

STRATEGIC PARTNERSHIP - LEARNING DISABILITY AND AUTISM PROGRAMME SPECIFICATION OF REQUIREMENTS

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Specification of Requirements

2. Background to the requirements

2.1. Context

1. The NHS Long term plan includes an objective to reduce the premature mortality of people with a learning disability. This work is driven forward through the NHS England and NHS Improvement National Learning Disability and Autism Programme (hereafter referred to as the Programme).
2. The Programme covers 5 key areas of work which are indicated below:

Programme area	Headlines of work
Children and Young People	A better start for children and young people (CYP) who have a learning disability or are autistic
Autism	Reducing diagnostic waiting times, reducing admissions to inpatient beds, mortality reviews for people who are autistic
Quality	Quality Improvement standards, reducing restrictive practice, Care, (Education) and Treatment Reviews (C(E)TRs)
Strategic Commissioning	Moving people out of hospital into their own homes, increased use of personal health budgets
Health Improvement	Annual Health Checks, Vaccinations, reasonable Adjustments flag, Stop Overmedicating People, Learning from Death Reviews (LeDeR)

3. Further information about the national Learning Disability and Autism Programme can be found at: <https://www.england.nhs.uk/learning-disabilities/>
4. One of the key pieces of work within the Programme is the Learning from Deaths Review Programme (hereafter referred to as LeDeR). LeDeR is a service improvement programme which has been operating nationally across England since 2017. LeDeR contributes to improvements in the quality of health and social care for people with a learning disability in England by supporting local areas to carry out reviews of the care provided to a person with a learning disability (aged 4 and over) prior to their death using a standardised review process. This enables the identification of good practice and what has worked

well, as well as areas where improvements to the provision of care could be made. Recurrent themes and significant issues are identified and addressed at local, regional and national level in order to help reduce premature mortality and health inequalities. LeDeR reviews are not carried out for people who are autistic but do not have a learning disability.

5. LeDeR contains the largest body of evidence anywhere in the world about premature mortality of people with a learning disability at an individual level and, as of May 2021, is expected to include the data of more than 8500 completed reviews. A summary of the type of data LeDeR collects is shown in [Appendix 1 – LeDeR IR 10 Review Form](#). The current form is currently being revised.

2.2. Current arrangements

6. Originally LeDeR was commissioned by Healthcare Quality Improvement Partnership with the University of Bristol taking a lead for some policy aspects of the work, the public facing web site, the web platform on which reviews are tracked, monitored and supported, and the analysis of the meta data over time to produce reports relating to premature mortality and health inequalities of people with a learning disability. Since June 2020 NHS England and NHS Improvement has directly commissioned the University of Bristol to deliver the above work for LeDeR. The current contract with the University of Bristol comes to an end on 31st May 2021. Previous LeDeR annual reports can currently be found [on the University of Bristol website](#).
7. From June 2021 a new public facing web site and web-based platform will be in operation for the LeDeR. The website will serve to better inform the public about LeDeR, its purpose and how it operates, whilst the secure web-based platform will guide reviewers and other members of the LeDeR workforce through the review process and holds the data generated through review completion. This has been commissioned by NHS England and NHS Improvement and is currently in development. The web site and platform will be hosted by South Central and West Commissioning Support Unit. Any new commissioned arrangement subject to this tender will not have responsibility for any aspects of the ongoing support and maintenance of those web-based products.
8. The rest of the Learning Disability and Autism programme currently commissions insight work on an ad hoc basis from a range of partners including academics. This approach may not deliver best value for money and does not enable the joining up of this type of work across the programme.

3. Scope of the procurement

9. NHS England and NHS Improvement are seeking to put in place a new approach to insight and intelligence to support the whole Learning Disability and Autism

Programme which will include but is not exclusive to LeDeR. As such NHS England and NHS Improvement are seeking to appoint a provider for an initial 3 year period to lead a collaboration of partners including academics, and service and quality improvement experts, to support the National Learning Disability and Autism Programme in its aims and objectives to ensure that people with a learning disability and people who are autistic lead longer, happier, healthier lives.

10. The purpose of this partnership is to:

- Deliver a regular and dynamic flow of data to support the NHS in its endeavours to reduce health inequalities and premature mortality amongst people with a learning disability and people who are autistic. This included but is not limited to data coming from the LeDeR Programme.
- Provide independent scrutiny and critical input to the development and delivery of the national Learning Disability and Autism Programme by participating in the governance of the programme.
- Regularly publish academic and learned papers (including relating to the findings of LeDeR reviews but also from other data sources) to raise the profile of the health and social care needs of people with a Learning Disability across a range of clinical specialties and professions, including academia.
- Provide expert analysis of relevant data and situate this in the context of the latest best practice evidence around service improvement to reduce health inequalities and premature mortality generally and specifically for people with a learning disability.
- Maintain and support the independent integrity of the LeDeR programme, by providing independent, academic, critical insight and expertise to the LeDeR programme; thereby supporting the authority of the programme to affect change and address health inequalities and premature mortality across the health and social care system.
- Expand the academic base, and the number of people engaged in academic study of, the health of people with a learning disability.
- Promote access to academic study for people with a learning disability.

11. In return the independent partners are able to:

- access the largest repository of data at an individual level about the deaths of people with a learning disability anywhere in the world
- develop and grow their reputation in this field of research

- increase their route to impact by supporting the NHS in service improvement to reduce premature mortality and impact positively on health inequalities.
12. A significant amount of this work will be focussed on health improvement and premature mortality which will include but is not limited to LeDeR.
13. The development and maintenance of the LeDeR website and web-based platform are out of the scope of the tender and will not be the responsibility of the new partnership however the newly commissioned partnership will be expected to undertake the following:
- Advising the wider Programme on areas of work which will in their opinion impact positively on reducing health inequalities and premature mortality
 - To provide analysis of data to support the whole Programme to focus our collective endeavours on delivering evidence-based action.
14. NHS England and NHS Improvement will hold the role as the 'public face of the LeDeR programme' and, as such, this task is outside of the scope of this tender.
15. In our new approach to an independent partnership NHS England and NHS Improvement are looking specifically for support to the wider national Learning Disability and Autism Programme although it is recognised that the rich data available through LeDeR will form a strong basis for much of the work. We want to ensure that any partnership endeavour is focussed on translating data and research into evidence-based service improvement approaches to improve health and care provision for people who have a learning disability and those who are autistic.

3.1. Constraints and dependencies

16. NHS England and NHS Improvement is committed to reducing the health inequalities experienced by various groups of people and to this end The Learning Disability and Autism Programme is currently funded to 31 March 2024.
17. All publications delivered under this contract will be subject to NHS England fact and accuracy checking prior to submission for publication irrespective of the place of publication.
18. NHS England cannot commit at this stage to define all of the specific pieces of work that will be required from the collaborative, however, all of the work will focus on reducing premature mortality and improving health outcomes for people with a learning disability and those who are autistic.
19. The collaborative will be required to comply with strict information governance requirements set out in the s251 agreement and with a strict data processing agreement (see Appendix 2 to this document) which will be signed between the lead provider organisation and NHS England and NHS Improvement. In

addition, the lead contractor will be required to have in place appropriate data sharing agreements with any sub-contracted organisation. For more information on Information Governance see section 5.

20. All Intellectual Property Rights in and to the deliverables, material and any other output developed by the Supplier as part of the Services in accordance with the Specification, shall be owned by NHS England and NHS Improvement. No data or information about or pertaining to the work may be shared or disclosed without prior written consent of NHS England and NHS Improvement.
21. The collaborative will be required to utilise the data made available to them via the new LeDeR web-based platform or LeDeR data repository provided for such purposes. This will be made accessible by means of (but not limited to):
 - Self Service Cube hosted in Azure
 - Web API (FHIR) platform hosted in Azure
 - Tableau/PowerBI dashboards
 - Limited Web Reporting Dashboards hosted in Azure
 - Static exports of data where appropriate – e.g. Excel/CSV etc.
22. Whilst there is a commitment to LeDeR for the next three years (Financial year 2023/24) and the number of LeDeR reviews completed has slowly increased over years NHS England and NHS Improvement cannot specify the number of reviews going forwards. It is estimated that in 2020 there will be in the region of 3000 deaths notified to the programme.
23. The contract is for 3 years with an option to extend for further periods up to 24 months if funding is available. There will be break clause at 31 March 2024 to be exercised in the event that NHS England and NHS Improvement chooses not to fund LeDeR into financial year 2024/25.
24. There will be an expectation of ongoing data analysis and production of reports and papers in relation to that data throughout each year. Products and time scales will be agreed with the lead provider at the start of each contract year.
25. The provider will be required to produce an annual report for LeDeR for each year of the contract. This will need to be submitted with sufficient time to enable its publication in the following May of each year. Exact dates will be negotiated with the lead provider as part of contract negotiations. The first annual report will be published in May 2022 based on the data from reviews completed in 2021.
26. NHS England and NHS Improvement has committed to the development of the new web platform which is being built by South Central and West Commissioning Support Unit (CSW CSU) and this will be in place before 1 June 2021.
27. The lead provider will be required to engage with NHS England and NHS Improvement using video conferencing such as MS Teams for remote engagement. Currently NHS England and NHS Improvement uses Microsoft

Teams and as such the provider's capability to access MS Teams for meetings would be a significant advantage.

3.2. Mandatory and Minimum Requirements

28. Across the collaborative the partnership must demonstrate:

- One lead partner who NHS England and NHS Improvement will contract with for the purpose of this work.
- The ability to develop, oversee and maintain a complex partnership or collaboration to achieve an agreed set of aims with appropriate governance in place to manage this.
- Experience of and expertise in academic research in the field of Intellectual Disability

29. The lead partner must also demonstrate that they have, through the collaborative, access to professionals and:

- experts who have significant experience of advising the public sector on service/ quality improvement and of quality improvement delivery within the NHS using a range of approaches
- academics with experience including and not limited to the fields of health most pertinent to the premature mortality of people with a learning disability and people who are autistic (this may include for example but is not limited to: primary care, emergency care, respiratory care, pharmacy, social care, cardio vascular care)
- Any collaborative will need in its submission to demonstrate how its constituent members are able to offer expertise and areas where they are able to demonstrate evidence of impact on the health and well-being of people who have a learning disability. (See collaborative partners template for details required Appendix 5 to this document).
- Experience of working with people with learning disability and their families and carers as coproduction partners
- Experience of analysing large volumes of complex data and using this analysis to produce a summary of findings and evidence-based recommendations for change
- The capacity to deliver the data analysis and reports relating to the annual findings of LeDeR reviews

- The capacity to undertake ongoing analysis and horizon scanning of research relating to premature mortality and health inequalities for people with a learning disability and people who are autistic.

4. Deliverables for the contract

4.1. Programme wide deliverables

30. **One contract with lead partner** who “subcontracts” others with relevant skills and background – this lead partner does NOT have to be an academic institution but must be able to bring together a collaborative which includes academics. (NHS England and NHS Improvement will only pay money to the lead partner who will be responsible for any onward transfer of monies to any collaborative partners).
31. A collaboration of partners including academics (including academics in intellectual disability and clinical academics) and others drawn from a range of areas and institutions who can collectively offer independent advice to the Learning Disability and Autism programme in relation to the health and wellbeing of people with a learning disability and people who are autistic with a focus on reducing premature mortality.
32. The coordination and management of a co-production partnership of people with a learning disability (as a reference group to shape the thinking) to work alongside the partner so that work is delivered in coproduction and to increase access to academic study and research for people with a learning disability including using innovation and novel working to open and increase this access. (This work may be subcontracted to a self-advocacy group).
33. To identify and share with the Programme and beyond, new and emerging themes about the care and health of people with a learning disability with the purpose of helping to improve services, reduce premature mortality and improve health inequalities. In doing so, as a minimum, to review at least four times each year or more frequently as agreed by the parties, internationally and nationally published learned papers relating to intellectual disability and in particular the physical health of people with a learning disability and;
34. to produce a digest of these, synthesising the data presented and;
35. translating the findings and recommendations into language which can be better understood in the NHS and in social care and;
36. which might be used to identify and initiate service change and improvement and;.

37. describing how a quality improvement methodology might be applied to the implementation and dissemination of relevant findings across systems in the NHS

38. To complete a number of studies on focussed areas of work/ key themes, to be agreed at the start of each year with NHS England and NHS Improvement. This may include 'deep dives' into specific disease groups or causes of premature mortality or specific cohorts of people such as people from BAME communities. This work will use data from LeDeR and from other sources. As part of the submission bidders should assume a minimum of 6 of these pieces each year. Any additional ad hoc studies requested should be priced separately – see pricing schedule. Examples of areas that may be requested include and is not limited to:

- Respiratory disorders
- Cardio vascular disease
- Epilepsy
- Annual Health Checks
- Diabetes
- Mental health
- Lifestyle risk factors (e.g. physical activity, obesity, alcohol misuse, smoking etc)
- Prevention, early intervention and self-managed care
- Formal and informal support in maintaining health and well-being (i.e. professional health promotion and early intervention support, community and advocacy groups, families/carers etc.)
- Use of digital technology to support wellbeing
- Patient experience and health priorities
- Medication prescribing/deprescribing (to support STOMP-STAMP)
- Sepsis
- Sensory environment and framework for care for people and the impact on health and recovery
- Workforce modelling for care for the future
- Restrictive practices and trauma

39. To conduct rapid literature reviews on an ad hoc basis when required, (for example this might be a literature review of published data on COVID and deaths of people with Downs Syndrome or people who are autistic and physical health) and to share and disseminate that information across the collaborative and with NHS England and NHS Improvement to ensure that colleagues are maintaining their awareness of current issues and 'hot topics' in the academic sphere relating to learning disability and autism.

40. To offer ad hoc advice within the sphere of expertise of the collaborative group to the learning disability and autism programme in NHSE/I as required and to support the aims and endeavours of the overall programme to support people with a learning disability to live longer, happier, healthier, lives.

41. To work collegiately and collaboratively with others working in this field to drive forward health and well-being for people with a learning disability across England and the wider communities of the world.

4.2. LeDeR specific deliverables

42. LeDeR annual report:

- To analyse the data from and to produce a report relating to the findings of LeDeR reviews completed in each year of the contract which is to be ready to publish by the following May of each year. (For example data from all reviews completed in 2021 will be analysed and a report produced for March 2022 for publication in May 2022).
- Annual reports must translate these academic findings into recommended evidence based actionable interventions for the NHS/ social care services to deliver to help reduce premature mortality and improve health inequalities of people with a learning disability
 - These evidence based, actionable, interventions must be agreed in partnership with people with lived experience (people with a learning disability and families of people with a learning disability) and
 - Annual reports must analyse trends in data over time and compare data to the average for comparable communities/ those without a learning disability where this is available.

43. Regional LeDeR reports:

- From the analysis of the data each year to produce regional LeDeR reports for each of the 7 NHS England region/ other geographies to be determined by NHS England and NHS Improvement to provide each region a better understanding of the specific issues around premature mortality for their region, (Dates for the production of these regional reports to be agreed with the supplier but likely to be in line with the main LeDeR annual report)
- Each report to make recommendations about specific evidence based practical and actionable interventions for the local system(s) which can, if acted upon make improvement to services and reduce health inequalities
- All these recommendations are to be developed and agreed with people with lived experience (people with a learning disability and families of people with a learning disability).

44. Retrospective review of LeDeR findings over the period of the programme:

- To produce each year a retrospective consideration of findings of LeDeR reports over a protracted period of the programme to support evaluation and to determine the longer-term impact of work to address health inequalities
- This report should include assessing whether the findings have changed over time and
- identify a range of coproduced (with people who have a learning disability their family members and carers) interventions informed by a strong evidence base that are actionable by the NHS and social care commissioners and providers to address these recurring thematic areas. For example, reviewing whether there have been any changes in findings relating to death as a result of SUDEP over a period of time.
- To identify more generally from data including outside of LeDeR a range of coproduced interventions, informed by a strong evidence base a range of interventions which are coproduced, which can be delivered in the NHS or social care to impact on health inequalities and premature mortality.
- To advise on potential approaches to evaluation, such that the impact of proposed interventions on health improvement and premature mortality can be measured
- To produce this information in a report format each year in line with NHS planning cycles to help influence commissioning of services each year.
- To produce a number of published academic papers per year drawn from findings from the LeDeR data and aimed at supporting service improvement – the number of these to be agreed between the parties and to be not less than 3.
- Deliver and publicise – in partnership and agreement with the NHS England and NHS Improvement Learning Disability and Autism Programme team, findings of the LeDeR programme as presentations and reports to identified and agreed audiences including in easy read.
- To operate as a guide and supportive gateway to others wishing to access the LeDeR data, who may wish to produce academic and service improvement focussed papers and documentation for the NHS and social care organisations, ensuring that the direction of any other research type activity is service improvement focussed and produces work that can be translated in to practical use for the NHS or social

care with the aim of reducing premature mortality and improving health inequality for people with a learning disability.

5. Information governance

45. For the purposes of the Data Protection Legislation and the delivery of the Data Processing, NHS England is the Controller and the Supplier is the Processor.
46. The appointed supplier must provide evidence of compliance with the Data Security and Protection Toolkit or equivalent ISO data security accreditation.
47. Upon termination of the contract the appointed supplier must return all data in an agreed digital format to NHS England and NHS Improvement or their nominated supplier within 1 month or provide a certificate of destruction if it is agreed that the data does not need to be retained.
48. All products of the work commissioned within the contract as identified in this specification will remain the intellectual property of NHS England and NHS Improvement and data and information relating to this work cannot be disclosed without prior approval of NHS England and NHS Improvement in writing.
49. A Confidential Advisory group (CAG) Section 251 approval is in place which makes provision for personal data to be shared for the purpose of the LeDeR programme, Further detail of the existing CAG S251 approval can be found in the supporting documents Appendix 2.
50. The approval is for “non research” purposes. Any lead partner will be expected to work with NHS England and NHS Improvement to identify amendments to the CAG S251 approval to facilitate analysis of LeDeR data going forward.
51. LeDeR reviewers upload data to the LeDeR platform including:
- GP records
 - Social care records
 - Other NHS records including structured judgement reviews from acute trusts and community records
 - Other records as appropriate and permitted.
52. There have been around 10,000 death notifications to LeDeR January 2017 - September 2020 and we anticipate that over 8000 of these will have been reviewed by the end of March 2021. We expect around 2,800 notifications each year going forward.
53. If the partnership identifies endeavours which would fall outside of the current CAG approvals for LeDeR but would significantly impact on our knowledge and learning around specific elements of care of people who have a learning disability or who are autistic, NHS England and NHS Improvement would want to

work with the partnership and support an approach to CAG for research permissions for specific pieces of work.

54. Further information about the LeDeR programme can be found at <http://www.bristol.ac.uk/sps/leder/> and <https://www.england.nhs.uk/learning-disabilities/improving-health/mortality-review/>

6. Roles and Responsibilities

55. During the contract the lead Supplier will be required to report on a regular basis on the following areas:

- A breakdown of spend to date against projected spend, (quarterly)
- Risks and issues, (monthly)
- Membership of the collaborative including any new partners (monthly) and
- Progress reporting against anticipated milestones and key deliverables (monthly)

Frequency will be agreed in contract discussions.

56. It is expected that contract meetings between the lead Supplier and the NHS England and Improvement Contract Manager will take place monthly.

57. A full list of responsibilities will be set out in the contract document however the key responsibilities of NHS England and NHS Improvement will be:

- To manage the contract with the lead supplier with monthly performance management meetings.
- To provide strong engagement and support to the lead supplier through a nominated point of contact.
- To provide access to the relevant data and other information from the Programme to enable the Supplier to conduct their responsibilities.
- To agree with the Supplier each year the topics for reviews or other pieces of work at the beginning of each year of the contract.

58. An annual performance review meeting will also be scheduled with the lead Supplier towards the end of each year of the contract to review overall performance to date, capture good practice and to identify and areas for improvement for the remaining term of the contract including any gaps in membership of the collaborative for example.

59. A full list of responsibilities will be set out in the contract document however the key responsibilities of the supplier will be to:

- Form a multi-disciplinary team to perform and carry out the deliverables set out above.
- Develop ways of working that incorporate a continuous process of engagement with NHS England and NHS Improvement as the customer, engaging with key stakeholders and programme governance.
- Provide regular highlight and monitoring reports and attend meetings as required to provide updates, progress reports and assurance as required.
- The lead partner or a nominated member of the collaborative will attend regular (monthly) meeting related to the internal governance of the Learning Disability and Autism programme or subgroups thereof.
- Monitor expenditure against the funding envelope, monitoring pressures reporting regularly on this to NHS England.
- Develop and maintain a risk register for the Programme and report significant risks to NHS England as part of monitoring arrangements.
- The lead partner or a nominated member of the collaborative may be asked to attend meetings with internal and external NHS stakeholders to share information and data about health improvement and premature mortality from time to time as agreed.
- To provide all analysis of data in word documents, with a PowerPoint presentation including versions in easy read. Where data is best presented in tabular form such as in excel spreadsheets this can be agreed in advance with the lead partner.
- To provide the LeDeR annual report and 7 regional reports by 31 March each year in time for review and publication in mid May. Dates for other publications, deep dive data and analysis etc will be agreed with the lead partner as required.

7. Performance and Measurement

KPI Ref. Number	Services that KPI relates to	Description of KPI	Measurement
LDA01	Delivery of an annual analysis of LeDeR data including evidence based actionable interventions for the NHS and its partners	An annual report in a word document signed off by the collaborative and also provided in easy read format in line with NHS England accessible information	Delivery of the report by a date to be agreed with the lead supplier in order to enable publication in May each year (likely to be 31 March each year)

		standard and a slide deck format. Report to provide deep and robust analysis of the data from all reviews completed in the previous calendar year comparing with groups who do not have a learning disability where appropriate. Report to include evidence based actionable interventions by the NHS and social care	
LDA02	Delivery of 7 regional reports (one for each NHS England region) summarising the analysis of reviews for that region and making regional recommendations based on evidence based good practice	7 regional reports to be provided in word documents and an easy read format in line with NHS England accessible information standard. Report to provide deep and robust analysis of the data from all reviews complete in the previous calendar year comparing with groups who do not have a learning disability where appropriate. Report to include evidence based actionable interventions by the NHS and social care	Delivery of the report by a date to be agreed with the lead supplier in order to enable publication in May each year (likely to be 31 March each year)
LDA03	Delivery of retrospective review of LeDeR findings over the period of the programme to determine longer term impact of work	1 report produced in line with NHS commissioning cycle (dates to be agreed with supplier at the start	Delivery of report

	to address health inequalities	of each contract year) in word format	
LDA04	Production of 4 quarterly digests of the internationally and nationally published learned papers	Production of 4 reports evenly spaced through the year (dates to be agreed at the start of each contract year) comprehensively summarising the findings of relevant publications with the aim of supporting the wider NHS and in particular commissioners and providers of services to understand latest thinking around reducing health inequalities and improving quality of services	4 reports delivered to agreed dates
LD05	Publication of at least 3 academic papers	Publication of at least 3 academic papers in response to analysis of data from LeDeR and focussed on the improvement in health inequalities and reduction in premature mortalities. Publication to be in learned and academic journals both national and international and not limited to journals focusing on people with intellectual disability	Publication of at least 3 articles
LD06	Development or commission of a co-production	Delivery of a sustainable partnership with a	4 meetings per year documented

	partnership to support the programme	group of people with lived experience of learning disability to help shape and influence all aspects of the work of the collaborative. Such partnership to meet as a minimum 4 times each year as well as having an ongoing relationship with the lead provider	Evidence of co-production of all reports
LD07	Deep dives or specific topic reviews and insight pieces	Delivery of at least 6 deep dives / topic reviews or insight pieces on areas of work agreed in May each year with NHS England and NHS Improvement which will provide deeper insight and understanding around specific issues to include recommendations or areas of learning and opportunities for development for the NHS and social care	6 reports produced at dates to be agreed and on topics to be agreed in May each year in MS Word format
LD08	Staffing, resource and budget management	All people working on the contract, all partners within the collaborative, their name and role, and a quarterly budget update.	The lead contractor will provide a list each quarter of all staff working on the project and their role and grade. Each month the lead provider will confirm that this list remains the same and will notify NHS England and NHS Improvement of any changes to that list. The lead provider will provide each quarter a

			list of the names of all people working in the collaborative and their role. Each month the lead provider will confirm that this list remains the same and will notify NHS England and NHS Improvement of any changes to that list.
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8. Contract Term

60. This contract will run for three (3) years with an option to extend for a further period of up to twenty-four (24) months with agreement on both sides. There will be break clause for the contract to end 31 March 2024 should additional funding for the remaining term not be available.

9. Resources and Payment

61. Whilst we are not specifying the resources available bidders are expected to consider the focus of resources being spent on delivering action from learning, constraints of current funding within the NHS and the pressure on budgets presented by COVID – 19 and the recent one year spending review in their bids. Cost will account for 30% of the overall score for this work.

62. Payments will be made quarterly in arrears with an annual review of deliverables.

10. Appendix 1: LeDeR IR 10 Review Form



Initial Review
Template IR10 (1).pdf

11. Appendix 2: CAG 251 Current approval documentation



LeDeR CAG s251
application April 2020

12. [Appendix 3: Further Information about the LeDeR Programme.](#)



LeDeR programme
overview slides 18122

13. [Appendix 4: Governance structure of the Learning Disability and Autism Programme](#)



Appendix 4.
Governance of the LD

14. [Appendix 5: 2021 LDA Collaborative partners template](#)



2 App 5 2021 LDA
Collaborative partners