


<p style="text-align: center;">London Borough of Hammersmith & Fulham</p> <p style="text-align: center;">CABINET</p> <p style="text-align: center;">4 JULY 2016</p>	
<p>PUBLIC HEALTH DOMESTIC VIOLENCE PREVENTION SERVICES – CONTRACT EXTENSIONS</p>	
<p>Report of the Cabinet Member for Health and Adult Social Care - Councillor Vivienne Lukey</p>	
<p>Open Report</p>	
<p>Classification - For Decision Key Decision: Yes</p>	
<p>Wards Affected: All</p>	
<p>Accountable Director: Liz Bruce, Executive Director of Adult Social Care & Health</p>	
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1. EXECUTIVE SUMMARY

- 1.1 There are two bespoke domestic violence preventative services in LBHF, funded by Public Health and contributing to the broader community safety programme and delivery of the Violence Against Women and Girls (VAWG) Strategy 2015-18. They provide training to health professionals so they can identify domestic violence, address the needs of survivors and their families effectively and sensitively and promote safety and best multi-agency practice. These are the Standing Together Children and Health Project and the Health Advocacy Project.
- 1.2 The aims of the Standing Together, Children and Health Project, delivered by Standing Together (STADV) is to train health professionals (GPs, school nurses, A&E and sexual health practitioners) to recognise the problem and address it appropriately including risk assessment, referral to specialist

domestic violence services and thereby increase the safety of survivors and improve outcomes for families affected by domestic violence.

- 1.3 The purpose of the Health Advocacy project is to improve access to specialist support services for survivors of domestic violence who have used health services. This project is delivered by ADVANCE Advocacy Service in Hammersmith & Fulham which is the local specialist, independent domestic violence advisory (IDVA) service which provides crisis and ongoing advocacy and support for women survivors of domestic violence assessed as being 'high-risk' of harm or of homicide.
- 1.4 Both STADV and ADVANCE are lead agencies in the consortium of specialist VAWG services, the Angelou Partnership, that won the tender for VAWG support services in Hammersmith and Fulham, Westminster and Kensington and Chelsea in 2015.
- 1.5 The contracts for both services ended on 31 March 2016. Public Health has commenced review of all their services in the light of the forthcoming budget reduction. Both services will be included and their efficiency and effectiveness tested against competing priorities. The services directly support the Hammersmith and Fulham priorities around putting children and families first, social inclusion and tackling crime and antisocial behaviour. It is recommended these services are extended for the duration of one year plus 1 year to continue protecting some of Hammersmith & Fulham's most vulnerable residents without unnecessary disruption whilst future plans are shaped.

2 RECOMMENDATIONS

- 2.1 That approval be given to a waiver in accordance with paragraph 3 of the Contract Standing Orders to waive the requirement to seek tenders in accordance with paragraph 11 of the Contract Standing Orders, in order to allow LBHF to provide an extension to the contract to STADV for a further period of two years (one year + one year) effective from 1 April 2016 to expire on 31 March 2018 for a total contract value of £132,000.
- 2.2 That approval be given to a waiver in accordance with paragraph 3 of the Contract Standing Orders to waive the requirement to seek tenders in accordance with paragraph 11 of the Contract Standing Orders in order, to allow LBHF to provide an extension to the contract to ADVANCE Advocacy Service for a further period of two years (one year + one year) effective from 1 April 2016 to expire on 31 March 2018 for a total contract value of £121,200.

3 REASONS FOR RECOMMENDATIONS

- 3.1 The recommendations for the extension of the term of separate contracts to both STADV and ADVANCE for the domestic violence services across the borough for a period of 24 months, including extension options, with the ability to terminate with 3 months' notice is proposed. This will enable

engagement with relevant internal and external stakeholders to continue; align with timing for the completion of the Public Health service reviews and smarter budgeting work; and ensure continuity of the services to train health professionals so they can identify domestic violence, address the needs of survivors and their families effectively and sensitively and promote safety and best multi-agency practice.

- 3.2 Both services will be included and their efficiency and effectiveness tested against competing priorities.

4 PROPOSAL AND ISSUES:

- 4.1 Domestic violence is a pattern of controlling coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse (Home Office, 2014). Domestic violence occurs across all of society, regardless of age, gender, race, sexuality, or wealth. Women are more likely to experience domestic violence than men and there is a strong correlation between domestic violence and child abuse
- 4.2 Domestic Violence is a major public health issue with devastating health and wellbeing consequences for a survivor and their family, and significant cost to health and social care services. There is a close link between domestic violence and adults' and children's safety in the short and long term. It is estimated that domestic violence costs the health service £1.7 billion a year with an additional £176 million in costs relating to mental health and £0.25 billion to social services (NICE, 2014).
- 4.3 The Public Health Outcomes Framework acknowledges that tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in society receive the support, understanding and treatment they deserve. It is also the government's strategic ambition, as set out in 'Call to end violence against women and girls' (2010) and successive action plans to do what it can to contribute to a cohesive and comprehensive response, which includes prevention, support for survivors and holding perpetrators to account for their violence. NICE Guidance on domestic violence published in February 2014 echo these themes.
- 4.4 This report seeks approval to extend the existing contracts for a further period of 1 year plus an option to extend for a further period of 1 year, using terms and conditions that have been approved for use, for these services until 31st March 2018.
- 4.5 The risk of not approving the extension of the contracts for the provision of these services is that a gap would result in services and training for equipping health and social care professionals in the appropriate response to supporting survivors of domestic violence and their families and delivery of other elements of the multi-agency VAWG strategy might be compromised.

5 OPTIONS AND ANALYSIS OF OPTIONS

5.1 Option 1: **Do nothing**. Do not award contracts for these services. This is not a mandated Public Health service.

Benefits:

- There are no identified benefits of not awarding these contracts other than take immediate financial savings.

Challenges

- The contracts end at the end of March 2016 and would result in a gap in services and training for equipping health and social care professionals in the appropriate response to supporting survivors of domestic violence and their families.
- Delivery of other elements of the multiagency strategy would be compromised.

5.2 Option 2: Extend the term of both contracts for the period of two years (1+1 year) at the same value. **This is the recommended option.**

Benefits:

- Avoids disruption of existing successful and important services
- Continuity of quality provision while reducing cost and/or opportunity of cost of re-commissioning.
- Economies of scale: the services are provided by providers who already work in this specialist field in Hammersmith and Fulham

Challenges:

- May not present the most cost effective option

The current value of the (STADV) Children and Health Project is £66,000 per annum, £132,000 over two years.

The current value of the Advocacy Project is £60,600 per annum, £121,200 over two years.

5.3 Option 3: Tender the Services

Benefits: None identified.

Challenges:

- Potentially lose services being provided by successful renowned local providers who are embedded in wider VAWG service provision and partnerships locally
- Delay and disruption to service provision
- Unable to reprocure due to the services being reviewed in 2016 17.

- Public Health and procurement cost and opportunity cost in tendering the services.

6 RISKS OF RECOMMENDED OPTIONS

Issue Identified	Risk	Potential Impact	Likelihood	Mitigating Factors
Funding is not sufficient to cover Direct Award Contract Prices for this period of award	The contract value is that already paid to the supplier. The supplier may request an uplift for 2016/17	Medium	Low	The lead commissioner has spoken with both providers establishing that there is no available uplift for these contracts.
Demand and Quality	The size of the client group/ number of people accessing the service increases leading to an increased demand	Medium	Low	The demographic needs of the population across the borough and trends are understood
Procurement Challenge	Risk of procurement challenge by a potential bidder for such services	Medium	Low	Both DV suppliers are specialist for this niche service area.

7. RISK OF PROCUREMENT CHALLENGE

- 7.1 The Public Contracts Regulations 2015 (the Regulations) came into force at the end of February and implement revisions to the European public procurement regime as it applies in the UK.
- 7.2 The services that are the subject of this report used to be classified as “Part B” services under the previous Regulations of 2006; this meant that they were exempt from the requirement to tender them in accordance with those previous regulations, provided that there was not likely to be cross-border interest.
- 7.3 This distinction has now been abolished. Health and social services are now classified as Schedule 3 services which are subject to a regime known as the “the Light Touch Regime”, (LTR) if the value of the contract exceeds the current threshold of £589,148.00. One of the main requirements under the LTR is the obligation to advertise the opportunity on OJEU.
- 7.4 Where the authorities is at increased risk is where - the Authority propose a direct award of more than 12 months and do nothing. The risk of challenge for not complying with the Regulations would therefore be reduced if a shorter contract period is proposed. However, whilst there is a potential challenge of risk, authority officers will work develop the expertise and knowledge of a wider supplier base to mitigate the risk of non-compliance and opportunity if

this service is to be re-tendered after the 2 year period. The long term implications to these services are not known at this moment in time as the removal of the Public Health ring fenced grant in 2018 and strategic stakeholder input may perhaps indicate another department lead for these services provision.

- 7.5 Overall, despite this risk of challenge, it is considered in the best interest of the authorities to proceed with a direct award of contracts, and that there are exceptional circumstances to suggest that the appropriate waivers / exemptions from tendering should be granted.
- 7.6 Risk implications verified by Michael Sloniowski, Shared Services Risk Manager Telephone 0208 753 2587.

8. CONSULTATION

- 8.1 Each stage of the service review, redesign and procurement, commissioners have fully engaged with internal and external stakeholders.
- 8.2 Both service providers have developed the expertise in this niche service area which has been difficult to replicate elsewhere or to develop competition. Over time and with investment we could develop other organisations to have the same level of expertise and stakeholder engagement in this area of service delivery. Option 2 avoids disruption of/gap in provision of an effective, locally developed domestic violence services while allowing sufficient time to review, redesign and co-commission relevant services in collaboration with strategic stakeholders.
- 8.3 Cabinet Member has been consulted on continuing the services from 1st April 2016 onwards. The Cabinet Member steer was to carry on with the services for 1 + 1 year in order for the services to be reviewed in 2016/17.

9. EQUALITIES IMPLICATIONS:

- 9.1 These services are designed to prevent abuse and to appropriately support those who experience it. Domestic violence disproportionately affects women: women are more likely than men to have experienced intimate violence against all types of abuse. Since the age of 16, 29% of women have experienced domestic abuse, 20% have been sexually assaulted and 19% have experienced stalking. The equivalent figures for men are 16%, 2% and 9% respectively (HM Government, 2011).
- 9.2 People with long term illness or disability are more likely to be a victim of domestic violence and stalking than those without. This does not imply causation but highlights the need for services such as these to support all survivors and staff to identify survivors in order to reduce health and social inequalities.
- 9.3 We do not consider that there will be any adverse equality implications for protected groups as a result of the proposals in this report. Overall the impact on women is judged as positive as service continuity will be secured.

9.4 Equalities implications verified by Martin Nottage Director of Innovation and Change Management. Telephone: 0208 753 3542.

10. LEGAL IMPLICATIONS

10.1 Health and Social Services are Schedule 3 services for the purposes of the Public Contracts Regulations 2015 (the Regulations). Schedule 3 services are subject to the “light touch regime” if the value of the contract exceeds the current threshold of £589,148.00.

10.2 The domestic violence services which are the subject of this report are below the threshold where the “light touch regime” applies. In respect of such contracts, Part 4 of the Regulations applies. This requires that contract opportunities should be advertised in Contracts Finder (Regulation 110) unless the authority’s standing orders specify a higher value for advertisement. Regulation 114 of the Regulations states that a material failure to comply with Part 4 of the Regulations does not itself affect the validity of a public contract. As such, the proposed contracts cannot be set aside on the grounds of non-compliance.

10.3 Hammersmith and Fulham’s Contract Standing Orders (CSOs) require public quotations to be obtained for contracts over £25,000 (CSO 11.2). The Cabinet Member and Leader of the Council have power under CSO 3.1 to approve a waiver of CSOs. Subject to approval of an extension in respect of these two contracts, the Cabinet has power under CSO 12.3 to award the contracts.

Implications verified by: Margaret O’Connor Solicitor (Contracts), Shared Legal Services, 020 8753 2772

11 FINANCIAL AND RESOURCES IMPLICATIONS

Contract Prices

Service	Supplier	Annual Contract value	Contract Value 2016/17	Contract Value 2017/18	Total across 2 years
Children and Health Project	Standing Together Against Domestic Violence (STADV)	£66,000	£66,000	£66,000	£132,000
Advocacy Project	ADVANCE	£60,600	£60,600	£60,600	£121,200

Financial Implications verified/completed by Richard Simpson, Finance Manager 0207 641 4073.

12. IMPLICATIONS FOR BUSINESS

- 12.1 Standing Together and ADVANCE are successful, renowned local specialist providers who have national recognition and are based within Hammersmith and Fulham. There are no business implications in relation to this proposed procurement however there is considerable social value.

13. PROCUREMENT IMPLICATIONS

- 13.1 In line with agreed protocols for Public Health services, H&F procurement processes have been followed. The Strategic Procurement report for Public Health has been agreed by officers of the Contracts Approval Board, where colleagues at Hammersmith and Fulham and Kensington and Chelsea provided input and advice in its formulation.

Report by:

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LOCAL GOVERNMENT ACT 2000

BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/Location
1.	December 2013, The "Public Health Procurement Plan and Contract Award or Extension Report" Executive Decision Report-published.	Sunil Panchal 0207 641 4043	

References:

HM Government (2010) *Call to End Violence Against Women and Girls* London: HM Government.

HM Government (2011) *Call to End Violence Against Women and Girls: Equality Impact Assessment*. London: HM Government.

Home Office (2014) *Strengthening the Law on Domestic Abuse- a consultation*. London: Home Office

NICE (2014) *Domestic Violence and Abuse: multi-agency working, NICE guidelines (PH50)* London: NICE

Standing Together (2014) *Domestic Violence Factsheet*. London: Standing Together

LIST OF APPENDICES:

None