



**POLICE & CRIME
COMMISSIONER**
for Leicester,
Leicestershire & Rutland

Your Communities - Your Commissioner

Police and Crime Panel

23/06/2026

OPCC Commissioned Services Report

Report Date	14/05/2026
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Security Classification	Official

Purpose of Report

1. In his role as the Police and Crime Commissioner (PCC) the Commissioner is required to commission services that meet the two statutory responsibilities of
 - a. Supporting victims and witnesses and
 - b. Prevention of crime to secure efficient and effective services for Leicester, Leicestershire, and Rutland. The PCC fulfils this responsibility through publicly commissioned services.
2. The PCC brings this report to outline for the Police and Crime Panel how he is fulfilling his duty by commissioning relevant services, that are regularly reviewed and amended to meet the needs of the residents of Leicester, Leicestershire, and Rutland, in particular those who find themselves the victims of crime.

Request of the Panel

3. In their role to scrutinise the actions and decisions of the PCC, the Commissioner requests that the panel examines the contents of this report. He would specifically like to ask the panel their opinion on the following questions.
 - a. Is the Panel supportive of the work update provided by the PCC?
 - b. Would the panel like to make any recommendations to the PCC in relation to this matter?

Summary

4. It is the responsibility of the PCC to deliver services that are commissioned, legally procured, and continually reviewed to support the residents of Leicester, Leicestershire and Rutland, particularly where they have been a victim of crime. The PCC fulfils this responsibility through both commissioning and grant making mechanisms. This paper focuses only on commissioned delivery. The OPCC commissions and grant funds in line with all relevant legislation and guidance, details of how the OPCC commissions services can be found in the OPCC Commissioning Framework: [commissioning-framework-25-28.pdf](#)

Background

5. The PCCs currently commissions the following services:
 - 5.1 Victim First, a holistic victim support service delivered by Catch 22. The service offers support, on a consent-based model, to victims of all crime types except rape and serious sexual assault (RASSO) and medium and high-risk Domestic Abuse. There are specific support offers to children, to young people and to adults including restorative justice options where appropriate.

- 5.2 Helpline & Engagement Service (HES) delivered by FreeVa. Services support medium and high-risk victims of Domestic Abuse through Independent Domestic Violence Adviser (IDVA) support, from crime to court, dependent on the victim's needs. FreeVA also delivers Sexual Violence victim support services via Independent Sexual Violence Advisers and Children and Young People's Independent Sexual Violence Advisers (ISVA and CHISVA) to adult and child victims of RASSO respectively. The PCC commissions these services as a response to the statutory duty to provide for victims of Domestic Abuse and Sexual Violence (DASV), funded via grant from the Ministry of Justice.
- 5.3 Sexual Assault Referral Centre (SARC), co-commissioned with NHS England (NHSE) to offer RASSO forensic medical examination and evidence gathering, prophylactic health interventions, crisis worker support and onward referrals to fast track therapy counselling services. The OPCC concurrently co-commissions the East Midlands Children and Young Peoples Sexual Assault Referral Centre (EM CYP SARC) with NHSE and the OPCC's of Nottinghamshire, Derbyshire, Northamptonshire, and Lincolnshire.
- 5.4 Out of Court Resolutions (OOCR), a commissioned suite of interventions offered to perpetrators of crime delivering non-court options for handling low-level, often first-time offences. They provide swift, meaningful justice for victims, hold offenders accountable, and aim to reduce re-offending by addressing the root causes through interventions rather than prosecutions. This commissioned activity delivers on the OPCC responsibility to provide a Community Remedy document, a legally mandated list of actions that victims of low-level crime and anti-social behaviour (ASB) can choose from as an alternative to taking an offender to court. Introduced under the Anti-social Behaviour, Crime and Policing Act 2014, these documents empower victims by giving them a direct voice in the punishment and rehabilitation of offenders. [Community Remedy Document](#)
- 5.5 Substance Use Out of Court options, delivered by Turning Point. The PCC contributes to the substance use contracts of both Leicester City and Leicestershire & Rutland Substance Use Services, these are not directly commissioned by the PCC but by the Local Authorities (Public Health) and as such the PCC is not responsible for the specification, delivery or accountability of these services. The PCC commissions a discrete element of delivery, provided by Turning Point, to manage Required Assessments to engage those tested positive for drugs in the custody suite following a drug test on arrest (DT to A) into treatment rather than the criminal justice system. Turning Point can also advocate for Drug Rehabilitation Requirements (DRR) or Alcohol Treatment Rehabilitation (ATR) orders as a community based OOCR alternative to sentencing to engage individuals into treatment programmes.

6. All commissioned contracts are reviewed through quarterly contract review meetings, supported by proportionate monitoring frameworks. The annual spend to Victim First is £500,000.00, the annual spend to Turning Point is £131,000.00 therefore monitoring reflects investment. In mobilisation and implementation phases of commissioned delivery, contract reviews will usually occur monthly for the first six months.
7. The commissioning team carry out regular internal reviews of services, including in the lead up to new commissioning which helps shape the specification of new services or programmes. Most recently the team reviewed OOCR and SARC delivery, currently both are in procurement periods with newly developed specifications and models of delivery driven by findings of internal reviews. The OPCC VAWG Lead is currently carrying out an internal review into local provision that prevents or mitigates the effect of Domestic Abuse on children and young people.

Impact of Commissioned Services Reviews

8. Victim First – the OPCC and the service measure impact via surveys to stakeholders and professionals and through Victim-Reported Outcomes (Standardised Questionnaires) which are used to measure the impact of support services on victims focusing on improved health and wellbeing, increased safety and perceptions of safety and feeling better equipped to cope and move forward. In Q3 2025/26 the service provided 1833 positive victim contacts (consented triage contacts) resulting in a 95.12% overall satisfaction rate. 349 individuals felt better equipped to cope and build resilience and 16 positive Restorative Justice outcomes were delivered. In the same quarter following review easy read sections were added to the Victim First website with downloadable resources and a specific 18–25-year-olds section was added to better meet the needs of this demographic. A stakeholder survey was conducted where partners found the referral processes easy to use and the team to be supportive and effective, while also highlighting some key areas to focus on, which will be planned into the 2026/27 forward plan. The highest volume of referrals for support by crime type are ABH Common Assault, Residential Burglary, Harassment and Criminal Damage (non-Arson).
9. Impact is also measured in numbers of repeat victims, where support has been insufficient, and a victim is referred or self-refers as a returner to support. Year to Date (YTD) monitoring identifies 220 of 9,876 eligible victims referred are repeat victims, 2.23%.
10. **DASV services** – As part of review work the OPCC tasked the commissioned provider to better understand the help seeking behaviour and outcomes of contact with the provider to demonstrate impact to those seeking support, this is conducted by dip sampling callers to respond to the following questions:

	Q1 2026-26	Q2 2025-26	Q3 2025-26
Is this the first time the caller has sought help?	Yes - 77/66% No - 40/44%	Yes - 33/69% No - 15/31%	Yes - 50/53% No - 44/47%
Did you find the call useful?	Yes - 114/97% No - 4/3%	Yes - 45/94% No - 3/6%	Yes - 91/97% No - 3/3%
Do you know where you can go to get help?	Yes - 119/96% No - 5/4%	Yes - 46/96% No - 2/4%	Yes - 94/100%
Do you feel better about the situation now you have told someone?	Yes - 109/96% No - 5/4%	Yes - 45/94% No - 3/6%	Yes - 88/94% No - 6/6%
Would you have called if we were not confidential?	Yes - 42/44% No - 54/56%	Yes - 15/31% No - 33/69%	Yes - 25/27% No - 69/73%

11. This information has supported the service to monitor calls to ensure that, particularly first-time callers are provided with a service that fosters confidence and engagement.
12. The service provider also demonstrates impact by onward referrals and support sourced; YTD (Q3 25/26) the service has referred 531 victims into Mental Health support, 170 into housing support (excluding refuge) and 160 to the MARAC (Multi-Agency Risk Assessment Conference) to ensure wraparound support and full risk recognition is in place for the highest risk victims.
13. Victims of the commissioned service Sexual Violence (SV) support are referred in through 50+ referral routes, YTD (Q3 25/26) has resulted in 748 referrals into support, YTD including:
- 44 x self-referrals
 - 414 x Police
 - 134 x SARCs
14. The most reported dissatisfaction in SV services, refers to the length of time RASSO victims wait for trial, which is on average nationally 417–499 days. LLR victims sit within and beyond the national average wait time. The impact for service providers significantly affects workers capacity as they hold cases for extended periods of time.
15. Victims supported through the commissioned SV service are asked for feedback on how they rate how well the service provides and receives pertinent feedback, following comment that feedback was sometimes sporadic, YTD shows 100% satisfaction in the domains measured:

Pro-actively notify service users of feedback avenues at multiple points of contact	100%	100%	100%
Offer multiple methods and channels for service users to feedback	100%	100%	100%

16. **SARC services** – LLR SARC has been delivered by the Police force with sub-contracting to Mitie to deliver the clinical and forensic examinations elements. In November 2025, Mitie invoked their right to terminate their contract at the end date of 30/09/2026 which would leave the SARC without forensic examination capability. The OPCC and Police alongside NHSE undertook a review of service delivery and published a PIN in January 2026 - Prior Information Notice (PIN) is a public notice used by contracting authorities to signal upcoming tender opportunities up to 12 months in advance. It enhances transparency, allows suppliers to prepare, and can shorten future tender timelines. PINs are not mandatory but are often used to test market interest.
17. The PIN returned several parties interested in tendering for the SARC, but only as a full provision, not a forensic sub-contract. On further review with NHSE a full procurement was agreed. Procurement opened 27/02/2026 and will close 27/03/2026. An award of contract has been made, but at the time of writing this report procurement is the standstill period and for reasons of confidentiality and negating possible challenge cannot be announced until the period is concluded, which is anticipated to be by the end of May 2026. An announcement of the successful provider will be released by the PCC's office in due course. The new model will commence 01/10/2026, following which the OPCC can furnish impact information after the initial six-month period.
18. The 2024 review of the SARC identified missed opportunities to engage victims when response officers, rather than SIGNAL (Specialist RASSO Officers) attend a call, especially where the callout was not initially reported as a RASSO offence i.e., victim reports an assault but on presentation officers identify a RASSO crime has been perpetrated. When victims chose not to attend the SARC they were excluded from other wraparound support and/or onward support referrals as no assessment of need had been conducted. In consultation with the SARC team and RASSO victims through the lived experience Voices Group, the PCC funded a GoodSAM initiative: Improving Rape Response – All victims of reported rape in LLR will be offered a contact call through GoodSAM (WhatsApp type platform).
19. When officers attend a report of rape, or where they identify rape in pursuit of another reported offence, they will outline the facilities and support available at the SARC. They will offer and initiate call with an on-call crisis worker (this can be phone or video) where the crisis worker can talk the victim through all options immediately available to them and ongoing support options. The crisis worker can make direct arrangements with the victim to attend the SARC when suitable, and advice on forensic evidence gathering and conduct a triage needs assessment. If the victim attends, they will have a known contact on presentation. If the victim chooses not to attend, the SARC will initiate follow up support regardless of absence of forensic examination. Whatever the outcome of the SARC contact the victim will be enabled to make an informed choice and their interaction will be victim focused and in line with all best practice. This offer

is available 24 hours, 7 days a week. In the 14 months to date, the initiative has:

- Delivered 130 interventions that otherwise would not have had full SARC services available to them, resulting in
- 23 x Victims attended the SARC within timescales.
- 12 x Appointments booked for victim to attend the SARC at a later time.
- 4 x Didn't attend the SARC but referrals made.
- 5 x SARC attendance offered but declined.
- 3 x SARC not applicable in this instance.
- 30 x Support given.
- 24 x Check in call completed.
- With 34 contacts made during a live incident.

Out of Court Resolutions (OOCRs)- The OPCC, until March 2026, commissioned three providers to deliver OOCRs: Ingeus deliver interventions to 18 – 25-year-old males, New Dawn New Day deliver interventions to female offenders and Hampton Trust CARA deliver interventions to first time, standard risk Domestic Abuse Perpetrators.

20. For an OOCR to be issued there must be an admission of guilt from the offender. The office undertook a review of services in early 2025 which identified good work and positive outcomes but showed significant areas for improvement; whilst the three areas delivered met the greatest needs and followed the evidence of where OOCRs could be best placed, there were gaps in provision, for example offenders not in the designated age group, while small numbers these were not served.
21. The model of commissioning did not capture impact, it was difficult to evidence if offenders went on to repeat or commit new offences. This review led to a series of consultations, with providers, the Police and lived experience groups, which resulted in the decision to procure a new combined model of OOCR delivery, including the PCC increasing his financial support from 152K per year to 199K.
22. This model has been in procurement since December 2025 and concluded in March 2026. Following this procurement contract was awarded to Ingeus in partnership with Hampton Trust, which will offer an all-offence model, with priority groups being 18–25-year-old males, female offenders and first offence Domestic Abuse offenders. The new model incorporates Offender Pay options for lesser offences such as theft and minor criminal damage. The new commissioned model began on 01/05/2026.
23. Substance Use DToA and OOCR – Interventions provided by Turning Point were supported by a significant investment from the Home Office until 2024/25, when all funding ceased (Year 1 200k, Year 2 150k, Year 3 25k, Year 4 0k). An

internal OPCC review identified that in order to support DToA and subsequent OOCR delivery the previously commissioned PAVE Mental Health triage element would cease, and all funds would concentrate on custody testing and diversion to treatment through OOCRs to try and mitigate the shortfall. A significant decrease was evidenced post the Home Office funding reduction:

Monthly Average	With Enhanced HO Funding	Current Provision (Q3 2025)	Change
People identified as suitable for any form of intervention	280	241	-14%
Drug tests carried out	95	24	-75%
Positive tests	52	12	-77%
Required Assessment booked (Referral into treatment)	43	9	-79%
Required Assessments attended	32	5	-84%
% of Required Assessments attended	74%	51%	-23%
Waiting time for Required Assessments	5 days	7 days	+ 2 days
Naloxone issued from custody	22	1	-95%
Entries into treatment	22	7	-68%

*A Required Assessment (RA) is the triage appointment with the Drug Services Provider (Tuning Point) to engage individuals into treatment and possible OOCR to prevent and reduce further crime.

24. Following the internal review, the PCC has made available an increase in funding of 200K over years 2026-27 and 2027-28 this will considerably raise capacity to DToA and a subsequent reduction in drug related crime. This will raise funding levels to Year 2 of previous enhanced delivery and will commence May 2026.

25. The main measures of impact focus on the numbers tested that are offered and take up a treatment option - Community Sentence Treatment Requirements (CSTRs), court-ordered community sentences for offenders with mental health, drug, or alcohol needs. They aim to reduce reoffending by addressing underlying causes through treatment rather than custody, involving partnerships with probation and substance use provider services. Impact is also measured on the number of those who return to treatment or the criminal justice system following a CSTR, with the lowest number of returners representing the highest impact.

- Modality starts - total number of recorded ATR, DRR's each month.
- Modality end (all) – number of closures to CSTR modalities, including dropouts, unplanned exits etc. over a 12-month rolling period.
- Successful modality end – when an ATR, DRR has successfully ended. Over a 12-month rolling period.
- No. with subsequent episode – the number who had previously been closed but return to an ATR or DRR.

Leicester	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Total
Modality Starts	16	10	9	9	11	8	17	14	11	16	12	10	143
Modality Ends (all)	5	11	9	11	11	8	10	8	10	13	10	17	123
Successful Mod End	3	2	4	2	3	2	0	1	0	2	1	1	21
No. with subsequent episode	1	1	2	0	2	0	0	0	0	0	0	0	6

Leicestershire	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Total
Modality Starts	12	7	9	7	10	11	14	14	16	9	13	8	130
Modality Ends (all)	5	4	7	11	7	8	14	6	8	16	11	6	103
Successful Mod End	4	0	2	5	2	2	0	2	2	3	1	0	23
No. with subsequent episode	2	0	0	0	0	1	0	1	1	1	0	0	6

Rutland	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Total
Modality Starts	0	0	0	0	0	0	0	0	0	2	0	0	2
Modality Ends (all)	1	0	0	0	0	0	0	0	0	0	1	0	2
Successful Mod End	0	0	0	0	0	0	0	0	0	0	0	0	0
No. with subsequent episode	0	0	0	0	0	0	0	0	0	0	0	0	0

Drug Test on Arrest for the period of Jan-25 to Dec-25:

- 2915 people identified within custody as likely having a substance use need.
- 324 of these were believed to be opiate/crack users not currently in treatment (viable testing candidates).
- 124 of this cohort were referred into treatment/initial assessment after a positive test.
- 95 people entered treatment via the custody pathway
- The increase in DToA funding will be monitored to evidence impact on numbers tested, referred for OOCRs and to explore causal results in acquisitive crime.

26. The OPCC contributes to the Turning Point Substance Use contracts for both the city and the county and Rutland, of £219,287.00 and £111,856.00 per annum respectively. The OPCC is not the commissioner of either of these services, the respective Public Health bodies of each Local Authority are the commissioners. The OPCC attends the quarterly contract review meetings of the two services for openness and advice. The reporting mechanisms and Performance Management Frameworks are the property of each Local authority's Public Health department.

Officer to contact:

Siobhan Peters, Director of Strategy, Partnerships & Commissioning

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