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SUPPORTING A PROFESSIONAL
RESPONSE TO SEXUAL VIOLENCE

Understanding Local Commissioning Processes

A Practical Guide for Providers
of Sexual Violence Support Services

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FOREWORD

We know that the sexual violence sector is diverse. Amongst those who deliver support services for victims/survivors of sexual violence there are varying levels of expertise and knowledge around commissioning processes. While there are many service providers who have been successful in securing contracts and grants to deliver their services, we are aware that there are many others who have not been so successful, for a variety of reasons.

It is clear that providers of sexual violence support services, particularly those in the voluntary sector, are increasingly reliant on contracts and grants from local commissioners to provide their vital services for victims/survivors of sexual violence. It is, therefore, crucial that these service providers are aware of local commissioning processes and what is required in order to successfully win contracts for delivering services. Providers will need to be well placed to positively engage with local commissioners, influence their strategic priorities and ultimately improve the outcomes for victims/survivors through delivery of services.

LimeCulture CIC was delighted to have been awarded funding from the Home Office to deliver the Spreading Excellence Programme, which focuses on the commissioning process and how improvements can be made by bringing together commissioners, providers and policy leads to improve the capacity of sexual violence support services.

With this funding, we have been able to establish a National Working Group to oversee the delivery of the Spreading Excellence Programme. The National Working Group brought together the full range of stakeholders who have a role in responding to sexual violence (i.e. commissioners, policy advisers, commissioned and un-commissioned service providers). This has never been done before, and provided a unique forum for stakeholders to come together to collectively focus on how to raise awareness of local commissioning processes specifically for the benefit of sexual violence support services.

LimeCulture hosted a Commissioners' Symposium in February 2019, which provided the opportunity for local Commissioners to explore how to improve the capacity of the sexual violence sector through improving their knowledge of the local commissioning processes. Commissioners' views, experiences and suggestions have been instrumental in the development of this guidance. As have providers, who have shared with us their understanding of the local commissioning process, including their challenges and fears.

Our aim for this guidance has always been to provide clarity about the local commissioning process, informed by what Commissioners want and need from providers in order to award contracts and grants. We have included a range of case-studies to demonstrate where success has been achieved by providers and/or commissioners as part of these processes.

As such, LimeCulture would like to thank everybody who has contributed to this guidance and provided practical advice and support. We have been overwhelmed by the support we have received from local commissioners, procurement experts, service providers and policy leads, who have generously given their time to make helpful suggestions and alterations to ensure that the guidance clearly explains the processes required by local commissioners.



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PART I: BACKGROUND AND INTRODUCTION

Purpose of this Guidance

- 1.1 The purpose of this guidance is to help providers of sexual violence support services, particularly those in the voluntary sector; to develop knowledge of local commissioning processes and better engage in them, in order to produce better outcomes for victims/survivors of sexual violence.
- 1.2 This guidance focuses on sexual violence service providers as key stakeholders in local commissioning arrangements and aims to:
 - support providers to influence and engage with local commissioners
 - contribute to local commissioning arrangements at every stage of the process
 - support the delivery of the expected outcomes at operational level.

Why has this guidance been developed?

- 1.3 It is clear that providers of sexual violence support services, particularly those in the voluntary sector, are increasingly reliant on funding from local commissioners to provide their vital services for victims/survivors of sexual violence.
- 1.4 However, many service providers report that local commissioners may not understand the importance of the work they do, and are overlooking their services in favour of funding other service providers. Many providers identify they do not have the capacity or expertise to respond to complex procurement tenders, and instead rely on central funding for survival.
- 1.5 Conversely, local commissioners have claimed that some parts of the sexual violence voluntary sector are not 'commissioner ready', lacking the ability to provide services to meet their specifications and are not always well placed to respond to monitoring requirements because of their lack of resources and capacity.
- 1.6 This guidance has been developed in order to support sexual violence support service providers with the local commissioning process and become key stakeholders in these arrangements.

The 'Spreading Excellence' Project

- 1.7 Despite a general acknowledgement that local sexual violence support services are an important provision, to date there has been no forum that brings together commissioners, policy leads, and service providers to focus together on building capacity and capability of sexual violence support services. Instead, at a national level, these key stakeholder groups broadly work in isolation, meaning their expertise, knowledge and skill is not often brought together to jointly focus on improving outcomes for victims/survivors of sexual violence.
- 1.8 The reliance in recent years has been on umbrella organisations to work with their members to improve capacity. However, this has been largely done in isolation of commissioners and with limited success. Furthermore, for the providers who choose not to become members of umbrella organisations, they may have limited links to commissioners or policy advisers, meaning they could be unaware of new initiatives, trends or changes in policy direction.
- 1.9 In 2018/19 the Home Office funded LimeCulture Community Interest Company to establish a dedicated programme of work to focus on the commissioning process and how improvements can be made by bringing together commissioners, providers and policy leads to improve the capacity of sexual violence support services. This work was named the Spreading Excellence project.

PART I: BACKGROUND AND INTRODUCTION

- I.10 To enable this project, LimeCulture has established a National Working Group to oversee its delivery. The membership includes representation from the full range of stakeholders who have a role in responding to sexual violence (i.e. commissioners, policy advisers, commissioned and un-commissioned service providers).
- I.11 In November 2018, LimeCulture CIC hosted the first meeting of a newly formed National Working Group. The Working Group identified that the key enabler for this programme is a specific focus on improving the knowledge of providers around the commissioning process relating to sexual violence support services.
- I.12 In February 2019 a symposium brought together local commissioners from more than 40 areas to share knowledge and provide a unique opportunity to focus on improving the provision of sexual violence support services through the commissioning process by:
- o Identifying and exploring common themes, challenges and solutions relating to commissioning of local support services,
 - o Sharing examples of success stories, and areas for improvement,
 - o Providing recommendations of how capacity amongst the sexual violence sector can be stimulated to enable better service provision across the sector
- I.13 The outputs from the commissioners' symposium, under guidance from the National Working Group, have been used to develop this guidance in an attempt to build capacity and understanding of the local commissioning process, including shared principles for commissioners and providers of sexual violence support services.
- I.14 This guidance will be available online (www.limeculture.co.uk) and distributed at a free Knowledge & Network Event for providers of sexual violence support services taking place in July 2019.

PART 2 : UNDERSTANDING THE COMMISSIONING LANDSCAPE

“The landscape for sexual assault and abuse services is wide and complex. It spans a number of different systems and government organisations, including health, care and justice, and requires them to work together. The commissioners of services are varied, and there is a wide range of providers, including some specialist and third sector organisations. This creates a significant challenge, and all the different bodies can find it difficult to work together effectively to meet the lifelong needs of victims and survivors. This can result in fragmentation in service delivery, frustration and poor outcomes for victims and survivors of sexual assault and abuse over their lifetime”.

Strategic Direction for Sexual Assault and Abuse Services:
Lifelong Care for Victims and Survivors: 2018 - 2023

- 2.1 In recent years there has been a change in the way that sexual violence support services, and particularly those in the voluntary sector, have received funding to deliver their services. A shift in government policy has meant that there is now a much greater focus on the role of local commissioners to take responsibility for ensuring that services are available for their local populations, including victims/survivors of sexual violence.
- 2.2 However, despite the shift to local commissioning arrangements, there are a few government departments who have retained central budgets in this area of business and have continued to make central funding available for support services. These departments' responsibilities are explored below.

Home Office

- 2.3 The Home Office has responsibility for the Violence Against Women and Girls Service Transformation fund for 2017-20, and has provided nearly £17 million for local commissioners to prevent and address violence against women and girls. A list of currently funded projects is available online.
- 2.4 The Home Office has also developed and published the National Statement of Expectations , that sets out what local local areas need to put in place to ensure their response to Violence Against Women and Girls issues is as collaborative, robust and effective as it can be so that all victims and survivors can get the help they need.
- 2.5 With responsibility for policy development in this area the Home Office has previously funded 'proof of concept' service provision but their main focus is now on identifying and sharing innovative service development that can be tested and then be picked up locally if successful.

Ministry of Justice

- 2.6 Since 2014, the Ministry of Justice (MOJ) has devolved funding via a grant to Police and Crime Commissioners (PCCs) to ensure that support is available for victims of crime. However, funding for rape support services has been retained by MoJ and allocated centrally via the Rape Support Fund.
- 2.7 MoJ and has recently allocated a competed 3-year fund for rape support services totalling £8 million. However, in 2019 they have devolved funding to 5 pilot areas (Greater London, Cambridgeshire, Essex, Hampshire and Nottinghamshire) to allow PCCs to handle the commissioning arrangements locally. The pilot will be reviewed after 18 months and thereafter Ministers will take a view as to the future of funding and how it is allocated.
- 2.8 In 2017/18 PCCs reported spending £8.40 million from the MOJ grant in supporting victims of sexual violence and abuse and £4.86m supporting victims of child sexual abuse (recent and non-recent)

PART 2 : UNDERSTANDING THE COMMISSIONING LANDSCAPE

NHS England

- 2.9 NHS England is responsible for commissioning Sexual Assault Referral Centres (SARCs) in accordance with their published Specification 30 (2016).^{1,2}
- 2.10 Whilst NHS England is specifically responsible for commissioning the public health services elements of SARC services, the specification describes the entirety of the role, and scope of SARC services and the current model of service delivery for children, young people and adults, highlighting the areas of co-commissioning. Hence, this document is relevant to commissioners in the NHS (e.g. CCGs), Local Authorities and in the Criminal Justice System (e.g. Police, PCCs), who are responsible for commissioning various aspects of SARC provision and/or commissioning elements within the wider Sexual Abuse Service (SAS) pathway including the interfaces and interdependences.
- 2.11 There has been a recognition that more has been needed to develop the strategy for other services that sit outside of SARCs, particularly for those victims/survivors who do not access SARCs. As such, in late 2018, NHS England launched the Strategic Direction for Sexual Assault and Abuse Services- Lifelong Care for Victims and Survivors: 2018 – 2023 (SAAS), which takes a wider view of services for victims/survivors of sexual violence. However, it is not yet clear how the SAAS Strategy will be delivered, implemented locally or indeed funded to ensure that victims/survivors really can have access to lifelong care.
- 2.12 The strategy asks all organisations that commission or deliver services to sign up to a new governance framework outlining the outcomes that they are expected to achieve and how they will report those outcomes. This will be done through the Sexual Assault and Abuse Services (SAAS) Partnership Board, which includes representation from national, regional and local commissioners, including Accountable Care Organisations, Sustainability and Transformation Partnerships, CCGs, local authorities, Police and Crime Commissioners and voluntary sector organisations.

Local Commissioning Bodies

- 2.13 The pathway of support for victim/survivors of sexual violence is fragmented due to the range of commissioners with different responsibilities and pressures to commission specific services for victims/survivors of sexual violence. Sadly, the result of this creates inconsistency in the type and quality of support that is commissioned in different parts of the UK.
- 2.14 It is broadly accepted that in order to overcome some of the difficulties caused by the commissioning landscape, local commissioners should work together in order to agree the pathways of commissioned services for their local area. However, the partnership arrangements vary between areas, and with varying success. For example, in some areas, local commissioners pool their budgets to ensure there is integrated commissioning arrangements across a pathway, agreeing shared outcomes for each of the service providers who contribute to this pathway. While in other areas, local commissioners continue to operate in silos.
- 2.15 The following table below outlines the local commissioning bodies who have an interest in commissioning sexual violence support services and other related services. The information contained in this table has been adapted from NHE England's Strategic Direction for Sexual Assault and Abuse Services (2018) and may be useful guide for providers to broadly see which commissioner has responsibility for service provision for victims of sexual violence.

¹<https://www.gov.uk/government/publications/violence-against-women-and-girls-national-statement-of-expectations>

²<https://www.england.nhs.uk/wp-content/uploads/2018/04/serv-spec-sexual-assault-referral-centres.pdf>

PART 2 : UNDERSTANDING THE COMMISSIONING LANDSCAPE

Table of Commissioning Bodies

Commissioner	Services
NHS England	
NHS England's five regional teams (London, Midlands and East, North and South) covering healthcare commissioning and delivery across their areas. Through entering into local agreements with relevant partners e.g. police, LAs, CCGs and PCCs to establish, where appropriate, pooled budgets and collaborative commissioning arrangements.	Sexual Assault Referral Centres (SARCs) responsible for forensic medical examinations, medical care/support and follow up services in SARCs with Police and Crime Commissioners/Police. Child and adolescent mental health services Tier 4 (CAMHS Tier 4)
CCG	
Victims of rape and serious sexual assault require therapeutic support to aid their recovery. Whilst NHS England commissioners fund initial support for victims attending SARC services, some victims will require longer-term on-going support. This is a CCG commissioning responsibility and CCGs may commission third sector services to provide these services or may provide this within wider statutory mental health provision. NHS England and CCGs need to work closely together to ensure the integration of provision within the SAS care pathways for victims of sexual violence and abuse, and to avoid the duplication of service provision in a local area.	Mental health and Improving Access to Psychological Therapies (IAPT); services for depression and Post-Traumatic Stress Disorder (PTSD) that understand the specific needs of victims and survivors of sexual assault and abuse, including the third sector
Police and Crime Commissioners	
PCCs have a responsibility for commissioning local victims' services for victims of crime, including those provided by the third sector, in line with the legal entitlements in the Victims Code of Practice 2013 and EU Directive on the Rights, Support and Protection of Victims of Crime effective from November 2015 2012/29/EU on Victims Services	This usually includes ISVA services and some therapeutic services. In some forces, the police lead on the procurement of SARC services
Local Authority	
<p>Public Health is a local commissioner promoting healthier lifestyles and working with the NHS and other partners to promote better health and ensure threats to public health are addressed.</p> <p>Safeguarding Children - Local Safeguarding Children's Boards (LSCB) have been replaced with a team of safeguarding partners, the local authority, a clinical commissioning group and the chief officer of police area</p> <p>Safeguarding Adults - is a multiagency responsibility. The Care Act 2014 sets out a legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect, including the establishment of Safeguarding Adults Boards.</p>	<p>Local Authorities commission open access sexual health clinics, GUM clinics and other services used by victims of rape and sexual abuse. LAs work closely with NHS England to integrate provision within the SAAS pathways so that victims receive improved care and on-going support.</p> <p>All children who are victims of sexual abuse should be assessed and safeguarded.</p>
Health and Wellbeing Boards	
Health and Wellbeing Boards (HWBs) are responsible for linking the NHS, public health and social care with a wide range of partners. While not direct commissioners - HWBs provide the platform for ensuring commissioned services meet the needs of their local populations.	

Understanding how local commissioners operate

2.16 It is important for providers of sexual violence support services, including the voluntary sector, to understand how local commissioners operate, what their roles and responsibilities are and how they deliver their objectives. This is explored in greater depth throughout this guidance. However, it is important not to be confused by the terminology that is used. Below are some examples of terminology that create confusion amongst service providers. Please also see the Glossary of Terms (Jargon Buster) at the end of this guidance.

Procurement: this is one part of the commissioning process. It is the part that is concerned with acquiring goods, works and services of the right quality and quantity, at the right time and at the best price. This may include a full tender process.

Contracting: this is where one agency pays another organisation to deliver a service to an exact specification as laid out in a contract. The provider of the service is the contractor.

Grant aid: a grant is a sum of money given to an organisation to undertake an activity. There are specific legal regulations in relation to grants. Over the last 20 years, grants have become more like contracts, with a service level agreement (SLA) or a Grant Aid Contract.

The benefit of a grant is:

- Drive innovation – grants allow service providers to develop innovative and creative approaches to specific problems.
- Build capacity - grants can support the development and capacity of local organisations
- Promote small organisations who do not have the resources or expertise to negotiate complicated contracts but can deliver smaller services
- Proportionate funding - While contracts can be a useful tool in providing incentives and measuring impact, the costs of bidding, negotiating and administering can be disproportionate to the value of the service.

PART 3: ENABLING POSITIVE ENGAGEMENT WITH LOCAL COMMISSIONERS

Preparation

- 3.1 It is important to have a clear idea of what each of your local commissioning bodies do, what their roles and responsibilities are in relation to tackling sexual violence and how they work in practice in your area. Collecting this information will give you a better idea of how the commissioning body actually operates, where the influence lies and who is already engaging with them.
- 3.2 The box below sets out some key questions that you may want to ask.

What do I need to know about each commissioning body I want to engage with?

- ✓ What responsibility for sexual violence support services does the commissioning body take in your area?
- ✓ How does the commissioning body work with other commissioning bodies in your area including what, if any, functions they share? And whether they jointly commission any sexual violence support services?
- ✓ Are there any committees, boards or steering groups which exist to focus on commissioning sexual violence support services? If so, when do they meet? Who sits on them on them? What is their remit? Whether there are any meetings you can attend?
- ✓ What is the identity of the official(s) with responsibility for the work of each of the local commissioning bodies in relation to sexual violence? Is there a lead manager for engaging with the voluntary sector? Who has responsibility for partnerships?
- ✓ To what extent is the commissioning body already engaging with other voluntary sector organisations including commissioned and non-commissioned providers of sexual violence support services?
- ✓ Are there any published Commissioning Plans that include sexual violence?
- ✓ Has there been a sexual violence Needs Assessments undertaken for your area?
- ✓ What sexual violence support services have already been commissioned from the sector? Are there any gaps in the provision?
- ✓ Who is the current provider of the commissioned sexual violence support services in your area, and what are the specific services that they provide?
- ✓ Has there been an independent review of the commissioned sexual violence services?
- ✓ When are the current commissioning arrangements for the commissioned sexual violence support services due to be re-tendered?
- ✓ Is there anything you can learn from how the commissioner engages with other sectors e.g., domestic abuse services?

PART 3: ENABLING POSITIVE ENGAGEMENT WITH LOCAL COMMISSIONERS

Making the case for your involvement

- 3.3 For commissioners who have limited previous experience of the sexual violence sector or have preconceived ideas about how it operates, it is useful to be able to make a concise case on the value you can add. It is important to remind local commissioners why the sexual violence sector exists and what makes it distinctive from other sectors.

Five reasons for commissioning bodies to work with sexual violence voluntary sector organisations

1. Expertise - you will have detailed knowledge and experience of working with victims/survivors of sexual violence, meaning that you know what good services should look like to meet the needs of this distinct client group.
2. Value driven - the ultimate aim of the sexual violence voluntary sector is to meet the needs of victims/survivors, so it will often deliver added value.
3. Preventative services - the voluntary sector is traditionally very experienced in early intervention, prevention and holistic services which may reduce the need for victims/survivors to rely on statutory services later on.
4. Innovation - voluntary sector organisations can often identify problems and start experimenting with solutions more rapidly than the statutory or private sector – particularly when they are grant funded.
5. Contact with vulnerable, under-represented or hard to reach groups - voluntary sector organisations can reach victims/survivors who may be less likely to engage with statutory or mainstream services.

Positive Communication

- 3.4 The first part of creating good communication channels is determining the best way of engagement. The box below sets out some questions to consider:

Who do I target for engagement?

- ✓ Make sure you know which commissioning body you want to engage with. Consider why it is you are approaching them and not one of the other commissioning bodies with responsibility of sexual violence support service provision.
- ✓ Who has the discussions and makes the decisions you care about?
- ✓ Who in the local voluntary sector is already engaging with the commissioning body? Is there a coordinated way in which the wider sector feeds into the commissioner?

PART 3: ENABLING POSITIVE ENGAGEMENT WITH LOCAL COMMISSIONERS

Demonstrate your impact

- 3.5 The crucial point is to be able to demonstrate that you are solving a problem that the commissioner cares about. The best way to think about this is by putting yourself in the commissioner's shoes and explain why you are well placed to assist with what it is that they need.

Impact and solutions

- ✓ Review your outcomes – do they demonstrate that you are delivering positive outcomes for your service users and providing value for money?
- ✓ Showcase your impact - Numbers are important but also make the most of qualitative evidence. You are best placed to gather the stories of the people you work with and these can provide powerful testimony of your service's impact on their lives.
- ✓ Demonstrate that your service meets relevant Quality Standards – demonstrate to commissioners that your service has been independently accredited as meeting relevant Quality Standards.
- ✓ Have your service independently reviewed or evaluated – Don't expect the commissioner to take your word for how great your service is. Sometimes an external view of your service is also helpful. An independent review or evaluation shows that you recognise the importance of external validation of the service you provide.
- ✓ Demonstrate that you can work in partnership with other agencies – by having formal referral pathways in place with other services and information sharing agreements already in place.
- ✓ Show that you can influence and be influenced –how have you had input into overcoming local challenges or helped find solutions? Have you participated in a provider forum? Have you been involved with consultation or engagement events? These demonstrates that you can be a valued partner to key agencies with responsibility for responding to victims of sexual violence.
- ✓ Articulate the future of the service you provide - what are your strategic plans? How will you deliver them?
- ✓ Demonstrate how the funding type that you are advocating for will be used- develop delivery plans that include robust governance arrangements.

Developing Consortia or Partnership Approaches

- 3.6 Commissioners often prefer collaborative provider approaches to the delivery of services. They may feel they haven't got the resources to commission lots of different organisations, preferring to cut costs by commissioning at scale with a single point of contact as this requires less time to manage a single contract than a score of grants. However, it should be noted that the sexual violence sector is not particularly experienced in this type of approach.
- 3.7 The problem is that for larger value contracts in particular, smaller organisations may not have the resources of larger private sector organisations with demonstrable experience of delivering large contracts and the scale and resilience to support the potential risks. Partnerships / consortia of smaller organisations however provide the opportunity for the sexual violence sector to increase their capacity combining their expertise, resources and share the risks of competitive tendering.
- 3.8 However when considering whether to develop consortia for the pursuit of contracts, organisations should also be mindful of the significant costs in terms of times and resources for the development and management of consortia as well as the ethos of individual organisations.

PART 3: ENABLING POSITIVE ENGAGEMENT WITH LOCAL COMMISSIONERS

Case-study: Building Relationships to Deliver Contracts in Partnership

In early 2016 interim grant funding was awarded to Sexual Violence Support Services (delivered by separate organisations) by the PCC Victim Services Fund, to implement a consistent, robust and efficient ISVA/CHISVA service model of working across the South Yorkshire region, placing victim care at the centre of all actions.

A Competitive Open EU Procedure was identified as the most appropriate route to market, as the supplier landscape for this service is limited and therefore an open tender rather than restrictive was the chosen option.

Following evaluation the contract was awarded to South Yorkshire Sexual Violence Partnership consisting of consortium members Doncaster Rape and Sexual Abuse Counselling Service (DRASACS), Rotherham Abuse Counselling Service (RothACS), Barnsley Sexual Abuse and Rape Crisis Services (BSARCS) and Sheffield Rape and Sexual Abuse Centre (SRASAC).

This was the culmination of work from many people in different services across the county stretching back many years. In 2013 some local managers came together as a loose support network, sharing best practice and local knowledge. There was a shared ethos and background amongst the providers, and due to the geographical nature of the county, having CCG's contained in the same boundaries as the local authorities, the service providers were not in a position to compete with each other. The network became a group, meeting regularly and speaking with one voice on subjects at county-level meeting and local meetings.

A vision established among the group, that this could lead to different places, and it was the personalities within the group which facilitated that vision. Acknowledging that we all have different skills, that there is a bigger picture, that at different times some will lead and some will follow, and that we retain the values of our individual organisations whilst also working together to achieve more. Each organisation has their own ways; the mutual respect allows difference as we all retained the common goal of wanting to deliver the best service for the people who need it.

The partnership came into fruition due to circumstances, changes in the environment and a willingness to adapt and respond to those changes. A relationship was built between the group, statutory services and commissioners (RaSSO/Local Authorities/Police/SARC/NHS), the ability to respond as 'one' through the group built on the reputations of the service providers. The relationships were key in being noticed and recognised as a solution to changes in the environment, and the willingness of service providers within the group to adapt to fill gaps in service provision ensuring that people who required a service received it, laid the foundations for the formal partnership that exists today.

A gap emerged in service provision due to circumstances, the OPCC took responsibility for funding the gap, and service providers within the group took responsibility for filling the gap with support of other members. This reactive step, was a turning point and could only have happened through willingness on all sides to focus on the needs of people who need support, politics put aside.

Our experience is that organisations should cluster who have a common ethos, and cluster initially with no other aim than to support and share. Through building relationships before the pressures of seeking funding, legalities, processes, personalities, allow time to establish trust, friendships, rapport and understanding – all those things will be needed in abundance when facing the challenges of shared funds, processes and change. No contracts, paperwork or processes can ever be more valuable than mutual trust, respect, understanding and support between leaders and key stakeholders within the organisations of partnership agencies.

Cheryl Wynn, Partnerships and Commissioning Team, South Yorkshire Office of the Police and Crime Commissioner

Kevin Hill, CEO, DRASACS on behalf of the South Yorkshire Sexual Violence Partnership.

<https://southyorkshire-pcc.gov.uk/support-for-victims/help-and-support-group-organisation/south-yorkshire-sexual-violence-partnership/>

PART 3: ENABLING POSITIVE ENGAGEMENT WITH LOCAL COMMISSIONERS

Finding a contract

- 3.9 Where your organisation has been engaged with commissioners or is currently delivering services, you will have an on-going dialogue with the commissioners and should be in a strong position to be made aware of and to bid for any relevant contracts or innovation funds.
- 3.10 However, if this is not the experience of your service, there are still a number of ways of identifying appropriate contracts. The more you are proactive in making relationships with local commissioners and other strategic bodies, the more likely you will find out about their opportunities and how they advertise them or even to be approached directly.

Bidding

- 3.11 It is important that sexual violence service providers, including the voluntary sector providers, consider their mission and values when bidding for contracts, and consider whether they should avoid relationships or arrangements that threaten them.
- 3.12 Underestimating the risks associated with delivering some contracts is very easy to do. The pressure to secure contracts can be intense, particularly when smaller organisations are reliant on income, meaning that a full assessment of the risk is not undertaken.
- 3.13 Before bidding it is worth considering a number of things, including:
- What is the length and value of the contract?
 - What control will you have over referral numbers and criteria?
 - Whether there are any variations in expected effectiveness?
 - Is there a mobilisation period built into the contract to allow you to meet the prescribed outcomes in a phased approach?
 - How likely are any political or economic changes (outside your control) to affect the delivery of the service?
 - Are there any penalties – financial or otherwise – incorporated into the contract that may impact on the service?
 - What responsibilities you will have to take on in order to deliver the contract, particularly TUPE?

Contract Awards

- 3.14 It is important to remember that even once a contract has been awarded, you will need to be clear that it is a contract you want and can deliver. You will need to undertake 'due diligence' before you take over the running of a service. Below are some questions that may be helpful to ask before you sign a contract.
- Do the contract requirements reflect the service delivery you thought you were bidding for?
 - Is the level of pay of any staff you are taking over what you were told it was during the tendering process?
 - Are the liabilities that you are inheriting what you were expecting?
- 3.15 It remains absolutely vital that the principles adopted by your organisation still hold firm. Strong governance to uphold the independence of your organisation in all relationships and activities will be key.

PART 3: ENABLING POSITIVE ENGAGEMENT WITH LOCAL COMMISSIONERS

Barriers to engagement - As Reported by Commissioners

3.16 Commissioners told us that there are some common barriers for their engagement with the sexual violence sector. The main barriers that were highlighted are listed below.

Barriers	Breaking down barriers
Provider may be perceived as a 'difficult' stakeholder – in cases where challenges are presented unprofessionally.	Conduct yourself in a professional manner at all times. This should include in all email or written correspondence with commissioners and at meetings - both informal and formal meetings.
Providers may present 'sense of entitlement' to funding. Providers should be aware they are accountable for public money awarded to them and are expected to demonstrate outcomes including value for money.	Recognise that the commissioner has to be assured that the money they provide - or may provide to your service - has to be accounted for. You should seek to provide commissioners with the information they require.
Provider does not work in partnership with other local services or agencies – this may include not referring your clients to other local services when it is appropriate to do so.	Recognise that victims/survivors may require the support of a range of services, not just your service. Your service will almost certainly be part of a pathway for victims/survivors and as such, you have a responsibility to try and ensure that pathway is seamless.
Provider does not acknowledge the expertise of others.	Your service may not be the only input required for a victim/survivor of sexual violence. They often require the support of other agencies or services too and the specialism of other services should be acknowledged.
Provider is perceived to have bad relationships with other local sexual violence support services.	Competitive bidding can erode goodwill and the possibility of sharing intelligence or working in partnership. However, it is clear that many commissioning bodies do not have the capacity or the ability to engage with a fractured sector and therefore, it is important that you are able to provide a coherent and professional front. Do not allow your service to become 'personality' driven.
Provider says they can deliver a service that they simply cannot	If you are unable to deliver a commissioned contract due to resources then you should not waste your time or the time of the commissioner as this leads to damaged relationships and potentially damage to your service's reputation in terms of future engagement. For example, if your organisational constitution prevents you from delivering certain services, e.g., for males, then you should not bid for contract that includes supporting males.

PART 4 : THE COMMISSIONING PROCESS

Barriers to engagement - As Reported by Providers

3.17 Providers told us that there are some common barriers for their engagement with commissioners. The main barriers that were highlighted are listed below as well as recommendations to overcome them.

Barriers	Breaking down barriers
Difficulty in understanding where commissioning responsibility lies.	The commissioning of sexual violence support services is complicated - and varies by area. However, it is important to take the time to research the different local commissioning bodies and find out what they are currently commissioning. See above section 2.15
Needing to engage with a range of different commissioning bodies	While it is true there are a range of commissioning bodies with responsibility for sexual violence services, you may not need to engage with all of them if they don't commission services like the one you provide. You may also find that they work in partnership, so there may be a straightforward method of engagement, e.g., through a partnership board for example.
There is no point - smaller organisations are being drowned out as they don't have the capacity to deliver commissioned contracts.	This is not true. There are plenty of examples of smaller organisations delivering commissioned contracts. However, you may find that collaborating with other providers enables you to deliver the service that that the commissioner requires.
Don't have the expertise or time to respond to complicated tender arrangements.	This is a very real problem. However, commissioners told us that they welcome smaller providers getting assistance with the tender process from other organisations. So if you don't have the skills in-house or the time, it is worth looking into getting help with bid writing. You should also check if the commissioners are holding a "meet the buyer" event, which is often held around the time of a tender launch. These events can be useful to get a better understanding of what the commissioner is looking for and the expectations of the service they are procuring, and may also provide some useful guidance on the process.
Commissioned contracts seem to be favoring more 'generic' service providers.	It is true that in some areas, the commissioners have required the services for multiple client groups (i.e, victims of violence) however, that does not mean they want more generic service providers to deliver the contract. You may be able to collaborate with other partners in order to deliver part of that larger service, and receive support from partners as part of that arrangement.
There is not an equal relationship between commissioner and provider; The commissioner has all the power.	This is untrue. In fact, commissioners said that in some cases they feel that the providers 'have them over a barrel' because there is nobody else able to deliver that service or they are left with no service being delivered if the provider can't deliver. The commissioner/provider relationship should be equal - they are purchasing a service on behalf of victims/survivors that you are providing, and share similar aims in terms of good outcomes for victims and survivors.

PART 4 : THE COMMISSIONING PROCESS

- 4.1 It is important to acknowledge that 'Commissioning' is a broad and fairly complex concept and as such, there are many definitions. However, put simply, commissioning is the process by which the best possible outcomes within the resources available are procured. Commissioning is an on-going process that applies to all services that are publically resourced, regardless of what type of organisation provides the service.
- 4.2 Some of the key challenges for the sexual violence sector and particularly the voluntary sector about the commissioning process is separating the myths from the reality. Some common myths about commissioning include:

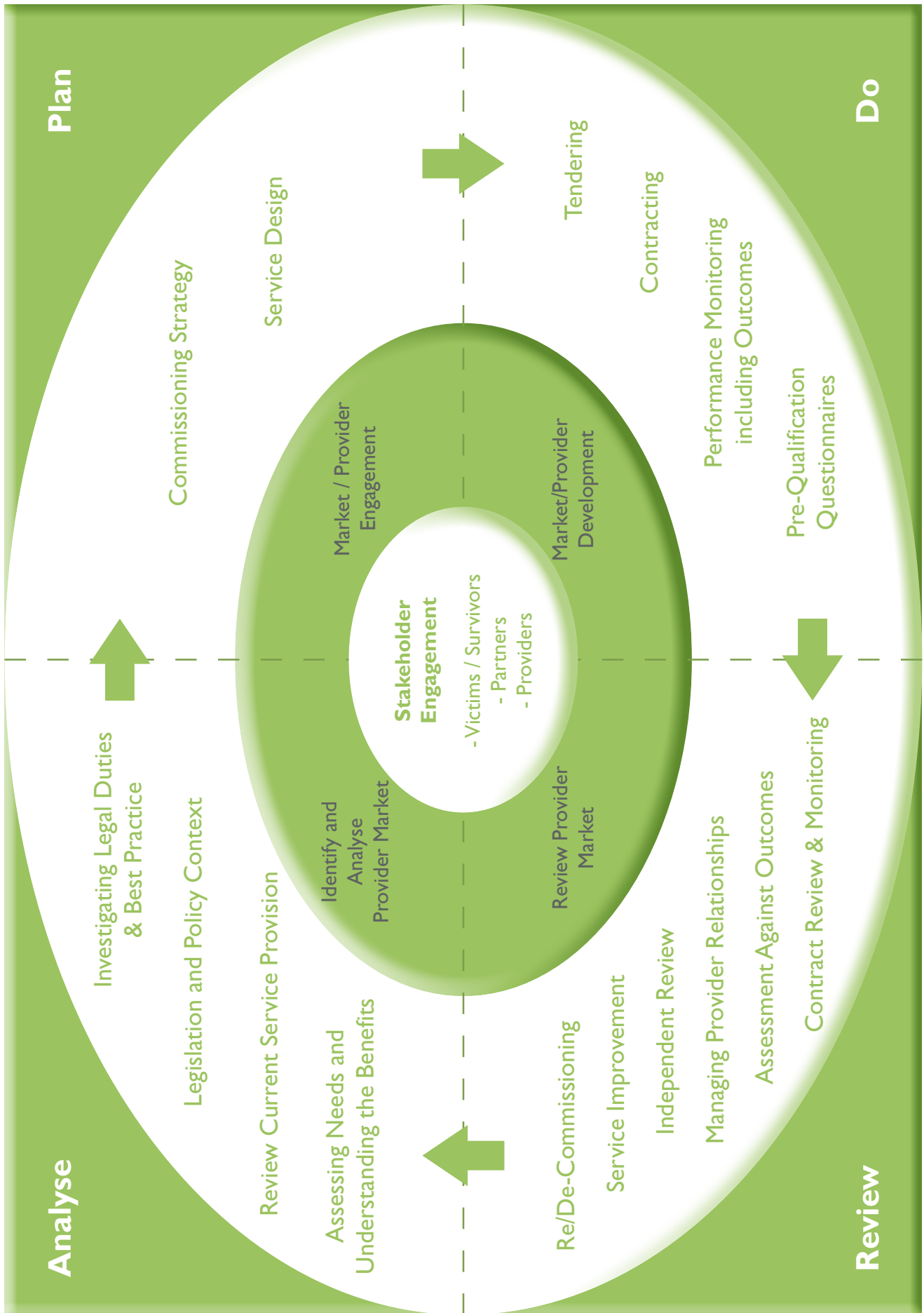
Myth	Reality
'Commissioning is procurement by another name.'	Commissioning is much more than procurement and might not involve procurement at all. Commissioning is about researching and setting strategies and deciding on the best way of achieving those strategies. This will involve an analysis of needs and gaps in the system to identify what needs to be commissioned.
'Commissioning is about contracting.'	Commissioning need not automatically lead to the procurement of a contract - that's just one choice. A service could be funded through a grant.
'Grants are bad'	Grant giving is a legitimate commissioning technique. Grants are appropriate for some types of services, particularly innovation, as they can be more responsive and allow greater flexibility in meeting complex outcomes.
'Commissioners can't talk to providers until the contract is put in place'	It is right that no organisation should have unfair access during a competitive bidding process, but bidding is just one small part of a much longer commissioning process - which the sexual violence sector, including the voluntary sector can, and should, be involved with at every stage.
'Commissioning is just about making cuts'	This is not true. Although there will almost certainly be financial envelopes and budget allocations, the commissioning process is not about making cost savings. In fact, local commissioners in many areas have increased their budgets for sexual violence support services. When evaluating tenders, commissioners will usually look at the quality of the service that the bidder is proposing, and not focus solely on price.

PART 4 : THE COMMISSIONING PROCESS

- 4.3 Most definitions of commissioning show a cycle of activities at a strategic level. However, due to the range of local commissioners with responsibility for sexual violence services, it is impossible to provide an exact model of the commissioning process largely because different cycles are adopted by different local commissioners. As such, there are variations of the commissioning cycle but they ultimately include the same logical process.
- 4.4 Despite the varied models and approaches used in commissioning, there is general agreement that it is a cyclical process consisting of four phases. The terminology may differ between commissioning bodies but the four phases are:
1. Analyse,
 2. Plan,
 3. Do,
 4. Review.
- 4.5 There are key activities in each phase, but in reality, the cycle does not have a beginning and an end. Therefore, there will be key actions that need to be undertaken during each of the four phases of the cycle, but the nature and focus of that action will change to reflect the stage reached in the cycle.

Phase	Key Activities
Analyse	The analysis of need, capacity, assets and resources and of the capability of the market. Agreeing priority needs with partners. Defining the outcomes to meet those needs.
Plan	Gap analysis, stakeholder engagement, the design of services and service pathways, developing a joint commissioning strategy.
Do	Implementing the commissioning plan, facilitating the market, building capacity, sourcing the providers capable of meeting a specification and contracting for the new services. Delivering to users.
Review	Contract monitoring and reviewing the effectiveness of the strategy. Reviewing and learning from delivery and feedback from users.

PART 4 : THE COMMISSIONING PROCESS



PHASE ONE : ANALYSE

Assessing Need and Understanding the benefits

- 4.7 Assessing need- and the level of need - is a crucial step in the commissioning process. Without properly understanding the needs of victims/survivors of sexual violence, the design and delivery of services are unlikely to achieve the best outcomes.
- 4.8 Good commissioning starts with a thorough understanding of local need. Data about needs, can be both quantitative and qualitative and can be gathered from a number of sources.
- 4.9 There is no reason why the sexual violence sector, including the voluntary sector, should not be involved in the needs assessment process, both as potential suppliers and as key sources of specialist knowledge. But for the dialogue to be meaningful, the sector needs to be politically astute, well informed about the issues and proactive in taking ownership of the offer they can take to the table. The value of mature relationships rather than ones of dependency should not be underestimated in commissioning dialogues.
- 4.10 During this stage, local commissioners will usually:
- identify the level of need (including demand over time) using a needs assessment and understanding the benefits for providing a service,
 - analyse policy drivers both national and local for examples of current strategy,
 - research best practice,
 - investigate any legal duties and assess risks.
- 4.11 Needs assessments may be carried out by the commissioners themselves or contracted out to external independent organisations to support the independence of the process. Providers should have a key role here in identifying local need including any unmet need.
- 4.12 Commissioners should ensure transparency and publication of information reviewed at this stage. It is important to enable stakeholders, including providers, to understand how decisions are being made and to ensure they are able to inform and feedback on the needs assessment.

Review Current Service Provision

- 4.13 Where local commissioners identify and agree roles and responsibilities, this is a helpful step forward to ensure that the full range of services along the pathway are commissioned and delivered by the most appropriate services. This also means that gaps in provision can be identified.
- 4.14 Current and future needs should both be considered as part of this process. These should be set against the mapping and evaluation of current service provision and include any performance information to support the assessment. Therefore, it is essential that current providers are able to provide data and performance information, including outcomes, to support this process.
- 4.15 In addition, impact assessment activities are built in at this point and, during the following stage, to explore the potential consequences of commissioning decisions

PART 4 : THE COMMISSIONING PROCESS

Legislation and Policy Context

4.16 Local Commissioners will usually look at policy from central government departments which either directs local commissioning arrangements or has an impact on the direction of travel. Local commissioners will also look at relevant local strategies, such as Health Improvement Plans, Local Crime Plans and Public Health Plans in order to inform their decision-making.

Researching Best Practice

4.17 Local commissioners will usually seek to research best practice initiatives, or in other words, where things are being done well in other areas. Initial consideration is also given to any relevant policy frameworks, which could impact on delivery. e.g. NICE Guidance.

4.18 The sexual violence sector, including the voluntary sector, can add significant value by sharing their expertise in best practice in relation to service delivery for victims/survivors of sexual violence.

4.19 Commissioners may also utilise national or regional commissioning forums to share best practice. However there is an appreciation that those for sexual violence are less developed than for other sectors. This may be due to a past dependence on national commissioning.

Investigating Legal Duties and Risks

4.20 Commissioners will also look at their legal duties during the analyse phase. For example, PCC commissioning should align with the legal entitlements in the Victims Code of Practice 2013 and EU Directive on the Rights, Support and Protection of Victims of Crime effective from November 2015 2012/29/EU on Victims Services.

4.21 Commissioners will also look at any risks that may impact on the commissioning process. One key area highlighted by commissioners are TUPE arrangements, which can create a financial and complex burden on providers. A key role for commissioners is to understand in detail the current workforce commitments of providers. However, this will be hugely important for any new providers who may be liable for workforce commitments of any previous providers.

4.22 Service providers will have to be realistic about who will bear the costs and risks of liabilities such as property assets and the pensions of transferring staff. When deciding whether to bid it is always worth thinking about who the local commissioner will be decommissioning if your bid is successful and what this will mean for your organisations financially.

PART 4 : THE COMMISSIONING PROCESS

Case-study: Managing TUPE arrangements

In 2017 we commenced a commissioning process for a new all age, all gender, ISVA service for Gloucestershire. The budget was set at a level commensurate with the demand and benchmarked across the UK. On this basis a tender was advertised resulting in two bids, both of which were then evaluated and deemed non-compliant. As we were still in need of this service and the market had been explored, we then commenced a process entitled competitive process with negotiation with a local provider resulting in the award of a 5+2 year contract, commencing in October 2018.

However just prior to contract commencement and, in the mobilisation phase, we became aware of an issue with TUPE. Prior to commencing the ISVA commissioning we had previously grant funded two organisations to deliver this service one being an NHS based trust, the other a charity. The impact of the NHS staff being TUPE'd to the new provider was that these staff had high on-costs, employment rights and pension entitlements of some 14%.

The newly commissioned ISVA provider had insufficient funds to accept these NHS staff. However under TUPE, the new provider had to take responsibility for this transfer of risk and in doing so placed their own charity at risk of insolvency due to having very low levels of reserves.

The Charity had no HR trained staff to manage this process and had to employ an HR specialist at a very high daily cost, so exacerbating this situation.

Due to this difficult situation, I offered my full support in assisting the new provider to manage the TUPE process, which was their responsibility and I am pleased to say eventually succeeded.

The key factor in progressing this process was my agreement to increase the annual contract value in order to create a 'sinking fund' over the life of the contract and in doing so reduce the financial risk of the new provider should any NHS TUPE'd staff be made redundant or otherwise. After considerable negotiation with the new provider, we reached a mutual position on this uplift in budget and the contract then commenced.

Sadly, TUPE does not have a good name and creates fear amongst small and local charities who are bidding for contracts and then dissuaded, notwithstanding that employees have rights which we fully acknowledge.

I hope my case study illustrates how PCCs can work with small and local providers through a partnership based approach and remove some of the complexity in what is a very challenging world of commissioning.

Gloucestershire OPCC – Richard Bradley - CEO

<https://www.gloucestershire-pcc.gov.uk>

Key Pointers for Providers at Stage 1: Analyse

1. Make sure you understand the scope and initial objectives of the commissioning process and don't be afraid to question them.
2. Be ready to contribute evidence and insights and assemble your own data to help strengthen the needs analysis.
3. Make sure that your service is clearly understood and recognised within the needs analysis.
4. Get to know the various players involved in the commissioning process and make sure they understand that you want to help them.
5. Be prepared to engage fully in the commissioning process and be ready to influence - and be influenced - as new ideas emerge.

PHASE TWO: PLAN

Commissioning Strategy

- 4.23 Once the nature and scale of the local demand for sexual violence services, and any gaps in existing provision, has been agreed and understood, commissioners can begin to identify the priorities and the outcomes that they want to achieve. Commissioning for outcomes has become a standard service planning concept by local commissioners. However, there are still real difficulties around using outcomes to commission sexual violence support services.
- 4.24 This planning stage involves working with stakeholders including providers to decide how to address the identified needs effectively, efficiently, equitably and in a sustainable way, using evidence of what works for victims/survivors of sexual violence.

Service Design

- 4.25 Commissioning bodies should be asking “How do we want to achieve our outcomes?” in an open way, without preconceptions. Commissioners then plan the pattern of services most likely to secure the outcomes that they want to achieve, and should involve providers and those who can contribute their expertise. Where service provision already exists, it is important to review this to ensure continued effectiveness and efficiency.
- 4.26 There is a common misconception amongst commissioners and providers that if you are planning to bid to provide a service, you cannot play a part in service design. This is categorically not true. The procurement process is different to - and separate from - the service design process, and is probably the most important opportunity for the sexual violence sector, including the voluntary sector, to contribute to decision-making. The sexual violence sector, particularly the voluntary sector, are often in a better place to ask what victims/survivors want or need from their local services.
- 4.27 In order to secure robust services, it is vital to create realistic and achievable service specifications, which detail the elements of the service to be provided and the outcomes required. Workshops may be run with providers to test the thinking around any aspect of the service or procurement process, including contract and relationship management, delivery options including services specification and evaluation.
- 4.28 In shaping service specifications, commissioners should involve relevant stakeholders, listen to the widest range of suggestions about solutions and learn from good practice.
- 4.29 Commissioners may choose to hold a market engagement event, which is where potential providers are able to meet with commissioners to explore the details of the contracts and exactly what their requirements for the delivery of the service are. This is a good opportunity for the provider to gain better understanding of the contract and what will be expected. For commissioners this is a useful way of ascertaining whether providers are likely to bid for the contract or not.
- 4.30 It is important that commissioners should always remain open to changing service specifications as a result of consultation and feedback. This may be through a formal procurement process of market engagement or provider engagement.

PART 4 : THE COMMISSIONING PROCESS

4.3 | Once the specification and evaluation have been finalised, procurement specialists lead on the operational aspects of the tender process.

Key Pointers for Providers at Stage 2: Plan

1. How are the intended outcomes being defined – do they reflect your understanding of what is needed for victims/survivors of sexual violence?
2. What can you offer to the service design process?
3. Will you be able to separate your organisation's interests from the more abstract process of designing new services?
4. Is the service specification clearly defined and achievable?
5. Can you deliver a service in line with the specification?

PHASE THREE : DO

The tendering process

4.32 The success of the 'do' phase is dependent on the effectiveness of the other elements of the commissioning cycle. This phase is about implementing planned services and activities once a proposed method of delivery has been agreed.

Finding out about opportunities

4.33 Providers should ensure that they are able to access information about local tender opportunities. As such, providers should be aware of how their local commissioning organisations advertise opportunities and make sure that they are able to access all the information about the contract.

4.34 Many local commissioners are moving towards electronic portals to advertise contract opportunities. This will usually require electronic submissions and may well require service providers to be registered with the portal in order to see the opportunities (and any documentation related to the contract) and then submit proposals and any documentation required.

Contracting

4.35 European Union directives, legislation and local financial regulations subject to specific and detailed requirements and timescales govern the formal competitive stage of the procurement process.

4.36 The type of contract used will vary according to the service being commissioned and who the lead commissioner is. For example, the NHS have a standard contract that is used by Clinical Commissioning Groups and NHS England commissioners. Technical Guidance can be found at <https://www.england.nhs.uk/wp-content/uploads/2019/03/8-NHS-Standard-Contract-Technical-Guidance-1920-v1.pdf>. NHS England has a standard Grant Agreement that can be used for voluntary sector organisations. Information about this can be found at <https://www.england.nhs.uk/wp-content/uploads/2015/02/nhs-bitesize-grants-rb-170215.pdf>.

4.36 Providers can often benefit from working with external organisations to support them in funding or tender applications. These may be local voluntary organisations or organisations providing tender support.

PART 4 : THE COMMISSIONING PROCESS

Case-study: Tender Support for Contract to Deliver County-wide CHISVA Service

Our local PCC put out a tender for the delivery of a new county-wide CHISVA service that would be operating alongside the new regional sexual assault service. Imara is a small specialist organisation that works with children and young people who have experienced sexual violence and we were in the process of training up a CHISVA at the time, as we had been delivering support through the Criminal Justice Process from an advocacy perspective for the previous 7 years. We were naturally very keen to bid on this contract which we felt was an exciting opportunity to deliver an important new service across Nottinghamshire and one that was much needed to fill the gap for under 13 years olds that we had been highlighting. Having looked at the tender documentation, it was very clear to us that although we had the skills and experience to deliver a high quality service, we did not have the necessary experience, skills or capacity to enter into a complex procurement exercise of this nature.

We called a national sexual violence organisation with specialist knowledge of the commissioning process and asked whether they could provide us with support to enter the commission processes. They very quickly reassured us that they could support us and would work with us to develop a strong bid that highlighted our experience and ability to develop a new CHISVA Service.

Over the following month or so, this organisation worked closely with us to demonstrate our ability to deliver a new service. They spent time understanding our organisational ethos and how we work, translating this into information that would appeal to commissioners and showcase to them our ability to develop and deliver a brand new service. They worked with us to develop policies and procedures that were required by the commissioners and honed our responses to ensure that our organisational strengths were highlighted. They worked with us to consider how best to implement the new service and identify the key actions required in the mobilisation phase.

We were delighted when we were informed that we had been awarded the contract to deliver the new CHISVA service for Nottinghamshire and recognise that there was enormous learning through this partnership which now places us in a good position from which to apply for future tenders.

Cath Wakeman CEO Imara
<https://www.imara.org.uk>

Performance Monitoring including Outcomes Management

- 4.38 Local commissioners should strive to maintain a clear focus on outcomes to ensure that the services are meeting the identified needs and making a difference to the lives victims/survivors of sexual violence. However, outcomes (real-life impacts) are challenging to measure, and as such local commissioners will monitor contracts using input costs, number of sessions available and/or workforce and service output (amount of services e.g. number of clients per month) indicators to reassure commissioners that the service is performing.
- 4.39 Furthermore, there is currently no common data set used by sexual violence support services that allows commissioners to see how services are performing against other parts of the system and drive progress or change behaviour for the greater outcome of the victim/survivor. This makes it harder for commissioners to compare the service with another similar service.
- 4.40 Therefore, Commissioners should work closely with providers to develop realistic data collection and performance reporting processes, which are aligned to the development of service specifications. Outcome monitoring should be proportionate to the size of the contract and the level of risk.

PART 4 : THE COMMISSIONING PROCESS

Workforce Development

4.41 Increasingly commissioners are aware of the need for funding to cover recruitment, training, continuing professional development and supervision arrangements within sexual violence support delivery. Providers should explore with commissioners how the funding provided can be allocated to cover these on-going commitments.

Pre-Qualification Questionnaires

4.42 Many local commissioners use preferred provider frameworks, for which potential providers have to pass a minimum threshold set through a Pre-Qualification Questionnaire (PQQ). If there is a preferred provider list, you will need to find out how do sexual violence support services, including the voluntary sector, get listed on it.

4.43 Although pre-qualification is an optional step in the procurement process for contracts under the EU threshold, it tends to be standard practice for public bodies when procuring services. Unfortunately, there is no standard PQQ so the standard varies between local commissioners.

4.44 PQQs are not always focused on how the service would be delivered. Instead they are used to satisfy the commissioning body that the organisation is competent to take on the risks and liabilities of the contract terms. As such, it will be important to demonstrate the legal and financial status, management, governance and the technical capacity of your organisation.

Key Pointers for Providers for Stage 3: Do

1. Do you have a good network and access to information on the bidding opportunities that become available?
2. Do you have a framework or process for deciding which bidding opportunities to pursue and which ones to avoid?
3. Have you got the organisational culture needed to work in partnership with other organisations in a consortium?
4. Have you got the technical and commercial ability to assess and price a bid, and can you afford the specialist advice needed to assess key risks (e.g. pensions)?
5. Have you got a procedure for taking on a new contract, including due diligence?
6. How will the management of a new contract affect your organisation's culture?
7. How can you ensure you remain true to your core values?

PHASE FOUR : REVIEW

Contract Review & Monitoring

- 4.45 Reviewing the performance and impact of services on agreed outcomes is essential in assessing whether the commissioning arrangements have worked properly and that lessons are learned if necessary.
- 4.46 Contract review can seem like an inconvenience, but it's also your opportunity to make sure that the contract remains as important to the commissioner as it is to you. Commissioner and provider relationships can very quickly become adversarial if not managed appropriately, so you need to ensure that you engage in joint problem-solving when difficulties arise.
- 4.47 Commissioners should conduct regular review meetings working with their providers to identify and rectify poor performance at an early stage. Performance information from service reviews is often used to inform future commissioning and decommissioning plans.
- 4.48 Other information that commissioners have highlighted as useful in managing sexual violence support service contracts has included:
- Workforce information including recruitment and supervision arrangements and training
 - Progress against accreditation where appropriate (especially if this is included in specifications)
 - Evidence of how safeguarding has been embedded into service delivery and identifying any incidents that might affect the quality of the services provided or how learning from an incident has impacted on practice
 - Evidence of how activity has helped to close the gap in terms of outcomes for the most disadvantaged groups
 - Case studies that evidence improved outcomes
 - Evidence of how service users are involved in evaluating and improving the service, and what opportunities for involvement are available (for example being part of a recruitment panel, or reviewing procedures).

Assessment against outcomes

- 4.49 Commissioners will hold providers to account for the provision of timely and accurate data but they should also support them in doing this, to enable them to review services effectively.
- 4.50 Evaluation of quantitative and qualitative performance information, including feedback from services users, enables both commissioners and providers to understand the extent to which the service has met its objectives so they can improve its design and operation to best meet the current and future needs of victims and survivors.

Managing Provider Relationships

- 4.51 Commissioners can often have a key role in unblocking barriers to delivery when working with other partners. Therefore, it is important that providers are transparent with their commissioners where they encounter barriers to the delivery of services. However, it is important to note that it is not the role of a commissioner to resolve operational issues (providers should have structures in place for this). Having said that, they may be well placed to solve systemic issues to support the provider if they have the information following any evaluation or review of services.

PART 4 : THE COMMISSIONING PROCESS

Service Improvement

4.52 It is essential that commissioners continue to work in partnership with providers to achieve on-going service improvement through a process of openness and transparency. This may involve exploring potential innovation provided by existing providers, new entrants to the market or changes in demand that will have an impact on the way that services are delivered.

Case-study: Working collaboratively with Commissioners to find solutions

In 2015, IDAS, the service provider for the North Yorkshire county-wide ISVA service, began to experience a significant increase in the number of referrals. Over the first year of delivery the referrals to their ISVA service had increased by around 75%. This was exacerbated by a surge of historical sexual offences being reported to the police following a specific police operation. It created an unprecedented and unanticipated demand on the ISVA service, which led to significant workforce and service delivery pressures to the provider.

The provider immediately alerted the Police, Fire & Crime Commissioner for North Yorkshire, as the commissioner of the ISVA Service, to explain the pressures the ISVA service were facing, and together set about finding a practical solution to the challenges the increase in demand were placing on the ISVA service. Through the collection of robust data, the provider was able to clearly demonstrate to the commissioner the impact on the service. As a result, the Commissioner was able to release additional resources to enable the ISVA service to increase their capacity to respond to the demand.

A combination of an excellent working relationship, early discussions and transparency about the difficulties the provider was facing in managing the unexpected demand, along with robust data was crucial to evidence the impact on the service, was key to finding a practical solution. This additional targeted resource provided by the Commissioner enabled the provider to continue to deliver a high quality service to the North Yorkshire community.

Sarah Arnott, Commissioning & Partnership Manager, North Yorkshire Police, Fire & Crime Commissioner <https://www.northyorkshire-pcc.gov.uk>

Independent Review

4.52 The commissioner, as part of the review phase, may commission an independent review of your service provision. This is a useful tool for them to gather an external view of the way the service is being delivering, whether it is meeting the intended outcomes and also to identify whether there are any areas for improvement that could be captured in the re-commissioning of the service.

4.53 Providers should play a key role in any independent review of their service. It is very easy to become defensive about the service you provide, and be reluctant to engage with a process that could identify areas for improvement. However, you should also remember that the independent review could provide very powerful examples of where you are delivering the service well, or over and above what is contractually required of you. This could be beneficial to your service in future commissioning arrangements.

PART 4 : THE COMMISSIONING PROCESS

Case-study : Independent Review of Support Service

During the development of Survivors Manchester's non-clinical services, in 2014 we were awarded funds to develop a Criminal Justice worker post to support male survivors through the criminal justice system as victims of sexual abuse, which was a pre-cursor to the development of the first ever male specific ISVA service in the UK.

To ensure that we had the richest possible learning of the Criminal Justice pilot, we commissioned LimeCulture CIC to undertake an independent review of the service which included them speaking to management, staff, partners and referrers. An interim report was produced that helped us begin to see where the gaps and improvements should be; and the final report which contained a range of recommendations we made public to ensure that survivors could see the quality of the review and be able to hold us to account for the developing ISVA service.

The review was acknowledged by commissioners; the quality and methodology was welcomed and the result was the commissioning of which led to the establishment of the UK's first Male Specific ISVA Service.

Our experience with LimeCulture CIC and the learning from the supportive and positive process we took also led to us embedding a culture of independent reviews throughout our organisation which we still believe is the healthiest and most transparent way an organisation can thrive in.

Duncan Craig, CEO, Survivors Manchester
<https://www.survivorsmanchester.org.uk>

Re-commissioning or Decommissioning

- 4.53 The cyclical nature of commissioning means local commissioners may need to change the way in which services are delivered. Where commissioned services no longer meet commissioning priorities, or fail to deliver the outcomes that are required, services will need to be re-commissioned, decommissioned or monies dis-invested.
- 4.54 Commissioners should always follow specified processes of decommissioning which will be identified at the outset of contracting. Providers should be mindful of the timescales for ending contracts and have exit strategies in place from the commencement of service delivery.
- 4.55 Although it may be a blow to your organisation if you are decommissioned, it is important that you carefully consider how you present this. For example, negative comments via press engagement may have an impact on the likelihood of future victims/survivors feeling able to seek support. It may also affect your reputation with commissioners and their willingness to work with you should other funding/procurement opportunities present themselves

SHARED PRINCIPLES FOR COMMISSIONERS AND PROVIDERS OF SEXUAL VIOLENCE SUPPORT SERVICES

Phase	Commissioners	Providers
Analyse	<ul style="list-style-type: none"> ✓ Local commissioners should identify and agree their roles and responsibilities to ensure that a seamless pathway of services is commissioned effectively. ✓ Ensure the robust analysis of met and unmet need, service provision, best practice, legal duties/risks, market trends and innovations. 	<ul style="list-style-type: none"> ✓ Ensure services collect meaningful data which highlights the needs of a target group or population. ✓ Share data, intelligence and expertise with commissioners to enable the development of needs assessments to inform commissioning priorities.
Plan	<ul style="list-style-type: none"> ✓ Base commissioning decisions and service specifications on sound evidence. ✓ Produce clear service specifications that define the outcomes to be achieved. ✓ Ensure equality of opportunity for the full range of providers, including the voluntary sector. ✓ Undertake equality impact assessments. ✓ Consult on commissioning plans. 	<ul style="list-style-type: none"> ✓ Provide the service as set out in the service specification in order to achieve the prescribed outcomes. ✓ Work with commissioners to identify the impact of funding on all sexual violence providers. ✓ Have robust governance arrangements in place to oversee the delivery of the service. ✓ Demonstrate Quality Standards are being achieved, and independently accredited to validate quality of service provision. ✓ Operate a clear complaints process and share complaints with the commissioner when requested.
Do	<ul style="list-style-type: none"> ✓ Ensure sexual violence support services are fit for purpose and offer value for money. ✓ Monitor and evaluate performance to ensure continuous improvement and the achievement of expected outcomes. ✓ Report progress to stakeholders. ✓ Monitor workforce development approaches. ✓ Arrange meetings as required and provide a clear record of actions. 	<ul style="list-style-type: none"> ✓ Work with commissioners to explore ways to improve quality, enhance performance and comply with demands of inspectorates. ✓ Raise risks or issues in a timely manner. ✓ Ensure appropriate workforce development opportunities and supervision arrangements are in place. ✓ Arrange meetings as required and provide a clear record of actions. ✓ Invite commissioners to attend AGM / service events. ✓ Commit an appropriate member of staff to attend contract review & monitoring meetings.
Review	<ul style="list-style-type: none"> ✓ Evaluate achievement of prescribed outcomes and value for money. ✓ Independently evaluate/review service provision. ✓ Make decisions about the future of the service and/or de-commissioning arrangements. 	<ul style="list-style-type: none"> ✓ Provide performance data according to the service specification within required timescales and format agreed with the commissioners. ✓ Contribute to independent evaluations/ review of the service provision

GLOSSARY OF TERMS: JARGON BUSTER

Term	Definition
Accountable Care Organisation (ACO)	A model of healthcare provision where a provider or group of providers takes responsibility for the healthcare provision of an entire population
Alliance contract	<p>An Alliance Contract is a contract where a group of providers hold a single contract with the commissioning organisation(s) where risk, responsibility and rewards for delivery of the contract are shared between all parties. It provides a structure which enables organisations working towards a common goal to make decisions on a 'best for individual basis and not a best for organisation approach.</p> <p>When decisions are made as an alliance, they are made against the agreed principles rather than an individual organisation's position</p>
Applicant	The organisation responding to the tender opportunity
Award	The process by which the commissioning organisation shall determine to whom the Contract will be awarded in accordance with the criteria listed at Regulations 67-69 of the Public Contracts Regulations 2015
Award Questions	The written response submitted by the Applicant to evidence their ability to meet the commissioning organisation's requirements, which will form part of the evaluation process upon which award of the Contract will be based
Bid	The Applicant's response to the tender opportunity
Call-Off Contract	A Contract awarded under a Framework Agreement (see below)
Client	Shall mean the person or individual user of the service
Clinical Commissioning Group (CCG)	Clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. (These replaced Primary Care Trusts and were created by the Health and Social Care Act in 2012)
Commissioning	The process of assessing needs, planning and prioritising, purchasing and monitoring of services.
Commissioning organisation	The organisation or body which is procuring the contract
Competitive tendering	A process where an organisation acquires goods or services by requesting bids from a number of suppliers.
Consortia/ Consortium	Shall mean two (2) or more persons, at least one of whom is an economic operator, acting jointly for the purpose of being awarded a public contract
Contract	The Agreement between the commissioning organisation and Contractor for the execution of the Goods/Works or Services, including all documents to which reference may properly be made in order to ascertain the rights and obligations of all the parties involved
Contract Manager	The commissioning organisation's authorised representative who shall monitor the performance of the Contract
Contractor	The Applicant awarded the Contract culminating from an offer to supply accepted by the commissioning organisation
Disclosure and Barring Service (DBS)	The executive agency of the Home Office which vets applications for people who want to work with children and vulnerable people.
Economic Operator	Any person or public entity or group of such persons or entities including any temporary association of undertakings, which offers the execution of works or work, the supply of products or the provision of services on the market (Regulation 2(1) Public Contracts Regulations 2015)

GLOSSARY OF TERMS: JARGON BUSTER

<p>Employers' Liability (Compulsory Insurance)</p>	<p>Shall mean an insurance that enables organisations to meet the costs of damages and legal fees for employees who are injured or made ill at work through the fault of the employer. Employees injured due to an employer's negligence can seek compensation even if the organisation goes into liquidation or receivership. The NHS can also claim the costs of hospital treatment (including ambulance costs) when personal injury compensation is paid. This applies to incidents that occur either on or after 29 January 2007.</p> <p>By law, an employer must have EL insurance and be insured for at least £5 million. Most insurers automatically provide cover of at least £10 million. The insurance must cover all the organisation's employees in England, Scotland, Wales and Northern Ireland.</p> <p>If the organisation is not a limited company, and you are the only employee or you only employ close family members, you do not need compulsory Employers' Liability Insurance. Limited companies with only one employee, where that employee also owns 50 per cent or more of the issued share capital in the company, are also exempt from compulsory Employers' Liability Insurance. However, there is nothing to prevent an exempt employer from choosing to buy this insurance in view of the financial security it can provide.</p>
<p>EU Thresholds</p>	<p>European Union public contracts directive applying to public authorities including government departments, local authorities and NHS authorities and trusts. The directives set out detailed procedures for the award of contracts where the contract value equals or exceeds specific thresholds.</p>
<p>Evaluation Questions</p>	<p>The document containing the questions against which a bid will be evaluated and in which Applicants are required to submit their response.</p>
<p>Evaluation</p>	<p>The process by which the written response submitted by the Applicant to evidence their ability to meet the commissioning organisation's requirements is assessed and scored. This will form the basis upon which award of the Contract will be determined.</p>
<p>Framework Agreement</p>	<p>An agreement or other arrangement between one or more contracting authorities and one or more economic operators which establishes the terms (in particular the terms as to price and, where appropriate, quantity) under which the economic operator will enter into one or more contracts with a contracting authority in the period during which the framework agreement applies" (Regulation 33(2) Public Contracts Regulations 2015).</p>
<p>Further Competition</p>	<p>The procurement process by which the commissioning organisation shall call a Contract off against a Framework Agreement.</p>
<p>Goods</p>	<p>All Goods to be supplied as part of the Contract</p>
<p>Governance framework</p>	<p>Sets out the structure, lines of power and governing or management roles in an organisation, and the way that these processes are enforced.</p>
<p>Grant</p>	<p>An amount of money given to an individual or organisation for a specific purpose, use is generally bound by grant conditions rather than a formal contract. Depending on the nature of the grant they can be subject to award through a competitive procedure.</p>
<p>Health and Wellbeing Board</p>	<p>A board which is established and hosted by a local authority, bringing together the NHS, Public Health, adult social care and children's services, including elected representatives and Healthwatch. The function is to plan how best to meet the needs of the local population and tackle health inequalities.</p>

GLOSSARY OF TERMS: JARGON BUSTER

Integrated commissioning	Where two or more commissioning organisations pool their budgets to commission a service
KPIs	Key Performance Indicators that measure the performance of the contractor against the requirements set out in the Contract.
Lead Applicant	The organisation leading the bidding process on behalf of its consortia or sub-contractor partners.
Lot	One of a number of categories of goods or services which a single procurement process has been divided into. The use of lots potentially allows for multiple providers to be appointed following one procurement process.
MEAT	Most economically advantageous tender from the point of view of the contracting authority in relation to the subject matter of the contract
Ministry of Justice	Government department working to protect and advance the principles of justice.
Monitoring	The process and/or information required by the commissioning organisation in order to assess performance against the contract (see also KPIs)
Needs assessment	In commissioning this forms the basis upon which outcomes are identified, services are planned, resources are committed and progress measured
NICE	National Institute for Health and Care Excellence
NHS England (NHSE)	An executive non-departmental public body of the Department of Health and Social Care. Oversees the budget, planning, delivery and day to day operation of NHS commissioning in England
OJEU	Official Journal of the European Union, a publication in which all tenders from the public sector which are valued above a certain financial threshold according to EU legislation, must be published
Outcomes	A result or achievement. In this case it refers to achievements of clients in support and care services such as better managing mental health or physical health
Output	The amount of something that a person or service produces in a period
Outreach Support	Services delivered to clients where they live and in the local community
Payment by Results (PBR)	A system where enhanced payments can be achieved through the delivery of specific pre-agreed outcomes
Person Centred	Putting the person at the centre of service delivery to enable them to shape the service they receive and give them choice and control over the way they live their lives
Police and Crime Commissioner (PCC)	Elected representative who oversees how crime is tackled in a police force area, with the aim of cutting crime and ensuring the local force is effective
Pre-Qualification Questionnaire (PQQ)	A questionnaire setting out a series of questions for potential tenderers to answer regarding their level of experience, capacity and financial standing. The responses enable the commissioning organisation to produce a short list of suppliers who may be most appropriate to deliver their particular project. Shortlisted suppliers may then be invited to submit a formal tender for the contract
Prevention	A range of interventions that prevent an escalation in need that may tip an individual into a higher or more intensive level of service
Pricing	The information that Applicants are required to complete and submit, against which the pricing will be evaluated
Procurement	The process by which an organisation buys the products or services it needs from other organisations; often by way of a tendering or competitive bidding process

GLOSSARY OF TERMS: JARGON BUSTER

Product Liability Insurance	<p>In Product Liability Insurance terms, a product is any physical item that is sold or given away.</p> <p>Products must be 'fit for purpose'. The organisation is legally responsible for any damage or injury that a product it supplies may cause (in some circumstances this also includes products that the organisation does not manufacture).</p> <p>Product Liability Insurance covers the organisation against damages awarded as a result of damage to property or personal injury caused by the product. If damages are paid for personal injury, the NHS can claim to recover the costs of hospital treatment (including ambulance costs). This applies to incidents that occur either on or after 29 January 2007</p>
Professional Indemnity Insurance	<p>A liability cover that provides protection for negligent advice or a service provided by the organisation, it also protects against damages the organisation becomes liable for in relation to mistakes made such as errors of judgement, basic administration errors, mislay of or damage to clients' documents. It is designed to safeguard it against claims made by clients for any resulting financial loss or damage to their reputation. This type of insurance should also cover legal fees and costs.</p> <p>Individuals and organisations that provide professional advice or consultancy services need Professional Indemnity cover</p>
Public Contracts Regulations	<p>The legislation incorporated in to English law concerning public procurement, which can be found at: www.legislation.gov.uk</p>
Public Health	<p>A Local Authority service which has responsibility for influencing how the local population's health is affected in areas such as employment, education, the environment, transport and leisure. This includes:</p> <ul style="list-style-type: none"> • Encouraging people to adopt healthier lifestyles, reduce inequalities in health and addressing the wide social factors that contribute to health and wellbeing • Protecting people from infectious disease, environmental hazards and emergency planning functions • Supporting delivery of healthcare through evidence and statistical analysis
Public Liability Insurance	<p>An insurance that covers members of the public or customers coming to the organisation's premises or if the organisation's staff go to theirs (including if the organisation is based 'at home').</p> <p>It covers any awards of damages given to a member of the public because of an injury or damage to their property caused by the organisation. It also covers any related legal fees, costs and expenses as well as costs of hospital treatment (including ambulance costs) that the NHS may claim from the organisation.</p> <p>Premiums are based on the type of business and rated on an estimate for the level of activity of the business</p>
Safeguarding policies	<p>Policies in place to ensure the protection of children and vulnerable adults from abuse.</p>
Selection	<p>The process by which Applicants will be selected to move forward to the next stage of the procurement process, in accordance with the criteria listed at Regulations 57 and 58 Public Contracts Regulations 2015.</p>
Service(s)	<p>Any action/s by the Contractor required by the Contract</p>
Selection Questionnaire	<p>The questionnaire to be completed by all Applicants, containing the mandatory requirements through which Applicants shall be selected to move through to the next stage of the process</p>

GLOSSARY OF TERMS: JARGON BUSTER

Specification	The detailed description of the commissioning organisation's requirements for the Goods/Works or Services being procured
Stakeholder(s)	A person, group or organisation that has a direct or indirect stake in an organisation (or service) because it can affect or be affected by the organisation's actions, objectives and policies
Submission	The correct and proper process for submitting the Applicant's Bid either electronically or in paper form
Sustainability and Transformation Partnership (STP)	A partnership of local health and care leaders brought together to run services in a more co-ordinated way, to agree system-wide priorities, and to plan collectively how to improve the long term health needs of local communities.
Tender	1) The invitation to bid for a Contract 2) The Applicant's written offer to Contract Goods/Works or Services at the cost/s or rate/s specified in any subsequent documentation
Throughput	The rate of people moving through the service
Tier 4 service	A service treating patients with more complex needs, possibly on an inpatient basis.
Transfer of Undertaking (Protection of Employment) Regulations 2006 (TUPE)	The regulations which govern how employers shall deal with transfer of staff when a service or business changes hands from one employer to another in order to ensure the principal terms of employees' rights are protected
Utilisation	The number of units being used in comparison to the capacity of the service

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