



## ***Q&A on Commissioning services for women and children who experience violence or abuse – a guide for health commissioners***

### **How should services for victims of violence against women and children (VAWC) be commissioned?**

- Commissioning services for victims of VAWC should follow same principles as good commissioning of other services which cross organisational boundaries
- For VAWC, it is particularly important to involve the police and the LA, as both of these are likely to be funding VAWC services already (for police, this is likely to be a Sexual Assault Referral Centre, for the LA a refuge or other housing-related services, as well as child protection)
- Locally, there will be varying arrangements for commissioning VAWC services. Within the NHS, the people likely to be involved include commissioners of mental health (including CAMHS), primary care, maternity, sexual health and emergency services, at a minimum.
- Local arrangements should vary, to meet different local needs, but it is important to make sure that they reflect current needs and not purely historical patterns of investment and service provision.

### **How will this change, with the move to GP Consortia and Public Health England?**

- In the future, GP Consortia and local Directors of Public Health will have a key role in assessing need, identifying victims at an early stage, and commissioning appropriate services.
- The new Health and Wellbeing Boards (HWB) will provide an excellent forum for dealing with VAWC commissioning, as they will bring together all the local organisations with an interest in this area
- VAWC services are likely to straddle the NHS and the new Public Health England. Pooled budgets and other joint working arrangements may be helpful in ensuring that service users experience a seamless transition between the different organisations.

### **What does a well commissioned VAWC service look like:**

We would expect a well commissioned VAWC service to have:

- Commissioners with a clear understanding of existing local services, including gaps, overlaps and the use of services outside the local area
- A high level of involvement from all the stakeholders (including all providers, other commissioners, users etc) in commissioning decisions
- A robust needs assessment, which feeds in to the Joint Strategic Needs Assessment (JSNA) and the HWB
- Regularly reported upon outcome indicators, showing effectiveness, value for money and (over time) social return on investment
- Service specifications, datasets etc which are based upon good practice from around England (see [www.pcc.nhs.uk/violence](http://www.pcc.nhs.uk/violence) for examples)
- Excellent cross-organisational relationships – particularly with voluntary organisations, LAs, the police and social services

### **Can commissioners really make a difference to VAWC services?**

- Commissioners can make a huge difference to this service purely by ensuring that local care pathways are developed and promoted, so that all women and children identified as being victims of violence are offered the specialist help and support that they need
- Sample care pathways are available on [www.pcc.nhs.uk/violence](http://www.pcc.nhs.uk/violence), and the Department of Health is always happy to add more and facilitate sharing of good practice via the PCC website
- Services for victims of VAWC can be an area in which commissioners lead the way in developing outcome-based measures and service specifications, as it is relatively small-scale and the major voluntary organisations which provide these services are already working towards doing this