

## Domestic and Sexual Violence Delivery Groups Leicester, Leicestershire & Rutland

### Market Development Session

20<sup>th</sup> January 2015

#### Present

Name	Role	Organisation
Daxa Pancholi (DP)	Head of Community Safety	Leicester City Council
Gillian Conway (GC)	Consultant	OPCC/Baker Tilly
Hugh Crouch (HC)		Rutland County Council
Helen Perkins (HP)	Operations Manager	Living Without Abuse
Jonathon Brown (JB)	DCI Adult Safeguarding	Leicestershire Police
Karen Purewal (KP)	Director of Services	Action Homeless
Lynn Sharman (LS)	Signal Support Officer	Leicestershire Police
Mark Parish (MP)	DI DAST	Leicestershire Police
Mina Bhavsar (MB)	Head of Adult Safeguarding	NHS
Nicole Fayard (NF)	Trustee	FreeVA
Pamela Richardson (PR)	CEO	WALL
Sally Clare (SC)	Specialist Nurse Domestic Violence	Leicestershire Partnership NHS Trust
Sandra Green (SG)	Service Manager	SAFE
Sara Swire (SS)	Chief Executive	New Dawn New Day
Sharon Bryan (SB)	Contract Monitoring Officer	Leicester City Council
Stephanie McBurney (SMcB)	DV Coordinator	Leicester City Council
Suki Kaur (SK)	Chief Executive	FreeVA
Tracy Quigley (TQ)	Contract Monitoring Officer	Enable

Item	Discussion	Action
<b>1</b>	<p><b>Welcome &amp; Introductions</b></p> <p>JB opened the meeting, introductions made. Background given to the meeting, which replaces the DVDG general business for this month.</p>	
<b>2</b>	<p><b>Procurement Process</b></p> <p>PG delivered a presentation to the group on city council procurement process (attached to email). This covered the different stages of the process. Stage 1 – business questionnaire (pass/fail); Stage 2 – qualitative, with a weighting element for scoring. Presentation also covered an overview of Social Value.</p>	
<b>3</b>	<p><b>Consultation Period</b></p> <p>SMcB gave an update on the consultation. The intention is to target providers/specialists (not the public). The consultation will be open for 4-6 weeks (to be confirmed). We are going to city council Executive this week for approval to consult, and will circulate information as it is known.</p>	

	<p>When the consultation closes, responses will be analysed and service models can be finalised. During this period, there will be a continued dialogue between commissioners and providers. We will also be looking to hold a number of sessions with service users during this period and will contact providers directly to arrange this.</p>	
<p><b>4</b></p>	<p><b>Questions</b></p> <p><b>PR: How does the authority account for financial standing/contract value?</b>  PG: In general, no more than a third of income to come from our contract value due to financial reliance/ dependency risk. This will also take into account proportional risk if a consortia bid.</p> <p><b>PR: If you are an independent, small organisation you could be disadvantaged by this? How do you know this is a small provider market?</b>  PG: We would consider viability/risks in the round, including payment schedules. SMEs are those with 250 or less employees.</p> <p>SMcB: We know from previous experience and local knowledge that many of the sexual and domestic violence specific organisations locally and nationally are SMEs and do not want to exclude this expertise.</p> <p>DP: Management of risk, payment by results. All factors are taken into account and we try hard to ensure that organisations are not disproportionately disadvantaged by their size.</p> <p><b>SS: Will the Social Value Act impact/contribute to this?</b>  PG: Yes, this will factor. There are examples given in the presentation for information as to how some providers have evidenced this. It is generally weighted around 5% of total score.</p> <p><b>HP: To clarify, if the contract value is more than a third of or provider turnover, you may not get through stage1?</b></p> <p>PG: Not necessarily. See previous answer regarding risk management</p> <p>DP: Bids go to several departments in the authority – Equal Opps, procurement, finance and risk management teams for advice/comment. The panel then assess independently and decisions made on risk management.</p> <p>SMcB: This is also about managing risks to the service users/ general public around viability and the chance of services collapsing.</p> <p><b>SK: How is it decided whether the contracts will be payment by results or reward?</b>  SMcB: Contracts are likely to be payment by results – along the lines of the current DV contracts. With for example up to 20% of annual contract value paid/withheld following an assessment of performance on outputs, outcomes, and rationale given.</p>	

<p><b>SS: Has anyone piloted payment by results with DV/SV?</b>  SMcB: The current contracts have up to 20% of the annual value withheld per year. Final payment of either 0%/10%/20% based on performance against outputs, outcomes and rationale for any 'poor' performance. Going forwards, we need to be flexible to local need. There is the possibility that providers will also be asked to submit a price per unit cost/value as part of any submissions. This could then be considered if we need to be responsive to demand and buy in more services.</p> <p>DP: We have tested the model. Where full payment has not been made, the money has been withheld and reinvested in services at a later date.</p> <p><b>NF: Is this withheld money open to applications?</b>  DP: To date, the small amounts have been reinvested in existing services at a later stage to help meet unexpected growths in demand. There also could be an emerging need where a specification is developed to meet that new need and this would go through an open procurement process.</p> <p>MB: Health uses a payment by results model and this works well. It also includes penalties for non-compliance</p> <p>PG: The focus will be positive on performance rather than financial penalties in this sense.</p> <p><b>JB: Is there a threshold entry point?</b>  PG: £173,000 or less. LCC has a public sector duty to advertise and ensure fairness and transparency even beneath this value.</p> <p>SMcB: Consider the value over the life of the contract so most contracts are over this. The current intention for the next DVSV contracts is up to 5 years (3+24 months)</p> <p><b>GC: Can you explain the process of assessing consortia/partnership bids?</b>  PG: Stage 1 will look at how it has been put together; who is the lead organisation; what is the management structure; responsibilities; model of delivery etc. Also that there is a genuine agreement in place – we will require of this as part of the process.</p> <p><b>GC: And financial standing?</b>  PG: Looked at across the consortium bid. This will also consider business continuity arrangements. PG will get further information on assessment of financial standing of consortiums from colleagues within the authority.</p> <p>DP: It will depend on the model submitted</p> <p>PG: It is easier to have a lead organisation</p> <p><b>PR: LLR contracts are featuring heavily in this discussion, can you please expand on this?</b>  SMcB: The intention at present is for the City Council to lead on the</p>	<p>PG</p>
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procurement. Some services will be specific to city, others will be for city county and Rutland (to be determined after consultation). Leicestershire County currently intend to commission refuge accommodation and a level of family provision outside of this.

**TQ: At stage 2, if you are applying as consortia does each organisation have to bid separately or submit one collective bid?**

PG: One bid only.

SMcB: The consultation will be out as discussed earlier. We hope that the ITT will be out for 9weeks. It is difficult to give firm dates as there are lots of decision dependent processes which may impact on this. The current intention is that new services will commence in October 2015. Interviews are intended as part of the assessment process and if all goes to plan will be held weeks commencing 22<sup>nd</sup>/29<sup>th</sup> June.

**SK: When will tenders go out?**

SMcB: If all goes to plan, they will be issued at the end of March/beginning of April. We have factored in more time for Easter.

**JB: Could we have an update on the PCC?**

GC: OPCC is on board with the co-commissioning across LLR. Including the OPCC budget for DV/SV should help to secure LLR integrated services. There is also the Victim First service which will start in October 2015. For the period April – September, Victim Support service will continue with an amended contract. PCC awards money April – March. This may leave gaps for the period April – September 2015. These are being considered from the 2015/16 budget to ensure continuity of key services across LLR until October.

**SS: New Dawn New Day counselling service has funding from the OPCC Grants process to March, will this be affected?**

GC: We are looking at transition/value/impact in regards to extending funding and should have a decision early February.

**KP: What is the motivation like for across counties work? What thought has gone into this?**

SMcB: LCC hasn't commissioned refuge specific services since 2012, these sit within a larger contract of 'safe accommodation service'. There have been discussions with regional colleagues about area developments, but none re co-commissioning on a regional basis at this stage. Refuge needs are a national issue and we have submitted for the DCLG funding for further bed spaces in Leicester for 2014-2016.

JB: Similar discussions around SARC provision. We can't get to that point unless all services are delivering to the same standards. To do this for DV/SV is a big undertaking, given the differing service levels across the county.

SMcB: Refuge is different due to the nature of the service provision. In other

	<p>service areas i.e. therapeutic support, people want to access these services locally.</p> <p>JB: SARC update. We are actively looking for new premises and working closely with the local lead (Carly Mellors) from NHS England. There is a regional paediatrics meeting tomorrow for SARC services, which will be looking at how to work together. A model being proposed is for Crisis Workers for SARC (job specification currently being graded). 24hour on call positions, which will take a victim from the initial report, and work alongside medical staff in the initial few hours. The SARC will be moving from Juniper Lodge, and we are trying to secure premises. The size of the new premises will determine what other services can be offered from that location.</p> <p><b>GC: Timescales?</b></p> <p>JB: We are out of lease at Juniper Lodge, so are keen to progress. New premises will need to meet forensic medical standards, therefore there is likely to be a tender process for the building work. This is likely to take 6 months. We want to offer an enhanced service from the current provision.</p> <p>SK: Will there be space for other services – including ISVA?</p> <p>JB: Yes, we want to build in holistic services – ‘one-stop’.</p> <p><b>DP: Has this session been helpful? Re there other questions? We will also do a bidders day as part of the procurement process.</b></p> <p>PR: yes, helpful. There is confusion around all the different commissioning activity and timelines across LLR and we need to know TUPE/staff implications. The more sessions there are like this the easier it will be.</p> <p>JB: We should have more clarity after approval to consult.  1) consult, 2) refine the model, 3) procure</p>	
5	<p><b>AOB</b></p> <p>DP: there are a number of actions outstanding from the last DVDG meeting. Can these please be updated?</p> <p>SMcB: We will ensure that an up to date review report is available – there is still some scope to feedback on this.</p> <p>JB: HMIC has written to the force. Inspection to take place on forced marriage, honour based violence and female genital mutilation. There has been a considerable amount of work done in this area already and partners will be approached shortly to be involved in the sessions with HMIC.</p> <p>JB: Policing Minister visit last week – PCC and Project 360. Very complimentary and positive regarding the project, including the university research and</p>	

<p>evaluation. Encouraging around innovation funding. Positives: Body cams – keen to push this forward; good partner engagement; and looking to have CPS prosecutors working from DV/SV teams.</p> <p>SK: how many body cams do we have currently?</p> <p>MP: 700 across the force, 250 in active use. There are some changes needed to legislation.</p> <p>NF: Do we sue emergency phones for victims?</p> <p>MP: Emergency alarms are available</p> <p>SMcB: DCLG bid was submitted on 16th January, result expected February end.</p> <p>Meeting closed 11.15am</p>	
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