestic violence.</p> <p>The IDSVA service offers residents of Barking and Dagenham a specialist independent domestic violence advocacy service. This covers a specialist service to female victims of domestic and sexual violence with a signposting function for male victims of domestic violence. The main aim is to maximize the immediate and long term safety of adults and children at risk due to domestic and sexual violence.</p> <p>The current IDSVA contract is £228,700 per annum in value and is due to end on 31 March 2015. The current IDSVA contract is jointly funded by the Mayor's Office for Police and Crime (MOPAC) (£40,000) and the Local Authority which</p>	

includes, Housing Revenue Account (£40,000) & Public Health (Adults £108,700 / Childrens £40,000). The Clinical Commissioning Group have ceased joint funding arrangements and have put in place an alternative commissioning strategy for the IDSVAs maternity function which is delivered as a payment by results model (PbR).

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 and below) providing a signposting and early intervention function. The current arrangement will end on 31 March 2015 and cost of provision is £31,500 funded from Public Health.

Victim Support London also provides domestic violence specialist services to a cohort of 40 Troubled Families on a separate contract due to end on 31 March 2015. The cost provision is £45,000 funded from the Troubled Families Programme. This is a project that commenced in August 2014 as part of the government's initiative on dealing with identified Troubled Families and the cohort that Victim Support has has Domestic Violence as the predominant problem. Children Services are also in the process of recruiting two domestic violence specialist workers to cover their cohort of Troubled Families.

There is also a further £120,000 Public Health funding allocated to Children's Service and it is currently being used independent of the current Domestic Violence provision.

Officers recommend that these services are remodelled to include young peoples IDSVAs function, Troubled Families, specialist children and families domestic violence services support to the Multi Agency Safeguarding Hub (MASH) 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 contribution for the IDSVAs service by Troubled Families and the Children Services domestic violence element of their funding from Public Health.

This report seeks the permission of Members of the Health and Wellbeing Board for the current IDSVAs service not to be extended in its current form but to be retendered.

Recommendation(s):

The Health and Wellbeing Board is recommended to:

- (i) Give approval to seek tenders for and procure Independent Domestic & Sexual Violence Advocacy Service (IDSVAs) community based provision
- (ii) Delegate authority to the Corporate Director of Adult and Community Services, in consultation with in consultation with the Chief Finance Officer and Head of Legal and Democratic Services, LBB 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.

To facilitate improvements to the provision of on domestic violence services based on feedback received from the OFSTED inspection.

To improve domestic violence service provision to Troubled Families in line with the government performance indicators.

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 violence
- 1.2 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.
- 1.3 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.
- 1.4 Last year funding from The Mayors 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 within the current IDSVAs contract. Children's services have now also secured funding via Public health to recruit an additional young person IDSVAs last financial year and the

aim is for this funding to be utilized for the IDSVAs service cover for the MASH

- 1.5 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 The IDSVAs contract will end on the 31 March 2015, as will the arrangement with Victim Support London for low level cases and Troubled Families. It is proposed that a new contract which will include a revised model of IDSVAs that will focus primarily on the community function for both adults, children and families including MASH and Troubled Families. 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 **The current contract structure:** Team Manager, IDSVAs Coordinator, 4 IDSVAs (covering adults, children and families and specialist young persons)
- 2.3 **The proposed contract structure:** Team Manager, IDSVAs Coordinator, 5 IDSVAs (covering adults, children and families and specialist young persons) and 3 Troubled Families Coordinators.
- 2.4 The contract will be tendered and procured to continue to provide independent domestic violence advocacy to commence on the 1 April 2015.
- 2.5 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.
- 2.6 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.

- 2.7 The new service model for IDSVA 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.

2.8

3 Procurement Process

- 3.1 The contract 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. Elevate will complete the procurement process. The contract will be advertised on the LBBB 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.

Tender Timetable

- 4.3 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	October 2014
Advertise	November 2014
Contract award	January 2015

- 4.4 The proposal is to prepare and execute a Procurement process for the current services under one umbrella of Independent Domestic and Sexual Violence Services which can be bid for together resulting in a three year contract with one 12 month extension option up to a maximum of four years, with a total value of up to £1,420,000 over the four years.

5 Consultation

- 5.1 This report is based on the consultation that was completed in November 2013 with representatives from Refuge, Victim Support London, Barking and Dagenham CCG, Public Health and LBBB partners. Further joint working has been done with Children Services, Troubled Families, Metropolitan Police CSU and Youth Offending Services and Hestia.
- 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.

- 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 or 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) 2014 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 2013/14 the Multi Agency

Risk Assessment Conference (MARAC) had 356 cases with an estimated cost of £7 million locally.

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 working in partnership with BHRUT

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 of £355,000 has been identified for the proposed IDSVAs Contract. This will pool funds from MOPAC (£40,000), HRA (£40,000) and Public Health (£275,000, including both Adult & Community Services and Children’s Services directorate allocations). Whilst there is likely to be some funding for Troubled Families, this has not been confirmed yet and it is therefore expected for the budget provision not to exceed £400,000. To alleviate the financial risk to the Council the contracts will continue to 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).

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 October with a view to awarding the contract in January 2015 which will give ample time for a 3 month handover period so as to provide a seamless service to users of this service. 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.

Following the recent tender of these services, the proposal is that this tender has a higher quality weighting as compared to price. The details of this will be worked out at a later date with the assistance of Elevate. 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 47.3 provides delegated authority to the commissioning Corporate Director, in consultation with the Chief Finance Officer and Head of Legal and Democratic Services, 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,