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To: Adult Social Care and Health Cabinet Committee
3 December 2015
Environment and Transport Cabinet Committee
4 December 2015

Subject: **COMMISSIONING OF DOMESTIC ABUSE SUPPORT SERVICES**

Classification: Unrestricted

Previous Pathway of Paper: Social Care, Health and Wellbeing/CCG Accountable Officer DMT – 4 November 2015

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All divisions

Summary: Domestic abuse services have historically been commissioned by a range of agencies on both a commissioned and grant-funded basis.

The disparate method of service commissioning has led to inconsistencies in provision, resulting in both duplication of service availability and gaps in provision.

A working group of key partners has been formed to consider collaboratively commissioning an integrated model of domestic abuse support across Kent.

This work has now concluded and this paper seeks approval to commence procurement of the proposed integrated model.

Recommendations: The Adult Social Care and Health Cabinet Committee is asked to:

a) **CONSIDER** the information provided about the proposed reshaping of Domestic Abuse services

b) **ENDORSE** the commencement of a procurement process to commission an integrated Domestic Abuse service across Kent, based upon the plans provided.

1. Introduction

1.1 Following the dissolution of the Customer and Communities Directorate in April 2014 the Commissioned Services function was transferred to the Social Care Health and Wellbeing Directorate. The responsibility for the commissioning of

housing-related support services for a wide range of vulnerable people, including victims of domestic abuse now lies with Strategic Commissioning.

- 1.2 An initial review of housing-related support services noted synergies between most housing-related support services and commissioning intentions for adults and children's social care. Prevention and early intervention services such as housing-related support are integral to the County Council's strategies for children's and adult social care. It is sensible that these services should be considered in the wider context of social care transformation.
- 1.3 A further review of housing-related support noted opportunities for the reduction in duplication and rationalisation of services. In domestic abuse services, the complexity of commissioning and grant funding was highlighted against a backdrop of mounting pressure.
- 1.4 The remodelling of housing-related support services, including those for domestic abuse has been accepted as an approved project by the Portfolio Management Office.

2. Policy Context

- 2.1 The Supporting People Programme was introduced nationally in 2003. It brought together disparate funding streams from health, social care, probation and local housing authorities to establish a ring-fenced budget to fund and strategically commission housing-related support services. These services were targeted at those ineligible for statutory services and aim to tackle social exclusion, preventing crisis and more costly service interventions by reducing dependency rather than simply meeting existing need.
- 2.2 Housing-related support develops or sustains the capacity of a vulnerable person to maintain their current level of independence in their own home, or to move to more independent, stable and sustainable housing. It enables vulnerable people to recover from homelessness and move towards social inclusion and settled accommodation, by developing skills, resilience and capacity without drawing upon statutory services such as social care.
- 2.3 The services are intended to be enabling and preventative such as those duties outlined in the Care Act. They help vulnerable people to avoid, delay or move on from institutional services and to live as independently as possible for as long as possible. Housing-related support services are provided over and above basic housing management services but they do not include personal care services.
- 2.4 This is achieved by delivering targeted, tailored, practical help and advice to:-
 - Find or maintain safe, suitable and settled housing
 - Budget and manage money
 - Acquire independent living skills that support good physical and mental health and wellbeing
 - Find work or access education or training
 - Establish social, health and community links such as with GPs, voluntary organisations

- 2.5 Housing-related support is tenure neutral and is available to vulnerable people whether they live in their own homes or in rented accommodation belonging to local authorities, other registered social property owners, e.g. Housing associations, or private landlords.
- 2.6 Whilst these individuals receiving domestic abuse support often do not meet statutory thresholds, the provision of specialist support has successfully diverted demand away from statutory services for some time, benefitting the authority directly and its strategic partners.
- 2.7 In November 2010, the Home Office set out a 'Call to End Violence Against Women and Girls' Strategy, with the main themes focusing on:
 - prevention
 - the provision of good quality services and
 - improved partnership working

Since the inception of the strategy, the legislative landscape has changed to include forced marriage, and coercive and controlling behaviour. Furthermore, the introduction of the Domestic Violence Disclosure Scheme and Domestic Violence Protection Orders provide improved options in keeping victims of abuse safe in their own communities and avoiding potential or further victimisation.

3. Current Context

- 3.1 Domestic abuse services are currently commissioned by a number of agencies, including the Police and Crime Commissioner, Public Health and KCC.
- 3.2 Commissioned domestic abuse services have an annual value of approximately £3.2 million.
- 3.3 As a result of the funding arrangements service provision for domestic abuse is complex and its pathways unclear. The lack of strategic oversight means that arrangements are often short term and unsustainable, which makes innovation difficult. There is an amount of overlap in either geography or function and existing services are not well networked together. In the meantime, there are gaps in service for lesbian, gay, bi-sexual and transgender victims, male victims and those with more complex issues such as substance misuse.
- 3.4 Services currently commissioned for victims of domestic abuse are concentrated on those at high risk of harm such as refuge provision and Independent Domestic Violence Advisors (IDVA) support. There is limited support available to support those at lower risk.
- 3.5 There have been consistent increases in domestic abuse incidents reported to Kent Police, with 3000 more incidents in 2014/15 than in 2013/14. There are currently approximately 28,000 incidents reported to Kent Police each year. Demand for support services continues to rise, with multi-agency risk assessment conferences referrals rising by over 30% since 2012, and referrals for IDVA support showing a 64% increase since 2013/14. Demand for floating support services is also increasing, with utilisation for this service currently at 103% of the contract capacity. Refuges are consistently full, with lack of suitable move on opportunities causing issues with 'bed blocking' delaying new entrants to refuge support.

3.6 In the event of the death of an individual which is considered to be as a result of domestic abuse, Domestic Homicide Reviews (DHRs) are commissioned. These are independently chaired and intended to examine the circumstances of the death, capturing lessons to be learnt in service provision. Since 2011, there have been eight DHRs published in Kent, which provide valuable intelligence to be incorporated into commissioning of services. Some of the central themes are:

- the need for improved, consistent training for professionals who may have contact with domestic abuse victims
- improved communication between agencies,
- the number of the cases assessed as at either standard or medium risk of harm and the limited support options available to those not assessed as at high risk of harm

The proposed flexible, integrated service to be commissioned will increase the support services available to these individuals.

3.7 Kent's Joint Strategic Needs Assessment, the Kent Select Committee Report for Domestic Abuse and the needs analysis of housing-related support undertaken by the Chartered Institute of Housing all recommended a more collaborative commissioning approach and co-commissioning to improve outcomes and reduce inequity of service offer.

3.8 The Kent 'Needs Analysis of the Toxic Trio' (April 2015) estimates that in Kent there are 17,567 children and young people affected by domestic abuse. During 2014, domestic abuse was cited as a factor in 3,855 children and families assessments, indicating that approximately 22% of all children affected by domestic abuse are subject to a social services intervention. Conversely, of the 368 households accessing refuge accommodation in Kent since April 2013, there were 17 cases where safeguarding concerns warranted involvement from statutory services, which is approximately 4.6%.

3.9 The data evidences the strong preventative approach within domestic abuse services, with the presence of robust support in place reducing the need for safeguarding alerts to be raised and minimising the financial burden on Early Help and Specialist Children's Services.

3.10 Following in-principle support given by the Adult Social Care and Health Cabinet Committee, at its meeting on 14 December 2014, to commit to the provision of housing-related support for those outside statutory groups, work has been undertaken to examine how these services could be reshaped to be better fit for purpose in the future.

3.11 Since the decision, a Commissioning Task and Finish Group, comprised of key commissioning partners including the Office of the Police and Crime Commissioner, Kent Police, Kent Fire and Rescue Service and District and Borough Councils has worked together to formulate a collaborative approach to commissioning domestic abuse services.

4. Key Issues

4.1 The current commissioning and funding arrangements do not secure a comprehensive service for those experiencing domestic abuse.

- 4.2 By commissioning collaboratively, it is anticipated that a more strategic oversight will be gained. Eradicating duplication will enable efficiencies in the offer for high risk victims, to strengthen the availability of preventative and early intervention services and create a networked, flexible service based on need, rather than the source of funding. This will help to reduce the overall burden that the effects of domestic abuse place on public services. The service will be better able to articulate with other commissioned provision including the Community Mental Health and Wellbeing Service.
- 4.3 The Commissioning Task and Finish group has undertaken significant work in devising a flexible, holistic specification for an integrated domestic abuse service, which works towards rationalising current provision to offer greater consistency and range of support across the county.

Further details of the current domestic abuse service landscape are attached as Appendix 1.

- 4.4 The proposed integrated model will incorporate refuge and other accommodation provision, community interventions addressing current gaps in support, and an education and training element, within an holistic, flexible model of delivery.
- 4.6 The full proposed Service Specification is attached at Appendix 2, although this is still subject to full consultation and may change.
- 4.7 There have been two consultation events held with potential funding partners concerning this project, and the market has been engaged and consulted with the initial commissioning proposals. Both of these events were met with significant support for the proposed course of action.

5. Financial Implications

- 5.1 The total amount being spent in grants and contracts on Domestic Abuse at present is £3.2m. Of this funding, £1.74m is in contracts delivering housing related support. A summary of the current funding arrangements for Domestic Abuse services in Kent and Medway is attached in Appendix 3.
- 5.2 It is anticipated that by pooling budgets and commissioning collaboratively efficiencies can be made to deliver a greater range of interventions within the funding envelope targeting prevention in escalation and a greater efficacy in the service.
- 5.3 The full contract value is still uncertain at present, but the committed funds to date are £1,934,000 per annum. It has been indicated that once the full service specification is completed additional partners may commit.
- 5.4 During the final two years of the Independent Domestic Violence Advisors (IDVAs) contract (2014/15 and 2015/16), KCC Public Health agreed to requests to contribute £295,900 per year to the multi-agency funding for IDVAs who support individuals at high risk of significant injury or homicide. This was a new addition from the Kent Public Health Grant in 2013/4. Domestic violence emergency response services is not a mandated public health service, however - even after taking into account the current in year Public Health budget pressures, KCC Public Health intends to contribute a reduced amount of £109,000 per year. This is to enable the new integrated domestic abuse support service to develop prevention and early intervention programmes (as well as working with medium and high risk

victims). In addition, the Commissioning Task and Finish Group are in discussions with Clinical Commissioning Groups to identify any contribution that can be made from these groups, who are currently not contributing to the joint commissioning arrangements.

- 5.5 There is sufficient financial commitment received from partners to proceed with the commissioning and procure a core service to replace those contracts that are due to expire in 2016 which deliver improved outcomes.
- 5.6 Procurement will support commissioners to design a model which enables additional partners to contribute funds to strengthen the model as funds become available through the expiration of other existing arrangements e.g. grants.
- 5.7 It is proposed that the commissioning proceeds based on the financial commitment currently received, with a service commencement date of 1 July 2016.
- 5.8 Once all funding partners have committed, arrangements will need to be made to finalise the process for contracting the service and pooling budgets.
- 5.9 It is recommended that KCC lead on the commissioning, procurement and contract management of this service, and that partners delegate authority to KCC to undertake these tasks, under the guidance of the steering group.

6. Legal Implications

- 6.1 Due to the expiration of existing contracts on 31 March 2016, single source procurement requests have been requested to extend these contracts until 30 June 2016 to allow for a robust mobilisation phase following award of the new contract.
- 6.2 Legal advice will be necessary to establish the necessary delegation of authority to enable the County Council to commission on behalf of its partners.

7. Equality Impact Assessment

- 7.1 An equalities impact assessment will be necessary for any substantive change or diminution of service provision.

8. Alternatives and Options

- 8.1 Do nothing The Adult Social Care and Health Cabinet Committee has already indicated its commitment to supporting these groups. Doing nothing and allowing these contracts to end will almost certainly increase a disproportionate burden on other operational services and directorates including Specialist Children's Services, Adult Mental Health and Safeguarding teams. Key agencies such as NHS England, Police and Fire and Rescue will also quickly become under pressure. A rise in the number of domestic homicides and subsequent reviews is predicted should this course of action be taken.
- 8.2 Recommission services in their current guise. To recommission these services in their current configuration would be to perpetuate the duplication and gaps of the present. Services would continue to be directed at the highest risk, and the opportunity to innovate, simplify and reach a greater number of victims to keep pace with rising demand would be lost.

8.3 Integrated Commissioning This model will deliver better consistency coverage and value for money by reducing duplication and creating a comprehensive network of provision.

8.3 A risk register is attached as Appendix 4.

9. Implementation Proposals

9.1 A diagnostic report, summarising the context and approach to Domestic Abuse commissioning together with a business case and project plan to implement the approach have been prepared and are available as background documents to this report.

9.2 A series of consultations with providers, carers and services users will follow in order to support the co-production of the Service Specification (Appendix 2).

9.3 A robust procurement process will be undertaken, supported by Procurement to ensure award of the contract to an excellent support provider. The tender panel will comprise representatives from the commissioning partnership to ensure fair representation and a suitable spread of expertise.

9.4 On-going, effective performance management arrangements of the awarded contract will be implemented to ensure innovative, successful provision of support to victims of domestic abuse. A wide spectrum of data will be considered to devise the outcomes and metrics that will ensure the service design and ongoing management reflect the progressive and effective delivery of the service. This will include data from Safeguarding Boards, Police data and information from health services such as accident and emergency departments.

9.5 The proposed integrated model of commissioning will work to improve consistency in provision, and provide seamless pathways for service users, as well as increasing the scope of those that can be supported, and strengthening the early intervention and preventative benefit of specialist domestic abuse support. By engaging with families sooner, support providers will be better able to reduce the risk of escalation of abuse, and the risk to children.

9.6 The proposed specification builds stronger pathways between Substance Misuse, Mental Health and Childrens' Services to provide a holistic offer of support and further reduce the risk to which children and young people resident in the most complex and vulnerable households are exposed.

10. Conclusion

10.1 Following the Adult Social Care and Health Cabinet Committee's in-principle support, given in December 2014, the opportunity exists to reshape domestic abuse provision.

10.2 An integrated approach, co-commissioned with key partners, will enable a more balanced provision across the county, address the inequity of provision and afford better value for money by reducing duplication.

11. Recommendations

- 11.1 The Adult Social Care and Health Cabinet Committee is asked to:
- a) **CONSIDER** the information provided about the proposed reshaping of Domestic Abuse services
 - b) **ENDORSE** the commencement of a procurement process to commission and integrated Domestic Abuse service across Kent, based upon the plans provided.

12. Background Documents

Domestic Abuse Commissioning Diagnostic Report September 2015

Kent Integrated Domestic Abuse Service – Business Case 20 October 2015

Kent Integrated Domestic Abuse Service – Project Plan 14 October 2015

<https://democracy.kent.gov.uk/ecSDDisplay.aspx?NAME=SD4376&ID=4376&RPID=8417682&sch=doc&cat=13570&path=13335%2c13570>

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