

	<p><b>ACTION TAKEN UNDER DELEGATED POWERS BY OFFICER</b> <b>11 September 2017</b></p>
<p style="text-align: center;"><b>Title</b></p>	<p>Award of contract for Procurement of general practice based Domestic Violence and Abuse (DVA) training, support and referral programme for GPs and Primary Care health practitioners.</p>
<p style="text-align: center;"><b>Report of</b></p>	<p>Dawn Wakeling Strategic Director for Communities, Adults and Health</p>
<p style="text-align: center;"><b>Wards</b></p>	<p>All</p>
<p style="text-align: center;"><b>Status</b></p>	<p>Public</p>
<p style="text-align: center;"><b>Enclosures</b></p>	<p>None</p>
<p style="text-align: center;"><b>Officer Contact Details</b></p>	<p>Joanna Georgiades SAB Business Manager joanna.georgiades@barnet.gov.uk</p>

<p><b>Summary</b></p>
<p>The LBB would like to award a contract to Solace to deliver an Identification and Referral to Improve Safety (IRIS) programme for General Practice (GP) and Primary Care health practitioners in Barnet.</p> <p>This includes the provision of general practice based DVA training, support and referral process through an advocate educator and a clinical lead for GPs and Primary Care health practitioners. The contract will be for a one year period with the option exercisable by the authority for a 1 year extension subject to performance review and budget.</p> <p>This service Specification outlines the requirements of the new service and provides the necessary background knowledge, service details and requirements to enable bidders to effectively plan, comprehensively manage and deliver the IRIS programme across 25 GP practices in Barnet.</p> <p><u>The IRIS model</u></p> <p>The IRIS model is centered in partnership work, with primary care and specialist third</p>

sector agencies coming together to deliver services and promote joint working to close the gap across the two.

An advocate educator is a specialist DVA worker who works GP Practices and is based in a specialist DVA service. The advocate educator provides DVA training to GP practice teams and acts as an ongoing consultant as well as the person to whom GP Practice staff can directly refer patients who are victims or have been victims of DVA for expert advocacy. The advocate educator works with a local clinical lead to deliver the model.

The training within the IRIS programme focusses on how to recognise patients who are or have experienced DVA and how to respond, refer and record disclosures. The model promotes clinical enquiry, recognition of risk indicators, safety planning and holistic care for all patients including children, perpetrators and male victims.

The training also includes a separate session for reception/administrative team in GP Practices which focusses on understanding DVA, responding to patients, resource provision, confidentiality and safety. Refresher training can also be provided to all practices. All training is evaluated for example the receptionist/administrators is evaluated to measure participant understanding of DVA and issues of data handling, confidentiality and safety.

The model also requires a lead professional to be identified in each GP practice to act as the IRIS champion to be the main point of contact for the advocate educator and receive further one to one training enabling them to be the practice DVA lead.

Referral and care pathways for female survivors, male survivors and perpetrators are implemented; this includes guidance for use in emergencies and where there are child protection concerns.

Referrals from the practices following the implementation of IRIS are monitored. The advocate educator and the clinical lead promote the use of HARKS<sup>1</sup> to produce quarterly DVA searches in the GP practices participating.

Ongoing support and consultancy is provided by the educator who attends the practice meetings quarterly to discuss all aspects of the programme and is available to support the entire practice and individual professionals on a day to day basis by phone, email and when in the practice.

Patients will be able to access specialist support and be referred / signposted to specialist services and external generic services through the advocate educator.

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<sup>1</sup> HARKS is a pop up and a mnemonic for Humiliate, Afraid, Rape, Kick and Safety and is linked to the symptoms of DVA providing a practical reminder to clinicians to ask about DVA, a flagging system for the patient record and a safety tool to instruct clinicians to assess immediate risk. It is installed centrally via the practice's existing electronic record system. The template and protocol is already available in EMIS LV and Synergy systems.

This service Specification has been developed in line with the Safer Communities Partnership Board, Health and Wellbeing Board and the Safeguarding Adults Board priorities.

Only one provider submitted a bid, this was Solace. After evaluation and moderation, LBB would like to award a contract to Solace.

The contract start date is 16 October 2017.

## Decisions

### 1. To approve the award of contract to Solace.

#### 1. WHY THIS REPORT IS NEEDED

- 1.1 To comply with the Council's Contract and Procedure Rules, ensure alignment with the Council's Corporate Plan 2015-2020 and to achieve value for money, an open procurement exercise was undertaken.
- 1.2 The IRIS programme for General Practice and Primary Care Health is aligned to the Barnet Safeguarding Adults Board Domestic Violence and Abuse (DVA) business priority aimed at increasing the numbers of GP referrals of DVA victims to the DVA specialist services.

#### 2. REASONS FOR DECISIONS

- 2.1 The award of contract is the result of a full tendering procedure carried out in compliance with the Council's Contract Procedure Rules.

#### 3. ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

- 3.1 Not applicable.

#### 4. POST DECISION IMPLEMENTATION

- 4.1 Following the decision to award the contract, an award letter will be issued and legal contracts developed. The 16<sup>th</sup> October 2017 has been agreed as the service start date.

#### 5. IMPLICATIONS OF DECISION

##### 5.1 Corporate Priorities and Performance

- 5.2 The Council's Corporate Plan 2015-20 states that the council, working with local, regional and national partners, will strive to ensure that Barnet is a place:
  - Of opportunity, where people can further their quality of life
  - Where people are helped to help themselves, recognising that prevention is better than cure.
  - Where responsibility is shared fairly.

- Where services are delivered efficiently to get value for money for the tax payer.

5.2.1 The award of the contract set out in this report contributes to the Corporate Plan priority to take a partnership approach to preventing domestic violence through co-ordinating service provision to those are high risk of repeat victimization.

### 5.3 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.3.1 £87,000 of the Safeguarding Adult Board budget has been ring fenced for the IRIS programme. This is in line with the recommended financial investment to commission the IRIS model locally for year 1.

5.3.2 Financial investment is within the currently agreed budget for Adult Social Care.

5.3.3 Bidders were evaluated in accordance with the methodology MEAT (Most Economically Advantageous Tender) and consensus scoring.

5.3.4 An open procurement process was undertaken and tender submissions were recorded on the e-portal, [www.barnetsourcing.co.uk](http://www.barnetsourcing.co.uk). Only one tender was received.

5.3.5 The single tender passed:

5.3.6 **Stage 1 - Submission on time & Acceptance of T&C's** 10<sup>th</sup> August 2017.

5.3.7 **Stage 2 – Compliance Evaluation**

5.3.8 **Stage 3 – Method Statement Questions** the evaluation panel consisted of the Safeguarding Adult Board Business Manager, Barnet Homes Domestic Violence Sanctuary Scheme Co-ordinator, and Public Health Strategist. Barnet Clinical Commissioning Group had been involved in the development of the specification and tender but was unable to attend the evaluation and moderation stage of the procurement. Moderation took place on 7<sup>th</sup> September and a 72% score agreed. The pass rate was 50%.

Method Statement Question	Evaluation Guidance ( <i>Please refer to section in the specification</i> )	Weighting	Character Limit
Experience	Section 3 – Scope of the Service and Provider Objectives	25%	4500
Marketing / Advertising	Appendix 1 – Advocate Educator Role Profile	15%	3000
Engagement	Section 3.4 – Service Overview	25%	4500
Appropriate Skills	Appendix 1 – Advocate Educator Role Profile	15%	3000
Partnership Working	Section 3.4 – Service Overview	20%	3500
<b>Total</b>		100%	

5.3.9 **Stage 4 - Price Evaluation** the lowest Bidders Price submitted shall be divided by the Bidders Price, and then multiplied by the price weighting percentage and rounded up to two decimal places to give the Bidders price score. As the only provider at this stage the provider receives the maximum marks.

5.3.10 **Stage 5 – Ranking & Award of Contract** the bidders Quality and Price score added together give a total weighted score. The total weighted scores of each Bidder is used to rank Bidders with the highest scoring Bidder being given a ranking of 1. As the only Bidder Solace has been given the ranking of 1 and will be awarded the contract.

## **6. Legal and Constitutional References**

6.1.1 The total value of the contract including a one year extension is £174,000. The Council's Contract and Procedure Rules (July 2017) Appendix 1 Table A states that procurements valued at £164,176 and over (above the OJEU threshold) must be authorised via a Theme Committee Report or the Procurement Forward Plan. If within budget and the agreed savings target is on the forward plan then contract award may be accepted via a Full Officer DPR.

6.1.2 Paragraph 13.1 of the Contract Procedures Rules requires every contract to be in a form approved by the Monitoring Officer (in consultation with HB Public Law) if its value exceeds £25,000 or where appropriate to the nature of the Contract. HB Public Law will be instructed to draft the contract to be awarded to Solace

## **6.2 Risk Management**

### **Barnet Domestic Homicide Reviews (DHRs)**

GPs have also been identified as one of the key learning areas through all of the Domestic Homicide Reviews (DHRs). A Domestic Homicide Review in Barnet, completed and approved by the Home Office In June 2014, and published in December 2014, included recommendations that relate to Health. One of the recommendations was 'to commission the IRIS model to improve the early identification of domestic violence in primary health care.'

We know from the 2016 Crime Survey of England and Wales (CSEW) that 6.5% of women and 2.8% of men experienced abuse at the hands of their partner in the previous 12 months<sup>2</sup>. The Equalities Act states that commissioning decisions should be made on equality and diversity, i.e. different services to meet the different needs, rather than based on equity i.e. the same for all.

In the same year (2015-2016):

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<http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse#summary>

- Barnet Police recorded 2522 domestic abuse crimes<sup>3</sup> .
- The CSEW estimates that in Barnet about 7000 women and 2500 men suffered domestic abuse in 2015-16.
- Barnet DVA advocacy and support service received 1079 referrals
- Out of the 1079 referrals to the DVA advocacy service, 141 were from the health sector as a whole indicating a failure in identification, support and referral.

The prevalence of DVA is substantially higher in a general practice population than that found in the wider population.<sup>4</sup> Eighty percent of women in a violent relationship seek help from health services,<sup>5</sup> usually general practice, at least once, and this may be their first or only contact with professionals. There is extensive contact between women and primary care clinicians with 90% of all female patients consulting their GP over a five year period.<sup>6</sup> This contrasts starkly with its virtual invisibility within general practice, where in fact the majority of women experiencing DVA and its associated effects are not identified.

The IRIS model has been evidenced to be extremely effective in improving the practice of GPs and their staff in responding to domestic abuse and increasing the number of referrals from GPs to advocacy services.

### 6.3 Equalities and Diversity

6.3.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies **to have due regard** to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

Through its Equalities Policy LBB is committed to delivering fair services tailored to the needs of the people who live in the borough. The Provider will be expected to uphold this commitment and demonstrate that they are aware of and can accommodate cultural, religious and same sex differences in their approach in the process of delivering this programme of work.

The Advocate Educator will ensure the needs of their client group are addressed. All DVA services will be accessible to people with disabilities and take into account physical disability, chronic illness, mental health or learning disabilities. The service will include access to a range of appropriate support services and professionals.

The Council will monitor equality data will to ascertain the access and engagement of young/older people from diverse groups.

<sup>3</sup> <http://www.met.police.uk/crimefigures/datatable.php?borough=sx&period=year>

<sup>4</sup> Hegarty K . What is intimate partner abuse and how common is it? in: Roberts G, Hegarty K, Feder G, editors . *Intimate partner abuse and health professionals: New approaches to domestic violence*. London: Elsevier; 2005

<sup>5</sup> Department of Health, Conference Report: *Domestic violence: A health response: working in a wider partnership*. London: Department of Health; 2000

<sup>6</sup> Wisner CL et al . Intimate partner violence against women: do victims cost health plan's more? *Journal of family practice*. 1999; 48(6): 439 - 443

It is anticipated that this work will have a positive impact on health and wellbeing of people experiencing Domestic Violence and Abuse.

#### 6.4 Consultation and Engagement

- 6.4.1 The provider will launch of the IRIS model service to ensure the profile of the service is raised with the GP surgeries. Service promotion is essential to the improvements needed in engagement of the identified practices.
- 6.4.2 Barnet Clinical Commissioning Group and health providers should be included in the promotional campaign as well as targeted support agencies in the community.

### 7. BACKGROUND PAPERS

- 7.1 Not applicaticable.

### 7. DECISION TAKER'S STATEMENT

- 7.1 *I have the required powers to make the decision documented in this report. I am responsible for the report's content and am satisfied that all relevant advice has been sought in the preparation of this report and that it is compliant with the decision making framework of the organisation which includes Constitution, Scheme of Delegation, Budget and Policy Framework and Legal issues including Equalities obligations.*

### 8. OFFICER'S DECISION

**I authorise the following action**

- 8.1

**Signed**



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Dawn Wakeling  
Strategic Director for Adults, Communities and  
Health

**Date**

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18/09/2017

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