

Subject:	Domestic Violence and Abuse and Sexual Violence Business Improvement Review		
Date of Meeting:	27th November 2017		
Report of:	Executive Director - Neighbourhoods Communities & Housing		
Contact Officer:	Name:	James Rowlands	Tel: 29-1032
	Email:	james.rowlands@brighton-hove.gcsx.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

Domestic Violence and Abuse (DVA) and Sexual Violence (SV) have a significant impact in the city. This report provides an update on the 'comprehensive and detailed review' of the response to these forms of violence and abuse that was proposed to the Neighbourhood, Communities and Equalities Committee in November 2016. This has been delivered by the in-house Business Improvement (BI) team who have conducted a review of the provision for, and commissioning of, DVA and SV services.

2. RECOMMENDATIONS:

That Neighbourhoods, Communities & Equalities Committee:

- 2.1 Notes and comments on the information contained in the report which provides an update on the findings and draft recommendations from the review.
- 2.2 Notes the proposals to develop an implementation plan and agrees that a report on progress is brought back to committee for its consideration.
- 2.3 Notes the work being undertaken by the Safe in the City Partnership in relation to the refresh of the local Violence against Women and Girls Strategy and agrees that the strategy should be brought back to committee for its consideration.

3. CONTEXT/ BACKGROUND INFORMATION

Overview of these crime types

- 3.1 DVA and SV have a significant impact in Brighton & Hove. In 2016/17 there were 4,703 domestic violence incidents and crimes reported to the police (an increase of 28% since 2013/14) and 821 police recorded sexual offences (an increase of 115% since 2013/14).
- 3.2 However, police recorded data is likely to under represent the scale of violence and abuse since substantial numbers of people do not report to the police. Applying the latest prevalence rates from the Crime Survey for England and Wales to 2015 mid-year population estimates shows that in Brighton & Hove:

- 7,639 women and girls aged 16-59, and 3,868 men and boys, are estimated to have experienced domestic violence and abuse in the last year
 - 2,515 women and girls, and 677 men and boys, are estimated to have experienced any sexual assault in the last year.
- 3.3 Describing demand for specialist services can also illustrate the impact locally. During 2016/17, in relation to support services accessed through The Portal¹, 1495 clients who had experienced DVA were referred to RISE, with a further 221 clients who had experienced SV being referred to Survivors' Network. 468 high risk clients were referred to the local Multi-Agency Risk Assessment Conference (MARAC), while 131 residents accessed the local Sexual Assault Referral Centre (The Saturn Centre).
- 3.4 Additionally other forms of Violence against Women and Girls (VAWG) have an impact in the city. These include crime types that have a lower prevalence, but which can have a significant impact on those affected and the wider community (such as harmful practices like female genital mutilation (FGM), forced marriage and so-called 'honour' based violence), as well those that are known to be significantly under reported (such as stalking). In 2016/17:
- Incidents of harmful practices continue to be reported, although numbers of reports remain low, rising to 15 cases
 - Police recorded stalking and harassment incidents and crimes continued to increase, rising to 62 cases.

Drivers

- 3.5 While the trend of increased reporting is seen as a positive sign of people's willingness to report, a key challenge is that this leads to increasing demand, both from statutory services as well as from voluntary and community sector partners.
- 3.6 There is a direct impact on council services, for example²: for example:
- In 2015/16 there were 105 homeless applications due to the violent breakdown of a relationship involving a partner or an associated person
 - At March 2016, nationally, DVA was the most common factor identified at end of assessment for Children in Need (CIN); 49.6% of children in need nationally had domestic violence as a factor compared to 54.7% locally
 - In 2015/16 126 Safeguarding Adult enquiries were flagged as linked to DVA (6% of all adult safeguarding enquiries undertaken). 7% of enquiries were flagged as linked to SV.
- 3.7 Critically, the impact of increasing demand on specialist services has been pronounced. While the council has been able to maintain its budget for specialist services, this has not increased.
- 3.8 As a consequence delivery partners in The Portal have reported that there is insufficient capacity to meet current and future demand. Commissioners and the providers have sought to prioritise those at greatest risk or need within the current financial envelope. While there have been some efficiencies achieved,

¹ The Portal is a partnership of charities – including RISE, Survivors' Network and CGL – and provides a single point of access and helps victim/survivors of DVA and SV to find advice and support in Brighton & Hove and East Sussex.

² Data from the Strategic Assessment of Crime and Community Safety 2016

this has not been sufficient to address the overall increase in demand, and therefore there remain risks arising from a lack of capacity. These include:

- Harder to access support (i.e. 'live' pick up and dropped calls)
- Increased eligibility thresholds
- Reduced capacity to support victim/survivors
- Reduction in availability of prevention and recovery interventions
- Reduced support for professionals, including contribution to wider case management.

3.9 Additionally, efforts to manage demand means that the priority afforded to high risk cases has led to reduced availability of prevention and recovery services.

3.10 The wider financial landscape means there is significant and ongoing pressure on statutory bodies both in relation to their own core funding but also funding to support commissioning activity. For example, moving forward, the council's budget is currently being developed and all services (including Partnership Community, and within that the funding for DVA and SV services) have been asked to develop proposals to reduce spend.

Business Process Improvement Review

3.11 In light of the impact of increased demand on all services, in particular specialist DVA and SV services, and the wider financial landscape, the Community Safety Team - which is responsible for the partnership activity in relation to DVA, SV and VAWG, as set out in the Community Safety and Crime Reduction Strategy 2017-20³ - commissioned the in-house Business Improvement (BI) team to conduct a review of the provision for, and commissioning of, DVA and SV services.

3.12 The review was built around the ambitious direction of travel set by the Government for the next 4 years to transform service delivery and embed VAWG as 'everyone's business', as set out in the national VAWG Strategy⁴ and associated National Statement of Expectations (NSE)⁵.

3.13 The intention of the NSEs is to: reinforce the importance of bringing local service providers together; understanding local needs; commissioning services accordingly and publishing data about local needs, and how services are being provided to meet them; and setting out clear leadership and accountability for delivery.

3.14 The NSE are included in **Appendix One**, but are built around the following five principles:

1. The victim at the centre
2. A clear focus on perpetrators
3. A strategic, system-wide approach to commissioning
4. Is locally-led and safeguards individuals at every point
5. Raises local awareness of the issues and involves, engages and empowers.

3.15 The objectives of the review were, with reference to community based intervention and prevention and recovery aspect of DVA & SV services:

- To map current spending across council services

³ <https://www.safeinthecity.info/documents-and-data>

⁴ HM Government, Ending Violence against Women and Girls Strategy 2016 – 2020, March 2016

⁵ Home Office, Violence Against Women and Girls National Statement of Expectations, December 2016

- To explain the impact of increased service demand on council services
- To explain the impact of budget cuts across council services
- To recommend integrated ways of working across universal, targeted and specialist services within the council and with partner organisation.

3.16 A range of internal and external stakeholders were consulted during the review, including representation from across council directorates, statutory services and commissioners, as well as the Voluntary and Community Sector.

Summary of findings

3.17 As noted above, the structure of the review was built around the NSE principles and the findings are summarised against principles 1 – 4 below.

3.18 *Please note: Principles 5 was not reviewed, as it is planned to take this forward in the development of the DVA, SV and VAWG Strategy.*

	What works well	What doesn't work well?
<p>The victim at the centre: Every victim, whether adult or child, is an individual with different experiences, reactions and needs. Local areas should ensure that services are flexible and responsive to the victim's experience and voice.</p>	<p>Established local partnership where statutory and voluntary community sector partners come together, including thematic operational groups (for DVA, SV and Harmful Practices) and a commissioning group.</p> <p>There is also a local Forum [which] provides a space to share good practice, raise awareness of domestic and sexual abuse and violence against women and girls crime types and enable practitioners to stay up to date with local, regional and national policies that impact on the sector.</p> <p>The Portal are commissioned to provide four community based interventions; two of which cover East Sussex and Brighton & Hove (B&H) and two are B&H specific.</p> <p>The council actively seeks other funding e.g. it led a cross border DCLG bid to develop a Network of Refuge and Resettlement Provision for Lesbian, Gay, Bisexual and Trans (LGBT) Service Users, and also participated in an East Sussex County Council led cross border DCLG bid addressing Multiple, Complex Needs..</p> <p>The CCG funds a DVA and SV Trauma Pathway⁶ (Talking Therapies). Plans need to be confirmed for 2018/19.</p> <p>The SARC for Sussex is based at Crawley Hospital and is known as the Saturn Centre. It is commissioned by the NHS England Local Area Team. Sussex Police and BHCC and ESCC are associate commissioners.</p>	<p>Representation at the [operational] groups is not always consistent. Some BHCC departments are not of the right level, and some partner organisations and statutory services change or do not attend. The groups do not consistently operate to support the delivery of partnership priorities and monitoring performance. The Harmful Practice Operational Group is the least well established.</p> <p>[In addition to] DVA, SV and HP activity there are a number of thematic groups [for other crime types] that can cause stakeholders to feel there is duplication in local structures.</p> <p>Attendance at the DVA SV Commissioning Group is not consistent: representatives from some BHCC departments are not of the right level, and some partner organisations and statutory services change or do not attend. Some stakeholders say there is a lack of clarity on purpose of the group and reporting requirements.</p> <p>There is no one point of contact for DVA and SV victims.</p> <p>The pathway from the police to specialist services is fragmented. This has been identified as an issue in a number of Domestic Homicide Reviews.</p> <p>There is significant unmet need as a result of increased demand. This includes 'front' end high risk work, as well as access to prevention and recovery services.</p>

⁶ Brighton & Hove Trauma Proposal, Service Specifications version 10, December 2016.

<p>A clear focus on perpetrators: In order to keep victims safe, local areas should ensure that there are robust services in place which manage the risk posed by perpetrators and offer behavioural change opportunities for those willing and able to engage with them.</p>	<p>In October 2015 a three year Service Level Agreement (SLA) between the Partnership Community Safety Team (PCST) and Families, Children and Learning (FCL) Directorate with an option to extend for a further two years was set up as part of The Portal. This included provision for contributions from FCL to support the delivery of Break4Change (B4C) and Living Without Violence (LWV) partner support functions.</p> <p>FCL continues to deliver the LWV programme, with this programme being reviewed in 2017/18.</p> <p>BHCC is a partner in a cross border bid to the Police Transformation Fund – this bid was successful in November 2018. It will enable earlier intervention with perpetrators in the community.</p>	<p>There is a limited local DVPP programme offer, with this restricted to an offer to those known to either Children Social Care or the Criminal Justice System – the successful bid to the Police Transformation will release significant additional capacity.</p> <p>Programme outcomes are not always clear, are tied to specific interventions and can be crisis lead rather than enabling earlier intervention.</p> <p>Local pathways are not always clear. There are known areas of need where there are no specialist responses e.g. local drug and alcohol services. There is no ‘step-down’ provision when the intervention has stopped.</p>
<p>A strategic, system-wide approach to commissioning: Good commissioning always starts with understanding the issue and the problem you are trying to solve.</p>	<p>BHCC and partners have a track record of undertaking system wide assessment of need, while a comprehensive assessment of the DVA and SV and other VAWG crime types is undertaken and annually provides an insight into the scale and impact in Brighton & Hove [e.g.] the Joint Strategic Needs Assessment and the Strategic Assessment of Crime and Disorder.</p> <p>There is a Community Safety Performance Framework which includes reporting for DVA and SV. However, data is incomplete and the framework needs to be refreshed. There is a local VAWG Strategy, which came to an end in March 2016. This is due to be refreshed in 2017/18.</p> <p>BHCC and ESCC have brought together commissioning functions related to DVA and SV.</p> <p>BHCC has launched guidance for commissioning and procurement related to DVA SV and VAWG.</p>	<p>There were a range of issues / concern identified by for stakeholders:</p> <ul style="list-style-type: none"> • Lack of strategic partnership working in some areas across council services to address issues, for example housing issues, meeting statutory requirements, and addressing risk • Disjointed operational approach (this may link to the issues identified earlier about the effectiveness of, participation in, and effectiveness of the commissioning group) • Clarity on decision making responsibilities (this may link to the issues identified earlier about the effectiveness of, participation in, and effectiveness of operational groups) • Reporting mechanisms and requirements need clarity <p>A number of risks were identified including:</p> <ul style="list-style-type: none"> • Addressing the increasing in demand and gaps in service provision • Client centred approach based on need is needed, but current focus is often on risk.

	<p>In 2016, NHS England commissioned an adult's sexual assault health needs assessment (HNA)⁷ for Sussex to inform the development and delivery of high quality, accessible services appropriate to meeting the needs of adults (aged 18 and over).</p>	<p>Additionally, some areas of specialist service commissioning have been out of scope of collaborative commissioning, including refuge provision (commissioned separately across BHCC and ESCC) and the wider victim support care pathway (standard risk provision commissioned by the Office of the Sussex Police and Crime Commissioner (OPCC))</p>
<p>Is locally-led and safeguards individuals at every point: Commissioned services should make use of local initiatives and services already in place to utilise resource, share best practice and ensure that there are coordinated pathways of support.</p>	<p>A Domestic Violence and Abuse, Sexual Violence and Violence against Women and Girls 'Champion's Network' [was] launched in September 2016. The VAWG Forum is an established group which provides opportunities for networking and knowledge exchange.</p> <p>In 2011 it was agreed that domestic violence must be seen as 'core business' for city services and partnerships; and that we need to focus on reinvestment and resource pooling so that prevention and early intervention is prioritised alongside crisis and high-risk responses⁸.</p> <p>In December 2015 a single contract⁹ was awarded for the delivery of 'The Portal' to a partners led by RISE with CGL and Survivor's Network.</p> <p>There is a co-terminus approach to commissioning governance including joint commissioning arrangements with NHS, CCG and the OPCC. Commissioners work together to pool funding or align commissioning activity – internal examples include the Third Sector Commissioning Prospectus and external examples include the CCG Talking Therapies Pathways.</p> <p>In October 2016, the OPCC commissioned Standing</p>	<p>Contract monitoring arrangements can be resource intensive and it is important that commissioners continue to work together to align their requirement.</p> <p>There is a lack of an integrated commissioning approach with in-house services which contributes to decisions being made that are not on a pan-Sussex level and have a direct impact on the service provision of partner agencies. Stakeholders report this arrangement contributes to:</p> <ul style="list-style-type: none"> • Conflicting agendas between statutory agencies and commissioned providers. • Duplication. Existing structures are resource intensive. • Budget cut decisions taken by statutory agencies in isolation have impacted service provision of partner agencies. <p>The increase in demand, and absence of additional investment, has led to;</p> <ul style="list-style-type: none"> • A target approach to commissioning [which can] exclude support for vulnerable clients, which has reduced prevention and recovery investment (although this has been made up through co-commissioning arrangements in some areas, such as talking therapies) • A focus on high risk and the criminal justice process - Not taking a long-term view to funding preventative, recovery

⁷ Ottaway Strategic Management Ltd., Sussex Adult Sexual Assault Health Needs Assessment 2016, January 2017.

⁸ Brighton & Hove Preventing Violence Against Women & Girls: An Integrated Strategy & Action Plan, 2012 - 2017

⁹ Contract for the provision services addressing domestic violence and abuse, rape, sexual violence and abuse, December 2015

	<p>Together Against Domestic Violence (Standing Together) to conduct a review¹⁰ of the Multi-Agency Risk Assessment Conferences (MARACs) and Domestic Homicide Reviews (DHRs) across Sussex. This review finished at the end of March 2017.</p> <p>In October 2015, the Brighton & Hove Safeguarding Adults Board (SAB) commissioned a Multi-Agency Audit of Domestic Violence & Abuse¹¹. The audit was carried out by a short life audit working group. There is a planned re audit in January - March 2017. The SAB has also commissioned an audit looking at Sexual Abuse. This is due to be completed in October 2017.</p> <p>The Stronger Families Stronger Communities (SFSC) programme is funded through the Government's Troubled Families Programme. Brighton and Hove is an 'early starter' for the new expanded Troubled Families Phase 2 national programme from January 2015. Between January 2015 and March 2016 the intention was to build the capacity to meet additional challenge of the expanding programme by re-shaping the core offer by building on a range of individual/group work interventions commissioned or supported by SFSC. Other than the above initiative there are no formal links with DVA SV Commissioning and SCFC.</p> <p>A key part of the VAWG Strategy is to have "consistent care pathways delivered by a skilled workforce to ensure that there is 'no wrong door' and 'no missed chance". In order to ensure that professionals working in Brighton & Hove are able to access appropriate training, the PCST</p>	<p>and therapeutic programmes, such as a lack of investment in behaviour change programmes and post-conviction support.</p> <ul style="list-style-type: none"> • A lack of funding aligned to need, including support for demand arising from historical sexual abuse enquiry; and provision for 14 and 15 year olds. • A lack of data intelligence to understand demand and align provision based on need. Inconsistent and out of date data is used to inform commissioning decisions. • Lack of clarity on reporting requirements and responsibility.
--	--	---

¹⁰ Standing Together, Pan-Sussex Review of MARACs and Domestic Homicide Reviews, March 2017

¹¹ The Brighton & Hove Safeguarding Adults Board (SAB) Multi Agency Audit of Domestic Violence & Abuse, February 2016

has developed a training prospectus with the LSCB, SAB and BHCC Workforce Development Team¹². This has led to a significant increase in training provision, including provision by BHCC and commissioned from specialist services. There are a number of new courses (in particular in relation to harmful practices and sexual violence), as well as providing opportunities to meet emerging (including stalking and sex work).

The Clinical Commissioning Group is working proactively in relation to this agenda. Safeguarding leads in primary care all receive Level 3 Safeguarding Adult's Training which includes domestic violence. This training should be rolled out to all GP's in the practice. All GP's are trained at Level 3 for safeguarding adults which also includes DVA and the impact on children. The designated nurses are in the process of gaining assurance from practices that they are compliant with the training. The named GP and designated nurses provide 7-8 sessions a year for updates on various topics and this has included DVA. The plan for 18/19 sessions will include SVA.

¹² <https://www.safeinthecity.info/training>

- 3.19 The draft recommendations from the BPI are listed in **Appendix 2**.
- 3.20 The recommendations identify a number of work areas, in summary these are:
- Coordination of partnership activity, including how to continue to support close working between agencies, addressing those areas which could be strengthened, and ensuring the partnership has the data it needs to determine priorities
 - Commissioning activity, including how to sustain existing good practice around joint commissioning
 - Working with Voluntary and Community Sector partners to ensure that they are able to engage in the most effective way with commissioners and can continue to demonstrate Added and Social Value
 - Other activity such as workforce development (among the workforce and in targeted areas, e.g. health professionals) and interventions with perpetrators.
- 3.21 A critical recommendation relates to how to respond to significantly increased demand, in particular with reference to specialist services from the voluntary and Community Sector. While the council has been able to maintain its budget for specialist services, the current level of investment in these services has not increased in line with demand and, as summarised above, this is having a significant impact on the support available to victim/survivors. The options identified in the review [see recommendation 8] are to consider:
- Whether the current investment in specialist services is sufficient to meet need
 - Explore future funding options including how best to meet increase in demand
 - Where there is unmet need, work with statutory services to manage unmet need
 - Identify other opportunities to increase options for earlier intervention (e.g. the role of field officers).
- 3.22 A further recommendation [21] relates to referral pathways for specialist services, including The Portal and other areas such as refuge provision and the wider victim support pathway. This recommendation reflects learning from local and regional Domestic Homicide Reviews which have consistently identified an issue with the current referral pathways. These can mean that victims of 'standard' risk incidents are not offered a referral to a domestic abuse specialist, while victims of more serious incidents and crimes can receive multiple offers of support. Recommendations about the future commissioning of The Portal, as the contract was originally awarded for three years with an option to extend for a further two, will be considered by the Health & Wellbeing Board in the New Year.

Next steps

- 3.23 Following the conclusion of the review, an implementation plan will be developed. This will set out how the recommendations will be addressed, lead officers and timescales. This will enable progress to be monitored and reported as appropriate.

Strategy refresh

- 3.24 The current VAWG strategy ran out in March 2017, with the Community Safety and Crime Reduction Strategy Action Plan holding activity in the interim.

- 3.25 In November 2016, the Committee received a report describing the proposals to refresh the strategy, developing a DVA, SV and VAWG Strategy jointly with East Sussex to reflect the joint commissioning and delivery arrangements that are in place with East Sussex County Council.
- 3.26 This process is underway and the findings of the review will inform the development of this strategy. It is proposed that that the draft strategy is tabled at a future committee for approval.
- 3.27 At an operational level, annual action plans would set out the deliverables to be achieved within the city's Community Safety and Crime Reduction Strategy.
- 3.28 Additionally, it is anticipated that the city will re-secure 'White Ribbon' status¹³ in 2017 as part of planned activity around the 16 Days of Action.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The review has made recommendations to further develop the city's response to DVA, SV and other forms of VAWG and, in particular, to manage the impact of increased demand. While this will mean prioritising those victims at the greatest risk or with the highest needs, the recommendations also identify opportunities for earlier intervention and / or to support longer term recovery. By conducting the review with reference to all council services, it has been possible to consider the widest possible steps that could be taken to maximise opportunities for victim/survivors and their families to be safe and recover and for perpetrators to be held to account. The implementation plan will provide assurance that actions are being taken and a refreshed strategy will provide a framework within which such activity can be framed.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The refresh of the DVA, SV and VAWG Strategy is currently underway. To support this process, a strategic assessment will be completed and a consultation event has been scheduled for December 2017. Invited participants include statutory, voluntary and community sector partners. Additional consultation with victim/survivors and residents is being planned for the New Year.

6. CONCLUSION

- 6.1 This report is to provide an update of progress on work in relation to DVA, SV and VAWG and to invite any comment.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The Business process review work has been undertaken using the in-house performance, Improvement and Programmes team within the Strategy, Governance and Legal Directorate. The work being carried out to refresh the DVA, SV and VAWG strategy is being met from current budgets within the Neighbourhoods, Communities and Housing (NCH) Directorate. The current

¹³ <http://www.whiteribboncampaign.co.uk/>

council budget (excluding one-off resources) for commissioning VAWG services is £0.751m in 2017/18.

Finance Officer Consulted: Name Monica Brooks Date: 13/11/17

Legal Implications:

- 7.2 There are no direct legal implications arising out of this report which sets out recommendations for noting.

Lawyer Consulted: Name Isabella Sidoli Date: 13/11/17

Equalities Implications:

- 7.3 An Equalities Impact Assessment (EIA) has already been carried out in relation to DVA, SV and VAWG. Equalities implications are reviewed in the Strategic Assessment of Crime and Disorder and the Community Safety and Crime Reduction Strategy both of which are refreshed annually.

Sustainability Implications:

- 7.4 The proposed approach has implications for sustainability including support for victim/survivors in achieving Safety, Health & Happiness: Encouraging active, sociable, meaningful lives to promote good health and wellbeing.

Crime & Disorder Implications:

- 7.5 Creating opportunities for safe disclosure and pathways to support will have a positive impact on community safety and reduce the impact of crime and disorder.

SUPPORTING DOCUMENTATION

Appendices:

- 1. National Statement of Expectations**
- 2. Business Process Improvement Review – draft recommendations**

National Statement of Expectations

The NSE are intended to reinforce the importance of bringing local service providers together, understanding local needs, commissioning services accordingly and publishing data about their local needs, and how services are being provided to meet them, and setting out clear leadership and accountability for delivery.

The key principles within the NSE are:

- *The victim at the centre*: Every victim, whether adult or child, is an individual with different experiences, reactions and needs. Local areas should ensure that services are flexible and responsive to the victim's experience and voice.
- *A clear focus on perpetrators*: In order to keep victims safe, local areas should ensure that there are robust services in place which manage the risk posed by perpetrators and offer behavioural change opportunities for those willing and able to engage with them.
- *A strategic, system-wide approach to commissioning*: Good commissioning always starts with understanding the issue and the problem you are trying to solve.
- *Is locally-led and safeguards individuals at every point*: Commissioned services should make use of local initiatives and services already in place to utilise resource, share best practice and ensure that there are coordinated pathways of support.
- *Raises local awareness of the issues and involves, engages and empowers communities to seek and deliver solutions*: Commissioners should work with local partners to provide a multiplicity of reporting mechanisms to better enable victims to come forward and access the support they need.

Draft recommendations from Business Process Improvement Review

Strategic Recommendations

1. Refresh the partnership structure, reviewing representation from statutory and non-statutory partners to ensure it is relevant and inclusive, to enable the delivery of a Coordinated Community Response so that partners can coordinate their activities, review their performance, identify gaps, and support improvement.
2. Ensure that the Local Safeguarding Children's Board (LSCB) and Safeguarding Adults Board (SAB) are able to make the best use of the partnership structure to support local priorities (see recommendation 1) and additionally consider having a common slot for joint Board business related to this agenda.
3. As a minimum, all BHCC services in scope, statutory partners and commissioned providers to ensure effective protocols / referral pathways are in place to provide interventions to victims, and to manage perpetrators.
4. Review the current pathways for referral / assessment relating to DVA, SV and safeguarding in order to identify opportunities to reduce parallel pathways, make best use of resources and ensure a 'Whole Family' approach. E.g. scope capacity and feasibility to review DVA and SV in one hub.
5. Revisit the Memorandum of Understanding (MoU) between FCL and DVA SV Commissioning Team in relation to the Domestic Violence Perpetrator Programme (DVPP) to make amendments as necessary to reflect revised programme.
6. Review the current commissioning group with reference to other joint commissioning arrangements within the council, and across local partners, and agree how to deliver integrated commissioning in relation to this agenda.

Other recommendations

7. As part of the refresh of the partnership structure (see recommendation 1), BHCC should explore opportunities to streamline structures with East Sussex and Pan-Sussex groups to reduce duplication in the current set-up and improve clarity in terms of decision making.
8. Further monitor levels of demand for victim/survivors (and their families) and consider:
 - Whether the current investment in specialist services is sufficient to meet need
 - Explore future funding options including how best to meet increase in demand
 - Where there is unmet need, work with statutory services to manage unmet need
 - Identify other opportunities to increase options for earlier intervention (e.g. the role of field officers)
9. Complete the current work with the specialist service to map the victim journey and review triage and assessment processes to make best use of resources
10. Implement recommendations emerging from the Sussex review of the SARC conducted by NHS England
11. Clarify and communicate our offer for clients who are vulnerable and seek external funding to meet the unmet need.
12. Work with the CCGs in Brighton & Hove and East Sussex to develop business case(s) for role of CCGs in MARAC, including representation at MARAC, as well as the specialist service training and support offer in primary and secondary care (e.g. Health Independent Domestic Violence Advisor (HIDVA)), from 2018/19 onwards.
13. Clarify funding and commissioning arrangements for the Trauma Pathway for those affected by DVA and SV, from 2018/19 onwards.

14. Review the outcome of the bid to the Police Transformation Fund for perpetrator provision and associated provider support and, if successful, identify how this can be aligned to existing local provision
15. Undertake a review of pathways for perpetrators to clarify the programme offer(s), including existing provision through children and criminal justice providers and areas of unmet need within the community and substance misuse services, and address issue around pathways, unmet need and outcomes
16. Ensure the recommendations for the sexual assault Health Needs Assessment are shared and inform the commissioning of provision as agreed by statutory agencies at the Pan-Sussex Executive Board
17. Set baseline data monitoring protocols with commissioners and partners and streamline the reporting of key data to have consistent recording and to reflect the true measures of DVA and SV
18. Use the recommendations from the Business Improvement review, alongside with local needs assessments, service mapping and stakeholder and community consultation, to inform the development of a DVA, SV and VAWG Strategy
19. Ensure there is a robust action plan to deliver partnership priorities as part of a Coordinated Community Response with joint working between statutory partners, commissioners and providers. This could be held in the annual Community Safety and Crime Reduction Strategy and Action Plan.
20. Complete the planned review of the Joint DVA SV Unit in accordance with BHCC procedure and principles which includes customer and communities insight.
21. Review co-commissioning arrangements to inform future commissioning cycles, including decision making in relation to The Portal after September 2018 and other areas such as refuge and wider victim support pathway
22. Carry out a refresh and review of contract monitoring arrangements to maximise resources and capacity, looking at both the requirements of the commissioner and the needs of the provider
23. Continue to deliver a DVA SV and Harmful Practices multi-agency training programme through the integrated training prospectus, ensuring this is co-produced with statutory and Voluntary and Community Sector partners and refreshed annual in light of national and local policy / guidance and outcome from various reviews. Ensure that there is clear communication regarding mandatory requirements
24. Review findings of Pan Sussex MARAC Review and agree / implement changes to local process to manage volume, in particular considering MARAC chairing, structure of MARAC meetings and administration of the MARAC process.
25. Review findings of Pan Sussex DHR Review and, building on existing local good practice, explore options for a collaborative approach to commissioning, conduct and learning from reviews with East and West Sussex County Councils.
26. Continue to work with the CCG to ensure that GPs receive training in relation to domestic and sexual violence and this is rolled out within practices.
27. Ensure that there is a clear understanding of the training needs of council offers from the Directorates in scope who deliver universal and targeted services and that staff can access to the appropriate levels of training relating to DVA and SV.

