Domestic violence and abuse services

2017 Commissioning Intentions Pre consultation
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Introduction

Purpose

This document will outline the process that the Anti-Social Behaviour and Community Safety Team will follow during the procurement and commissioning of domestic violence and abuse (DVA) services on behalf of the Joint Commissioning Group.

Definitions

Commissioning

The word commissioning means different things to different people. It is therefore important to define commissioning, as used within the South Gloucestershire Council Strategy. It is considered that commissioning is “the process of meeting local need, which involves both specifying and securing good quality provision” (Figure 1). Strategic priorities are those elements which are needed to improve the outcomes for users, and are fully informed by their views and those of stakeholders. The provision secured must be cost effective and provide value for money. Commissioning includes monitoring and evaluating services provided in order to ascertain their impact on improvement, and applies to all services within South Gloucestershire whether provided by the local authority, health service, police, or the private or voluntary sector.
Procurement

According to the National Procurement Strategy for Local Government, procurement is: “The process of acquiring, goods, works and services, covering both acquisition from third parties and in-house providers. The process spans the whole cycle from identification of needs through to the end of services contract or the end of the useful life of an asset. It involves options appraisal and the critical ‘make or buy’ decision which may result in the provision of services in-house in appropriate circumstances.”

Domestic violence and abuse (DVA)

Terminology in domestic violence and abuse varies between and within organisations. The definition of DVA is the same as that adopted by the UK government (2013) and that used operationally in South Gloucestershire by agencies involved with the Partnership Against Domestic Abuse (PADA):
“Any incident or pattern of incidents of controlling, coercive, or threatening behaviour, violence, or abuse between those aged 16 years or over who are or have been intimate partners or family members regardless of gender or sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

**Controlling behaviour**

A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance, and escape and regulating their everyday behaviour.

**Coercive behaviour**

An act or pattern of acts of assault, threats, humiliation, and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition of DVA encompasses inter- and intra-generational violence where perpetrators and victims reside in the same household. This can include abuse between siblings where both are aged over 16; and abuse between parent and child aged over 16 (with parent as perpetrator, child as victim and parent as victim, child as perpetrator). Due to the nature of the parent-child relationship, occurrences of intrafamilial violence may pose additional complexities for service providers.
Background

Why is domestic violence and abuse a priority?

DVA is often hidden, insidious, and can go undetected by professionals – the average duration of abuse before the victim receives help is 2.7 years and the average number of DVA incidents that occur before a victim reports the abuse to the police is believed to be 35. More than one in four women and almost one in eight men will have experienced DVA during their adult lifetime and for 30% of victims this DVA will be repeated. DVA therefore represents a common, often persistent, and preventable harm, often borne by the most vulnerable.

There is also a considerable financial cost to the public purse: DVA is estimated to cost the state over £3 billion per year in direct costs (i.e. criminal justice system, health service, social services, housing and civil legal aid) and an estimated £2.7 billion in losses to the economy. The tangible financial cost is further dwarfed by the estimated human and emotional cost of DVA in pain, suffering, and fear.

It is therefore not surprising that over the past ten years, DVA has become increasingly important to politicians and decision-makers and is now considered a cross-government priority.

How are DVA services commissioned in South Gloucestershire?

South Gloucestershire Council currently commission a number of DVA services and the Anti-Social Behaviour (ASB) and Community Safety (CS) Team manage a number of DVA service-level agreements (SLAs). The ASB and CS Team have been unable to recommission these services in recent years as the team have been under service review as part of the council’s wider Savings Programme. However, it is now imperative that a period of assessment, commissioning, and evaluation commences
to ensure that services meet the needs of the population and are supported by an evidence base.

Establishment of a JCG for DVA and the pooling of budgets is recognised nationally as good practice and is encouraged within the latest Home Office strategy *To End Violence Against Women and Girls 2016 to 2020*. A South Gloucestershire Joint Commissioning Group (JCG) for DVA was established in February 2016, comprising agencies with commissioning responsibilities for DVA.

The DVA JCG is a subgroup of the Partnership Against Domestic Abuse (PADA), a multi-agency group comprising stakeholders and providers. The core membership of the JCG are the Director of Public Health, the Head of Safe Strong Communities, Specialist Manager for Health and Wellbeing, ASB and CS Team Leader, a Senior Commissioning Officer from the Office of the Police and Crime Commissioner and the public health clinical lead for DVA from the NHS Clinical Commissioning Group. The DVA JCG are responsible for the governance of the procurement process and will direct the activities of the ASB and CS Team as they recommission the services.

The core membership of the DVA JCG have pooled their funding together with Safer and Stronger Communities so that robust and effective services can be delivered, offering value for money and optimal provision for victims in South Gloucestershire.

The commissioning of DVA services will follow the Institute of Public Care (IPC) model (Figure 2), as recommended within South Gloucestershire Council’s Commissioning and Procurement Strategy 2014 -2018. Environment and Community Services have the responsibility for the complete commissioning cycle.
As part of the “plan” phase of the commissioning model, the JCG have conducted a mapping exercise of current provision and identified the DVA services that are currently commissioned or provided in South Gloucestershire. This exercise identified ten Service Level Agreements (SLAs) for a range of DA services, a number of which end on March 31st 2017. Moreover, as part of the “analyse” phase, the JCG have requested that a DVA needs assessment is completed to identify the areas of greatest need in South Gloucestershire, and the evidence base for addressing these needs. The DVA needs assessment was signed off by the JCG in June 2016 and is available on the council website. Estimates of need and recommendations from the needs assessment, along with service mapping of current provision, will be used to inform the commissioning intentions strategy.
What is the policy context?

National strategic direction and policies

In 2010 the coalition government published the cross-departmental strategy *Call to end violence against women and girls (VAWG): Action plan*. Emphasis was placed on the need for prevention, provision of support to victims, partnership working, and risk reduction. Whilst the VAWG plan specifically focuses on the risk to females, it acknowledges the need to address the needs of men and boys who may also be affected by DVA. An updated VAWG strategy for 2016-20, *Ending Violence against Women and Girls* was recently published, highlighting the government’s commitment to ending DVA.

The Department of Health (DH) has produced several reports on DVA in recent years, the most recent of which is the *Alberti report* in 2010 which laid out recommendations for the NHS to respond to DVA and to improve services for women and child victims of DVA. As part of the DH 2013 guidance on “Public health contribution of nurses and midwives” the important role of maternity, health visiting, and school nursing programmes in identifying DVA and providing appropriate support and onward referral is identified. Moreover in 2014 the National Institute for Health and Care Excellent (NICE) published guidance on preventing and reducing DVA, “*Domestic violence and abuse: multi-agency working (PH50)*”. The guidance provides seventeen recommendations and emphasises the need for both multi-agency partnerships and ongoing training for staff in identifying and responding to DVA.

Furthermore, the Troubled Families initiative, implemented locally as Families in Focus, includes DVA in its scope, and reports such as the Munro Review have highlighted the important overlaps between DVA and child protection issues.

Local policy context

Locally, DVA is an identified priority for several agencies and organisations, including the South Gloucestershire Council Community Safety Team and Public Health and Wellbeing division, and the Office of the Police and Crime Commissioner.
Commissioning policy

The commissioning process will undergo formal consultation, providing the opportunity for stakeholders and members of the public to influence and shape how services are commissioned and delivered. European Union and South Gloucestershire Council procurement guidelines will be adhered to throughout the commissioning process, and key documentation will be signed off by Council committees. Moreover there are several other key policy frameworks which will be used to guide this process; these include:

- Transparency Code
- ProContract Due North e-Tendering System Training
- EU & Local Authority procurement update and training
- Links and support from Community Adults and Housing Partnership & Commissioning Hub
- Links with Council’s Legal and Democratic Services
- Links with Environment and Community Services Procurement
- Business Continuity Planning
- South Gloucestershire Council Social Value Policy
- COMPACT
- South Gloucestershire Council Commissioning & Procurement Strategy
- South Gloucestershire Council Financial Scrutiny of Providers Guidelines.

The intention is to commission DVA Services during 2016 and 2017 with a service commencement date of 1st April 2017. Due to the value of the contract, South Gloucestershire Council Committee approval will need to be sought and the new EU ‘Light Touch’ variations may apply to this contract – this will be explored throughout the consultation and procurement process in partnership with Environment and Community Services Procurement Hub.

A DVA Needs Assessment has been completed and will be used as a statement of fact. The author of the needs assessment requested data and views from a number of stakeholders, including:

- Avon and Somerset Constabulary
- Lighthouse
Office of the Police and Crime Commissioner
Children’s Services
Youth Offending Team
Survive (current provider)
NextLink (current provider)
Public Health and Well Being Division
Environment and Community Services
Knightstone Housing
Merlin Housing
Sovereign Housing
Solon Housing
Service users

Information gathered has been analysed and presented in the needs assessment has been used to support the proposals around service design which are presented in this pre-consultation commissioning intentions strategy. These proposals will be extensively consulted on, with input from the following:

- Providers
- Service users
- Wider stakeholders, including those attending the PADA
- Members of the public

The JCG will be consulted throughout the process and will have oversight and Governance of the decisions made.

Summary of pertinent findings from the DVA needs assessment

Applying national prevalence rates to the population, we would expect there to be 6000 women in South Gloucestershire who had experienced DVA in the past 12 months. Local data suggest around 300 women per year are identified as being at high risk of serious harm or death. Sexual violence by a partner or ex-partner is common: 4000 women in South Gloucestershire will have experienced this in their lifetime and for 2000 women this will have been a serious sexual assault such as rape.
Men in same-sex relationships are believed to experience rates of DVA similar to female victims in heterosexual relationships and DVA in this group is associated with depression, anxiety, substance misuse and unprotected sex. Rates of DVA for men in heterosexual relationships are lower and the abuse tends to be less severe. National prevalence rates would suggest that 3000 men in South Gloucestershire have suffered from DVA in the past year; prevalence data suggest that the majority of these male victims (70%) will be in same-sex relationships.

Other potentially vulnerable population groups are known to be at an increased risk of DVA and include those on very low incomes, full-time students, and people with a long-standing illness or disability. Of the expected 6000 female victims and 3000 male victims over the past twelve months, a third would be expected to have a disability or long-standing illness.

The following recommendations were accepted by the Joint Commissioning Group following completion of the DVA needs assessment.

1. Provision should focus on the group with the greatest need i.e. young women, and those with high unmet need i.e. men in same-sex relationships and people with disabilities.
2. Sustainable funding for schools-based primary prevention on healthy relationships should be considered to reduce the risk of these children becoming adult victims and perpetrators.
3. A well-developed web-based information hub aimed at professionals and victims will improve professionals' knowledge about services, reduce demand on existing services, and may increase identification of victims.
4. Consideration should be given to moving the IDVA service from an exclusive ED base to a shared ED/antenatal base.
5. Support for medium/standard risk women is patchy and the evidence base for non-advocacy interventions is weak. A comprehensive pathway for women deemed to be at standard or medium risk should be developed, including regular risk assessment to ensure service provision remains at the appropriate level.
6. Greater local understanding of DVA prevalence and need amongst the Gypsy and Traveller community would enhance provision to this population.
7. There is a lack of research and understanding about the scale of intrafamilial violence, including child-on-parent violence. Better data collection locally could support future decisions around intervention. Youth offenders involved with DVA should be managed as children rather than adult offenders.

8. Given the high degree of overlap with other council, health, and police services, DVA should be managed using a “whole system” approach which will reduce duplication and ensure harmony between agencies. Existing mechanisms and arrangements for partnership working are strong and these can be further built upon to improve service provision.

9. Provision of safe accommodation should support victims with complex mental health or substance misuse needs, LGBT victims, those from BME groups, and those with teenage children. “Move on” exit plans should be considered at an early stage to ensure victims are not forced to stay longer than required.

10. It would be worth exploring the feasibility of setting up a South Gloucestershire forum for survivors and victims of DVA, including their children, in order to help ensure that service users can be fully consulted on service design and provision.

11. There is a substantial need for better reporting mechanisms to ensure that accurate and complete data are collected. Activity data are useful to monitor capacity issues, however they do not capture whether the service is effectively reducing risk or harm. In the absence of a validated, core outcome measure, locally agreed measures – such as the widely used DASH tool – should be used to measure risk of harm over time.

12. Current systematic collection of monitoring data may be limited by complex commissioning arrangements with performance monitoring the responsibility of different departments. A unified and consistent approach to data collection and monitoring is critical to ensure that provision reaches those at greatest need.
Vision

Our vision is to end the harm caused by domestic violence and abuse through effective prevention and early intervention, and to ensure the long-term safety of individuals and their children. We will commission excellent services which are effective, person-centred, and flexible, with a focus on sustainability and equitable provision of support and care for those with the greatest need.
Model of service delivery

Main principles

The South Gloucestershire JCG for DVA wishes to commission services that include a range of flexible specialist, targeted, and universal interventions delivered by a skilled workforce. There are four overarching aims for service delivery:

1) For all agencies and providers to work in partnership to provide a comprehensive model of prevention and management for DVA. We would welcome innovative approaches to optimising service provision, including strengthening and creating relationships with a wide range of potential partners, including the community voluntary sector and local businesses.

2) For services to be proportionate, appropriate, and accessible to people of all ages, genders, ethnicities, and sexual orientations, in addition to those from more deprived backgrounds, those with very complex needs, those with childcare responsibilities, and those with a physical or learning disability.

3) For services to recognise that risk is dynamic, and that services must be able to respond to changes in an individual’s circumstances.

4) For services to be able to reflect today’s contemporary society, and to be able to respond to changes in social culture, technology, and the environment.

The Joint Commissioning Group are open to consortium bids and expect providers to demonstrate effective models of co-delivery.

Commissioning intention 1: safe accommodation

We intend to commission a safe accommodation service that:

- Is contemporary and fit for purpose in today’s modern world
- Is appropriate and accessible to people of all ages, genders, ethnicities, and sexual orientations in addition to those from more deprived backgrounds, those
with very complex needs, those with childcare responsibilities, and those with a physical or learning disability
- Includes robust pathways to ensure individuals in need are able to access and maximise benefit; this will include clear resettlement support that is based on individual needs
- Includes provision of support within the accommodation setting including care for any children or young people

Commissioning intention 2: support services

We intend to commission a collection of services that:

- Are appropriate and accessible to people of all ages, genders, ethnicities, and sexual orientations in addition to those from more deprived backgrounds, those with very complex needs, those with childcare responsibilities, and those with a physical or learning disability
- Will include delivery of an evidence-based intervention (IRIS) enabling identification and referral of victims of DVA in primary care
- Includes independent domestic violence advocacy, delivered in settings believed to be most effective in preventing harm - such as maternity services
- Includes an appropriate mechanism for individuals to obtain information and/or self-refer to services
- Provides professionals with accessible, efficient, and widely available information on available services and includes an effective referral system
- Provides community-based support to victims of DVA, flexibly delivered to ensure efficiency and equitable access across South Gloucestershire, and reaches victims at all levels of risk
- Reflect an understanding that up-stream prevention of DVA is better than down-stream management and include promotion of healthy relationships in school settings.

PADA delivery outcomes

Specific performance indicators for services will be detailed in the service specifications, which will be available after the consultation period has closed. The
PADA agree a set of strategic and delivery indicators annually for South Gloucestershire; the 2015-16 set of indicators are included as Appendix 1.

Indicative funding and contract period

It is anticipated that the total funding pot available for this commissioning cycle will be approximately £330,000; the estimated relative allocation for the two lots is described in Table 1:

<table>
<thead>
<tr>
<th>Safe accommodation</th>
<th>£130,000</th>
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<tbody>
<tr>
<td>Support services</td>
<td>£200,000</td>
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</table>

The duration of the contracts will be consulted on and granted approval in line with the Council’s Procurement Guidelines. The Council’s Procurement Guidelines set out the parameters for the contract period which can be amended if needed. To ensure sustainability of services and confidence in the providers we will seek a 3 year term, with a further 1 + 1 year extension option, subject to acceptable performance reviews. Offering this term will allow new services to embed and offer an appropriate period to deliver against targets. A potential 1 + 1 year extension option will enable the ASB and CS Team to extend contract time if appropriate, and offer a further period of stability.

In taking this approach the Council aims to build confidence in service providers who will be able to set out business plans and forecast outcomes. This approach will also allow service providers the ability to offer stability to the specialist staff that they employ and deliver a higher level of service.
TUPE

When a service activity transfers from one provider to another, the relevant employees delivering that service transfer from the old to the new provider and must transfer on the same contractual terms and conditions of employment. The new provider/employer takes on all the liabilities arising from the original employment contracts; this is known as Transfer of Undertakings and Protection of Employment (TUPE). Currently, DVA services are delivered by external providers, both of which have been notified of the procurement process. As the commissioning body, South Gloucestershire Council cannot declare the application of TUPE.

Current providers have been contacted by the ASB and CS team with a request to ensure TUPE information is collected in preparation for the commissioning process. The TUPE information and requirements may be included in potential tenders.

It is recognised that although the Council, as commissioner, cannot be responsible for TUPE discussions, it can significantly improve the process if these issues are identified and agreed as early as possible in the process. We will ensure as part of the consultation, potential new providers/s and current providers are made aware of TUPE information in a way that is clear and identifiable.

After working with the Council’s legal Team it was decided that the most effective approach to this would be for the ASB and CS Team to identify roles where undertakings had transferred directly into the new model and where it had not, this will begin to make a clearer distinction on where TUPE may and may not apply. This is contained in a separate document which will be available as part of the commissioning paperwork.
Consultation

We will undertake a full consultation which will include:

- Providers
- Wider stakeholders, including those attending the PADA
- Service users
- Members of the public

The process will follow the South Gloucestershire commitment to retender within code 2 of the Compact agreement:

“The national Compact is the agreement between government and the voluntary, community and social enterprise sectors (often referred to as civil society organisations), which sets out a way of working that improves their relationship for mutual advantage. It considers area such as involvement in policy and service design, delivery, funding arrangements, promoting equality and strengthening independence.”

“It is widely recognised that consultation is often the key component of policy and service design. Knowledge and expertise gathered in this exercise ultimately lead to the development of more effective policies and services for communities and residents. Public sector bodies should follow the principles published 17 July 2012.”

We will be running an online consultation using South Gloucestershire Council’s website.

There will be a range of market stimulation and open events designed to engage the market and ensure a range of feedback is gathered which may influence the commissioning intentions strategy. All consultation feedback and the JCG responses will be recorded and published in a report (“You said; we did”).
# Procurement Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Completed/comments</th>
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<tr>
<td>Establish a Joint Commissioning Group</td>
<td>February 2016</td>
<td>Completed</td>
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<tr>
<td>Complete a Needs Assessment of Domestic Abuse in South Gloucestershire</td>
<td>June 2016</td>
<td>Completed</td>
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<tr>
<td>Agree pooled budget</td>
<td>June 2016</td>
<td>Completed</td>
</tr>
<tr>
<td>Agree services to be recommissioned</td>
<td>June 2016</td>
<td>Completed</td>
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<tr>
<td>Commissioning intentions strategy development</td>
<td>June 2016</td>
<td>Completed</td>
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<tr>
<td>Consultation on Commissioning intentions strategy.</td>
<td>11&lt;sup&gt;th&lt;/sup&gt; July 2017 - 5&lt;sup&gt;th&lt;/sup&gt; September 2016 (8 weeks)</td>
<td>Proposed</td>
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<tr>
<td>Draft service specifications developed</td>
<td>July to October 2017</td>
<td>Proposed</td>
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<td>Six months’ notice given to existing providers</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; October 2016</td>
<td>Proposed</td>
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<td>Response to public consultation in a “You said, we did” document</td>
<td>5&lt;sup&gt;th&lt;/sup&gt; September to 3&lt;sup&gt;rd&lt;/sup&gt; October (4 Weeks)</td>
<td>Proposed</td>
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<td>Open tender process begins</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; October 2016 - 7&lt;sup&gt;th&lt;/sup&gt; November 2016 (6 Weeks)</td>
<td>Proposed</td>
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<td>Tenders sent to panel members to evaluate</td>
<td>8&lt;sup&gt;th&lt;/sup&gt; November 2016. Panel meeting in 5&lt;sup&gt;th&lt;/sup&gt; week</td>
<td>Proposed</td>
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<td>Tender moderation and evaluation meeting</td>
<td>13&lt;sup&gt;th&lt;/sup&gt; December 2016</td>
<td>Proposed</td>
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<td>Initial award of contract</td>
<td>19&lt;sup&gt;th&lt;/sup&gt; December 2016</td>
<td>Proposed</td>
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<td>Stand-off period (10 days)</td>
<td>December 2016</td>
<td>Proposed</td>
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<td>Full award of Contract/s</td>
<td>January 2017</td>
<td>Proposed</td>
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<tr>
<td>Contract/s finalisation and implementation</td>
<td>January 2017 - March 2017</td>
<td>Proposed</td>
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<tr>
<td>Contract/s goes live</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; April 2017</td>
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Appendices

Appendix 1
South Gloucestershire Partnership Against Domestic Abuse (PADA) Delivery Plan Outcomes

Appendix 2
South Gloucestershire Council Procurement Rules
http://intranet-edit/content/CEandCR/Sections/Procurement/A%20New%20site/Hub%20site/Contracting%20rules/Contracting%20Rules.htm

Appendix 3
EU Rules on Procurement

Appendix 4
South Gloucestershire Council Commissioning Strategy 2014 to 2018
Appendix 5

South Gloucestershire Council Compact


Appendix 6

South Gloucestershire Council Transparency Code


Contact for further information

Richard Capp
Senior Community Safety Project Officer
01454 868761
richard.capp@southglos.gov.uk