

# HAMPSHIRE COUNTY COUNCIL

## Decision Report

<b>Decision Maker:</b>	Executive Member for Public Health
<b>Date:</b>	25 July 2018
<b>Title:</b>	Approval to spend for Domestic Abuse Services
<b>Report From:</b>	Director of Public Health

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### 1. Recommendation

1.1. That the Executive Member for Public Health gives approval to spend for Domestic Abuse Victim and Perpetrator Services up to the maximum value of £13,459,800, for a maximum contract term of 7 years (5 years with an option to extend for a period or periods of up to a total of 2 years) commencing on 1 April 2019.

### 2. Executive Summary

2.1 The purpose of this paper is to seek approval from the Executive Member for Public Health to procure and spend for Domestic Abuse and Perpetrator Services, up to the maximum value of £13,459,800 for a maximum contract term of 7 years (5 years with an option to extend for a period or periods of up to 2 years) commencing on 1 April 2019.

2.2 This funding represents the total maximum contract amount for Domestic Abuse Victim and Perpetrator Services funded by the County Council (£10,537,300), The Office of the Police and Crime Commissioner (OPCC) (£2,551,500) and for Perpetrator services funded by Southampton City Council (SCC) (£371,000).

2.3 The contracts for services will be between the County Council and the commissioned providers. The OPCC and SCC have confirmed that formal approval has been obtained for their funding contribution for the initial 5 year period. A formal legal agreement will be put in place with the Police and Crime Commissioner and Southampton City Council to cover arrangements for the payment of funding contributions over the life of the contract. Both the agreement with partners and the contract with the provider will stipulate that the value of any extension beyond the initial 5 years will be subject to available funding arrangements between the three organisations. The formal legal agreement with partners is expected to be in place prior to the publication of the tender in September and will be concurrent to the contract with the

provider. The contract with the provider will not be signed until the formal agreement with partners is signed.

### **3. Contextual information**

2.1 The public health strategy outlines a key strand of work about reducing the impact of violence for the population of Hampshire.

2.2 We know that investing in domestic abuse services makes a difference for victims and their families and that for every victim there is a perpetrator. Compared to the number of victims, a small number of perpetrators are participating in prevention and/or behavioural change programmes and a large proportion (approx. 30%)<sup>1</sup> of both victims and perpetrators are repeat cases, whether that is multiple incidents of abuse within one relationship or a perpetrator moving from one relationship to another, resulting in multiple victims over time. Unless perpetrator behaviour is addressed, victimisation will continue.

2.3 Public Health has the opportunity to transform and redesign domestic abuse services to ensure that they deliver effective and improved outcomes that meet our population's changing needs whilst also making efficiencies within the system.

2.4 Currently there are a number of separate contracts with different providers delivering domestic abuse victim/survivor and perpetrator services to Hampshire residents:

2.4.1 Integrated Domestic Abuse Service for Hampshire (IDASH) for victims; there are currently 3 contracts with 2 different providers, which expire on the 31 March 2019. The service also includes provision of 14 refuges/crisis accommodation (a total of 92 units) across Hampshire. These buildings are leased by commissioned providers from a number of third party providers.

2.4.2 The Domestic Abuse Prevention Partnership (DAPP) for Perpetrators: there is one Hampshire wide contract for this service. Most work is delivered in a group setting; however some individuals may be referred for more intensive 1:1 work. The contract for this service expires on 31 March 2019.

2.5 During 2016/17 the commissioned services contracts delivered the following:

- Over 4,500 adults and children supported by victim services through either community based support or in crisis accommodation
- 84% of planned exits reported increased perceptions of safety and were accessed as having a reduced level of risk.
- 160 perpetrators accessed as suitable for the programme with 36 completing the 26 week programme.

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<sup>1</sup> Hampshire Police statistic

#### 4. Current Issues

- 1.1. Domestic abuse is perhaps most commonly thought of as violence between intimate partners, but it can take many other (non-violent) forms (in particular coercion and control) and be perpetrated by a range of people. Much safeguarding work that occurs at home is, in fact, concerned with domestic abuse.
- 1.2. Applying national rates to the Hampshire population, we expect that:
  - Around 38,000 women
  - Around 17,000 men
  - And 40,000 children and young people aged under 18 will have been affected by domestic abuse in the last year.
- 1.3. This is thought to include;
  - at least 544 men and 705 women who identify as lesbian, gay, bisexual or transgender
  - 1,000 women and 368 men of Asian origin
  - 481 women and 323 men of Black origin
  - 13,296 women and 5,799 men with some degree of limiting disability or health problem.

However, only a small proportion of these people either report an incident or access services.

#### 2. Future Direction

- 2.1. It is proposed to further align the contracts for the above service for 1 April 2019 to improve the delivery of a consistent and integrated approach for service users and facilitate efficiencies across the whole system with a focus on earlier identification and engagement. The County Council will continue to deliver services to victims, children and perpetrators of domestic abuse.
- 2.2. The group of funding partners with other key stakeholders are currently planning the re-procurement. A project plan is in place and key documents are being prepared to be in a position to fully tender the service. The contracts will be between the County Council and the commissioned providers.
- 2.3. Priorities for the new Domestic Abuse Service for Hampshire have been identified following a local mapping of services, needs analysis and stakeholder engagement. These are as follows;

Priority	Rationale
Single point of access for all domestic abuse cases	Stakeholder feedback demonstrates this, particularly in relation to perpetrator services. Victim and perpetrator services are regarded as distinctly separate and there is inconsistent knowledge of how to refer to services.

<p>Increase the range of crisis/emergency accommodation and use of 'target hardening' where appropriate</p>	<p>Current crisis accommodation is currently not suitable for all people in need, particularly men, or women with high levels of complexity. Alongside the current shared housing stock there is a need for single-let units. 'Target hardening' schemes, coupled with police-issued prevention orders can avoid the need for victims and children to enter crisis accommodation.</p>
<p>Better outcomes for families – whole family approaches including the victim, perpetrator and children where appropriate to support those who wish to remain in their relationships;</p>	<p>Costs and impact of parental domestic abuse both on children and on social care. Viewing every family member as one part of a complex picture. Working towards breaking the cycle of abuse in a coordinated way, with the family at the heart of the process.</p>
<p>Support for children and young people</p>	<p>Although high numbers of children are affected by domestic abuse and the effects of adverse childhood experiences profound, a relatively small number are supported by specialist domestic victim abuse services, as demonstrated in the needs assessment.</p>
<p>Improved engagement and retention rates of perpetrators of domestic abuse</p>	<p>Currently there is a high drop out rate from referral and assessment to starting a group programme. Take-up of services amongst 18-24 year olds referred is also low.</p>
<p>Collaborative working and capacity building with skilled agencies to improve earlier identification and interventions</p>	<p>Referral patterns into victim services indicate that too many cases are coming from police (i.e., at a late stage) and not enough from other sources. Health services and adult Multi Agency Safeguarding Hub referrals are particularly low, and initiatives which support healthcare in increasing referral rates should be developed for the Hampshire population.</p> <p>Given the potential gap between estimated need and the capacity of commissioned specialist services there is a requirement to increase the ability of frontline services already working with adults and children to deliver evidenced based domestic abuse interventions at a secondary prevention level</p>
<p>Equity of access</p>	<p>Reaching all groups affected by domestic abuse and ensuring equality of access to support services with a focus on the following groups; male victims, people with a physical or learning disability, Black and Minority Ethnic and Lesbian, Gay, Bisexual and Transgender</p>

communities.
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2.4. Given the wide range of needs for domestic abuse services a core offer will be commissioned complemented by targeted priorities to address wider needs.

### **Domestic Abuse Victim/Survivor Service**

#### Core Offer

- Elements of prevention and early intervention
- Crisis accommodation, including move on and resettlement
- Community based interventions and support
- A service that addresses the individual needs of victims within a risk based framework
- Dedicated support for children and families
- Longer term recovery mechanisms (e.g. personal support networks and group work)

### **Perpetrator Service**

#### Core Offer

- Community based interventions with perpetrators of abuse to prevent further incidents of domestic abuse, whether within existing relationships, or in future ones.
- Client led approaches to interventions
- Focussed and targeted work with key groups, for example, repeat and persistent perpetrators, high risk offenders and young perpetrators in the 18-24 year age category, aiming to increase engagement and prevent future patterns of abuse.

### **Joint Targeted Priorities**

- Integrated single point of contact and assessment for victims and perpetrators / whole family front door.
- Peer Support and Mentoring
- Whole family approach for those wishing to remaining in their relationships;
- Capacity building – professionals
- Engagement of priority groups and communities underrepresented in services

## **3. Equality Impact Assessment**

5.1 Within the service being developed positive impacts of the procurement include: the focus on a whole family approach, where appropriate, working with each member of the family separately to increase awareness and safety of victims and survivors and to increase accountability and responsibility of perpetrators. Other positive elements include the increased focus on supporting children and young people and expectation that providers will demonstrate how they will support/reach out to people from the different protected characteristics to improve access to services. This will include a specific focus on the following groups; male victims, people with a physical or

learning disability, Black and Minority Ethnic and Lesbian, Gay, Bisexual and Transgender communities.

5.2 It is for the Executive Member as decision maker to have due regard to the need to: Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.3 For further information refer to Integral Appendix B.

## **7. Finance**

6.1 It is proposed that the total maximum spend under the contract would be £13,459,800 over the term of 7 years. These services will be funded from the Public Health grant for £10,537,300, with an additional £2,551,500 contribution from the Office of the Police and Crime Commissioner (for both victim and perpetrator services) and £371,000 from Southampton City Council perpetrator service only).

6.2 Over the life of the contract the annual value is expected to be £1,922,829 with annual contributions from partners to be as follows:

- HCC Public Health £1,505,329
- Police and Crime Commissioner £364,500
- Southampton City Council £53,000

6.3 There are sufficient funds within the current budget for this service to meet the HCC Public Health contribution proposed within this report. Notwithstanding the approval value requested the annual spend on this contract will need to be monitored to ensure it remains within the budget, approved by Full Council, in each year of the contract.

6.4 In addition to reductions of £6,950,000 in Public Health grant up to 2018/19, a further reduction of £1,340,000 is anticipated in 2019/20. These reductions make it essential that all Public Health services continue to be reviewed with a view to achieving efficiencies. As the contracts for these services expire on 31 March 2019 it provides the ideal opportunity to seek the needed economies of scale from re-procuring a Domestic Abuse Service for the Hampshire population.

6.5 The contracts for services will be between the County Council and the commissioned providers. The OPCC and SCC have confirmed that formal approval has been obtained for their funding contribution for the initial 5 year period. A formal legal agreement will be put in place with the Police and Crime Commissioner and Southampton City Council to cover arrangements for the payment of funding contributions over the life of the contract. Both the agreement with partners and the contract with the provider will stipulate that the value of any extension beyond the initial 5 years will be subject to available funding arrangements between the three organisations. The formal legal agreement with partners is expected to be in place prior to the publication of

the tender in September and will be concurrent to the contract with the provider. The contract with the provider will not be signed until the formal agreement with partners is signed.

**CORPORATE OR LEGAL INFORMATION:****Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	yes
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	yes
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	yes

**Other Significant Links**

<b>Links to previous Member decisions:</b>		
<u>Title</u> None	<u>Reference</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>		
<u>Title</u> The UK Government's, <a href="#">Violence against Women and Girls Strategy 2016-20</a>		<u>Date</u> 2016-20
<a href="#">Working together to safeguard children,</a> Department of Education, 2013		2013
<a href="#">Health and Social Care Act 2012</a>		2012
<a href="#">National Institute for Clinical Excellence (NICE):</a> PH50 Domestic violence and abuse – how health service, social care and the organisations they work with can respond effectively		2014

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	N/A



## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2 Equalities Impact Assessment:**

A full Equality Impact Assessment has been carried out.

If funding is approved to commission domestic abuse services for Hampshire residents there will be a neutral impact for the majority of adults currently accessing the service.

Within the service being developed positive impacts of the procurement include: the focus on a whole family approach, where appropriate, working with each member of the family separately to increase awareness and safety of victims and survivors and to increase accountability and responsibility of perpetrators. Other positive elements include the increased focus on supporting children and young people and expectation that providers will demonstrate how they will support/reach out to people from the different protected characteristics to improve access to services. This will include a specific focus on the following groups; male victims, people with a physical or learning disability, Black and Minority Ethnic and Lesbian, Gay, Bisexual and Transgender communities.

If the funding is not approved a reduction in service availability will have a negative impact upon the identification, safety planning and harm reduction advice, targeted interventions and onward referral provided to the residents of Hampshire.

This could result in continued or increased levels of domestic violence and abuse with associated mortality, physical injury, crime, anti-social behaviour, adult and children's safeguarding issues, substance misuse, housing problems and homelessness, as well as mental and physical ill health. This is also likely to lead to higher demand on health and social care services and may increase health inequalities. It could also impact key stakeholders such as police, probation, ambulance and Emergency Department services.

## **2. Impact on Crime and Disorder:**

- 2.1. By definition, interventions considered to improve and protect the public's health are designed to support the citizen's of Hampshire to live safely and have improved health and health outcomes
- 2.2 Domestic abuse is linked to crime and disorder. The commissioning of domestic abuse victim and perpetrator services contributes to improving the safety and reducing risk to those affected by domestic abuse and a reducing the incidences of abuse in perpetrators of abuse.

## **3. Climate Change:**

- 3.1. Consideration of climate change and its impacts on the population and its current and future health forms part of the evidence informing interventions to improve and protect the public's health.