

**Falkirk Council**

**Title:** Commissioning Process: Services for Survivors of Trauma  
**Meeting:** Executive Committee  
**Date:** 16 August 2016  
**Submitted By:** Head of Adult Social Work Services

**1. Purpose of Report**

- 1.1 On 9<sup>th</sup> June 2015, Falkirk Council Executive agreed that Officers would take forward a commissioning and procurement process for services for those affected by abuse (referred to as services for survivors of trauma from hereon in), with a view to the successful provider/s commencing the delivery of such services in April 2016. The purpose of this report is to update Members on the commissioning process and request decision for future action.

**2. Recommendation(s)**

**Council/ the Executive is asked to:-**

- 1) Consider the options presented regarding commissioning service for survivors of trauma, noting the outcome of the options appraisal and agree an appropriate next step;**
- 2) Request that Officers provide a further report informing Members of the outcome of the commissioning process for services for survivors of trauma.**

**3. Background**

- 3.1 In June 2015, the Executive agreed that a new service for survivors of trauma be commissioned, using the principles of the Public Social Partnership (PSP) approach and with a view to having the new service in place by April 2016. In September 2015, the Executive confirmed that the budget to be allocated to the new service for survivors, would comprise the amounts previously allocated to Open Secret and Rape Crisis, thereby allocating a maximum budget of £97,644.
- 3.2 The Executive's decision in June 2015, presented an opportunity for Falkirk Council to work with local partners, both within statutory and third sector agencies, to develop a delivery model, which first and foremost, places survivors at the centre of the service. It was agreed that the process would be implemented on a phased basis allowing for testing of the concept, with any amendment to process as required. The process was also intended to acknowledge and support the step change required in the individual organisational and delivery models across partners. Initial engagement took place through the Gender Based Violence Partnership, which has an open membership and therefore all interested partners were able to participate.

- 3.3 In October 2015, £36,000 was awarded by the Scottish Government (Survivor Scotland Development and Innovation Fund) to the Council, to support the development of the new commissioning process. This funding was used to secure short term, dedicated resource to develop a new service model in conjunction with local partners. This additional support was in place from November 2015 to March 2016.
- 3.4 Following on from the review of Abuse services undertaken in 2013/2014, which led to the commissioning process being established, a set of principles were agreed for use in future service delivery. These principles were subject to engagement with the sector at the time of the review, and are as follows:
- Survivors will be at the centre of services and they will be supported to identify important personal outcomes which can be reflected in the support provided;
  - Services will be integrated, accessible and relevant to different points within the survivor's life journey;
  - Support will be joined up with any transition between services planned, agreed and appropriately timed;
  - We will make best use of the collective resource and expertise across the partnership, to provide a range of support to enable survivors positive health and wellbeing; and
  - Continuous improvement and quality assurance will be a critical feature of the commissioning and delivery of services and will be supported through consistent monitoring and evaluation.
- 3.5 In order to align the new service with statutory and local priorities, the scope of the new service is defined as trauma informed services for adults who have been affected by abuse. This scope means that the service will be available for people who have experienced trauma in childhood and also people who have experienced trauma as an adult. The intention being that as the service is developed, there will be further alignment to the adult support and protection agenda, in addition to early intervention and prevention, positively impacting on statutory service provision.
- 3.6 To enable this transition, it was agreed that the budget noted in 2.1, would be used to pilot the new model of service during 2016/2017. The intention being that the model could be further developed, tested and agreed quality standards would be embedded across the partnership and for formal collaboration between agencies to be fully realised, with a focus on the needs of survivors. The service would then be procured through a formal tendering exercise, commencing in 2017/2018.

## **4. Commissioning Process**

- 4.1 An ambitious vision was set for the new service, which intended to result in survivors of trauma being able to access a range of services in line with their own personal outcomes, across the domains of wellbeing, which may include psychological and therapeutic intervention, as well as support towards training, employment and sustained tenancy. The change to the current model of service delivery would rely on organisations collaborating effectively through information sharing protocols, ensuring supported transition between services, if required. The rationale for this being that the sum of the expertise available

across local agencies is greater than its parts, therefore joined up service provision would mean improved support and outcomes for survivors.

- 4.2 During the period November 2015 to end of March 2016, significant work was undertaken with key stakeholders with the intention to develop a new service for survivors. This work included:
- Formation of a Partnership Group including representatives from Third Sector organisations, NHS Forth Valley, Falkirk Council and Police Scotland, which worked over the period as a collective and in sub-groups focussing on thematic areas of development;
  - Consultation with an expert group of practitioners from across Scotland, to gather input and views about the new service;
  - Discussion with survivors to understand what services are important to them;
  - Research commissioned through WithScotland to evaluate service need;
  - Mapping of Legislation and Policy relevant to services for survivors.
- 4.3 The output of the work was a service model and commissioning framework, which includes standards and service outcomes agreed by the Partnership Group. The service model consists of a tiered approach to delivery. There is no hierarchy to the tiers; they are intended to provide clarity about services provided and the linked partnership approach required to deliver integrated services. The tiered model is outlined in Appendix 1 of this report. The quality standards agreed by partners during the development stage are highlighted within Appendix 2.
- 4.4 The commissioning framework, along with a request for proposals to participate in a pilot period, was issued to all partners that participated in the development process between November 2015 and March 2016. The participating third sector organisations were Open Secret, Relationship Scotland, Rape Crisis, Committing to Ending Abuse, Victim Support and Advocacy into Action. It should be noted that FDAMH were initially consulted but advised that they did not want to participate in the development of the partnership at that stage and therefore were not asked to submit a proposal.
- 4.5 At the time that the framework and request for proposals was released, it was acknowledged that the provision of a robust and effective delivery of the service would rely on on-going and continued development – in line with PSP principles. A condition of funding was specified as being on-going participation in the partnership group.

## **5. CURRENT SITUATION**

- 5.1 The release of the commissioning framework and request for proposals to participate in a pilot period of service delivery, prompted some negative response, which resulted in the process being put on hold. The issues raised included:
- Lack of clarity on the new model;
  - Lack of a cohesive partnership to allow a fully integrated service to be delivered;
  - Issues raised about the need to ensure a focus on meeting the needs of male survivors;

- Conditions around the funding, which required a partnership approach; and
- The lack of clarity around the need for such a specialist service.

5.2 Based on this feedback received, it became clear that some partners would not participate in the pilot, thereby reducing the ability to effectively develop and test the service.

## **6. OPTIONS**

6.1 Given the above, it is important that rather than continuing with a commissioning process that might result in a service that while meeting some needs, does not meet the principles we had set out, Members are advised of the situation and the various options on the way forward presented.

6.2 The options are as follows.

### **Option 1**

Progress with the PSP pilot, noting the risks associated. These are that partners may withdraw from the process if partnership working across all agencies remains a condition, therefore limiting the ability to develop the intended model. Significant development work will still be required to further develop the service. The pilot would now run for a period of 1 year from October 2016. The annual cost of this service would be no greater than the approved budget of £97,644, and would be less in 2016/2017 due to the part year allocation.

### **Option 2**

Make use of the commissioning framework to develop a service specification with a view to tendering the service as soon as possible. The specification would be developed in lots, allowing providers to bid in accordance to their expertise and to encourage collaborative working. Requirements regarding accountability, evaluation and on-going development would be included within the specification. It is estimated that this process would take 4-6 month. The annual cost of this service would be no greater than the approved budget of £97,644, and would be less in 2016/2017 due to the part year allocation.

### **Option 3**

Pause the process, but continue to gather information regarding need, through the Gender Based Violence Partnership and through FPP monitoring arrangements. Officer will monitor continue to liaise with providers in relation to significant gaps that emerge in provision. The annual cost of this service would be determined following further analysis of need and future service development on that basis.

### **Option 4**

Provide an in-house service. Provide trauma informed services for young people and adult survivors of childhood abuse, building capacity within Children and Adult Services - ensuring safety, therapeutic and coordinated intervention to achieve person centred outcomes. The estimated annual cost of this provision would be £85k, including on-costs.

6.3 Officers have undertaken an appraisal of the above options. The appraisal criteria considered included benefit to service users, ability to achieve an outcomes based service, accountability and ability to monitor, value for money,

ability to work in partnership and impact on NHS Forth Valley and Falkirk Council services. A summary of the options appraisal outcome is shown in table 1 below.

Option	Total Appraisal Score	Risks Identified
1. Progress PSP pilot	24.5	Lack of provider engagement. Significant on-going in-house development resource required.
2. Tender Service	30.5	Insufficient or unsuitable submission of proposals.
3. Pause process and gather further information	16	Lack of service provision resulting in impact on service users.
4. In-house Service	27	Reduced ability to deliver tiered model in partnership.

*Table 1: Options Appraisal Summary*

- 6.4 The outcome of option appraisal process highlighted Option 2; to tender the service, as the highest ranking option. To progress with tendering the service, a tender specification would be developed in line with the principles described within 3.4 and the tiered model and quality standards, highlighted in appendices 1 and 2 of this report.
- 6.5 To provide opportunity for collaboration between providers, it is recommended that the specification be developed in lots. This will enable potential providers to submit a proposal to deliver the whole service or the component of the service relevant to their area of expertise. Accountability, service evaluation and on-going improvement will be critical components of the new service and will be included within the award criteria and tender evaluation process.

## **7. Consultation**

- 7.1 The options appraisal undertaken, has been undertaken in consultation with members of the Steering Group responsible for overseeing the development of a new service for survivors of trauma. This group includes representatives from Adult Social Work, Children Services, Corporate & Housing Services and NHS Forth Valley.

## **8. Implications**

### **Financial**

- 8.1 The budget allocated to the service for survivors of trauma is £97,644 for 2016/2017. No funds have been allocated to date. There is likely to be an underspend during the current financial year due to the delay in progress and therefore part year allocation. It should also be noted that this service is in-scope for Integration Joint Board.

### **Resources**

- 8.2 Officer capacity will require to be identified to develop the tender specification and monitor the service thereafter. Option 2 is however the least resource intensive in terms of additional Officer time.

## **Legal**

- 8.3 Any commissioning arrangement would be developed in line with requirements of Falkirk Council's Contract Standing Orders.

## **Risk**

- 8.4 Risks identified are noted within 6.3, table 1. Risk will be mitigated by ensuring that resource allocation and service monitoring is specific and robust, ensuring good governance and accountability. This will depend on the agreed option.

## **Equalities**

- 8.5 An Equality and Poverty Impact Assessment has been undertaken for the new service model. Following the introduction of the new service, no negative impact is foreseen.

## **9. Conclusions**

- 9.1 Significant time and resource has been invested in the development of a new service for survivors of trauma. Partners have participated within the development period, which has resulted in agreed service model and standards. It has not been possible to achieve a robust service framework via the PSP approach, which was the initial preferred model. The options appraisal undertaken presents Members with ranked options highlighting the alternative pathways to deliver outcomes for service users, by supporting capacity to deliver a range of interventions across the domains of wellbeing.

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Head of Social Work Services

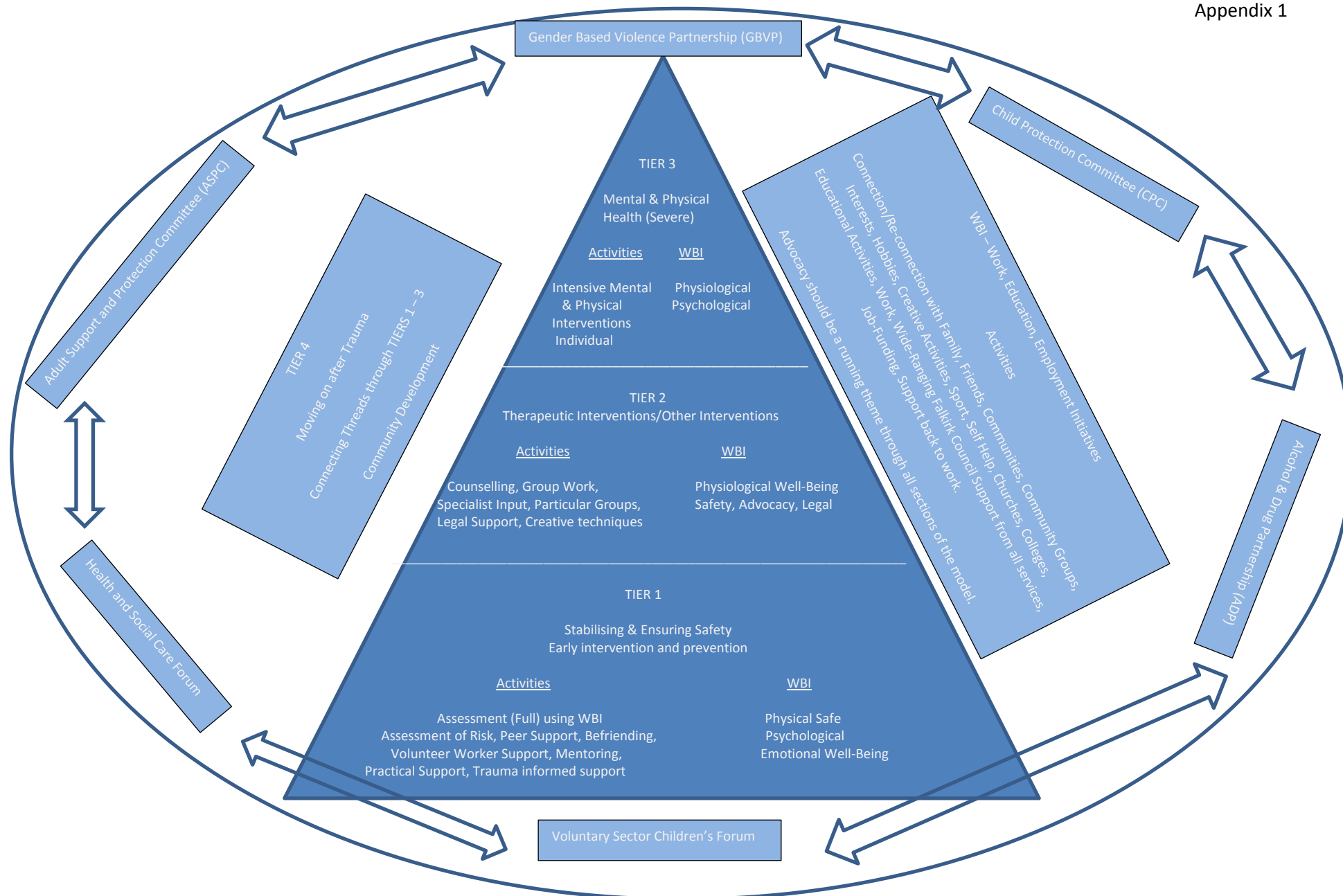
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Date: 26 July 2016

### **LIST OF BACKGROUND PAPERS**

The following papers were relied on in the preparation of this report in terms of the Local Government (Scotland) Act 1973:

1. Options Appraisal: Services for Survivors of Abuse
2. COMMISSIONING PROCESS: SERVICES FOR SURVIVORS OF TRAUMA, Executive Committee, June 2015 and September 2015
3. EXTERNAL REVIEW: OPEN SECRET, Executive Committee, June 2015
4. REVIEW OF EXTERNAL FUNDING TO SERVICES FOR PEOPLE WHO HAVE BEEN AFFECTED BY ABUSE, Executive Committee, 27 May 2014



## **Quality Standards: Services for Survivors of Trauma**

### **Service Users**

#### **When accessing services you will:**

- be able to access the services you need to support you to achieve your full potential.
- be fully involved in assessing your needs and people should respect your views and give you control over your individual journey to recovery.
- be offered help in all aspects of the Health and Well-Being domains depending on your individual choices.
- be involved in regular reviews of your progress and helped to make decisions to move forward.
- be provided with a confidential service, which makes you feel safe and agencies should ask and inform you if they need to share information in relation to your support plan.
- be supported by workers, who are confident and competent and who have the right values, attitudes, training and supervision.
- be supported by peer mentors, volunteers, unpaid workers, who have the right attitudes and values, have received training from their organisations and are supported and supervised to do their work.
- expect that agencies are accountable to their Boards, Management Committees, Funders and Service Users.
- expect agencies to use rigorous and ethical processes in recruiting to their Boards and Management Committees
- expect agencies to demonstrate leadership and effectiveness by:
  - campaigning against abuse,
  - working to prevent abuse and developing strategies to support survivors of abuse,
  - working together in partnership, with each other and with commissioners of services.



## **Providers**

### **Service Delivery Standards:**

- Services will be tailored to meet a survivors specific needs.
- Survivors will be supported to identify outcomes at the start and during the recovery process.
- Survivors will be involved in decision making about specific interventions and they kind of support they wish to receive rather than a one size fits all approach.
- Survivors will be supported to use a variety of agencies and organisations depending on their chosen outcomes
- Assessments and reviews should be recorded jointly with survivors.
- Outcomes will be monitored and evaluated.

### **Governance and Management Standards:**

- Agencies will have a confidentiality policy.
- Personal information will be held as per the Data Protection Act, and according to data sharing principles, local and national protocols. Agencies should have a shared understanding and not use this as an obstruction to sharing anonymised information.
- The safety and protection of a survivor will be the first consideration.
- Everyone in an organisation will receive training commensurate with the tasks and roles, they are performing.
- Support will be offered to all staff and volunteers.
- Organisational supervision policies will be in place in addition to clinical and/or professional supervision.
- Organisations will have clearly specified aims and objectives.
- The service will be accountable to the Board, Management committee and all staff, sessional workers and volunteers should have a designated line manager within the organisation.
- There will be management of financial processes and measuring of performance against the service specification.
- There will be clear processes and procedures in the organisation and clear processes for recruiting to Boards and Management Committees.
- Organisations will publicise membership of their boards.
- Organisations will develop partnerships and work with each other around referrals, signposting and information sharing.
- Organisations will be registered with the Protection of Vulnerable Groups Scheme.