

**NHS ENGLAND (1)**

**AND**

**IMPROVEMENT DEVELOPMENT (2)  
AGENCY FOR LOCAL  
GOVERNMENT (PART OF LOCAL  
GOVERNMENT ASSOCIATION)**

**COMMUNITY AND HOUSING SUPPORT FOR PEOPLE WITH A LEARNING  
DISABILITY AND AUTISM**

**CONTRACT VARIATION AGREEMENT**

**Atamis Contract Reference: C104362**

**Atamis Business Case Reference: BC-14170**

**THIS VARIATION AGREEMENT** is made on 12 December 2023

**BETWEEN:**

- (1) **NHS England** of Quarry House, Quarry Hill, Leeds, LS2 7UE (“**the Authority**”);  
and
- (2) **Improvement Development Agency for Local Government (part of Local Government Association)** of 18 Smith Square, Westminster, London SW1P 3HZ (“**the Supplier**”)

Each a “**Party**” and together referred to as “**the Parties**”.

**BACKGROUND:**

- (A) The Authority and the Supplier entered into a contract entitled “Community and Housing Support for People with a Learning Disability and Autism” on 24/12/2022 (“**the Contract**”).
- (B) The Authority and the Supplier have mutually agreed to vary the Contract as fully detailed below in 2 (Contract Variation).
- (C) The Supplier will be paid costs as detailed below in (3) Costs.

**IT IS AGREED** as follows:

**1. Definitions and Interpretation**

- Capitalised words and phrases in this Variation Agreement shall have the meanings given to them in the Contract.
- The Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.

## 2. Contract Variation

- In accordance with Schedule 2 (General Terms and Conditions), and Clause 21 (Change Management), the Supplier and the Authority have mutually agreed to vary the Contract as outlined below:
- Additional programme focussed around developing bespoke housing and accommodation for people with a learning disability aimed at the most challenged ICS's. Please see attached Supplier proposal at Appendix 1 for full details.
- The Contract Variation Agreement will be for the period 14/12/2023 to 02/10/2025.

## 3. Costs

- The Supplier will be paid a maximum of **£84,730.80** including VAT as outlined below:

<b>Details</b>	<b>Cost</b>
Cost of Variation - Additional programme focussed around developing bespoke housing and accommodation for people with a learning disability aimed at the most challenged ICS's	£59,500
LGA Management Fee	£5,109
Expenses	£6,000
<b>Sub Total Excluding VAT</b>	<b>£70,609</b>
VAT @ 20%	£14,121.80
<b>Grand Total Including VAT</b>	<b>£84,730.80</b>

**IN WITNESS OF WHICH the Parties have signed this Variation Agreement on the date(s) shown below:**

Signed by [REDACTED] for and on behalf of **NHS ENGLAND**

.....  
[REDACTED]

DocuSigned by:  
[REDACTED]

af of **THE SUPPLIER**

Date Signed: 8 February 2024

.....  
[REDACTED]

DocuSigned by:  
[REDACTED]

Date Signed: 10 January 2024

## Appendix 1

### Supplier Proposal

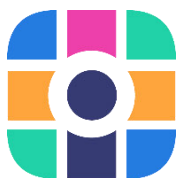


Bespoke  
support.Furthest area



# Foundations of Bespoke Provision





National Development Team for Inclusion

[www.ndti.org.uk](http://www.ndti.org.uk)

# Foundations of Bespoke Provision

## A proposal

### Brief background

Nationally, Government intention is that people with a learning disability and autistic people who have additional support needs reflecting behaviours (the people identified in Building the Right Support) are offered the opportunity to live in their local



communities in support setting developed around their wants and needs. This should be done without unnecessary delay and at a reasonable cost.

Individually it is the desire of many people within the cohort and their families to live in their chosen communities, with homes and staffing that they control and where their rights and aspirations are both recognised and upheld.

Locally, some systems (be that local authorities or ICS) are seeking to develop these person, rights and community focused services. This requires understanding, encouraging, and supporting bespoke provision. Working this way takes time, creativity and commitment but indicators are that it is possible to establish bespoke provision as part of the 'market'. We see some support organisations who uphold this way of working still operating and supporting the growth of similar organisations some 20 years into their own development. Many of these areas looking to develop this as part of their market are part of or seeking to become part of the NHSE funded programme of work delivered by NDTi, through LGA, on developing Small Supports.

Further information about the Small Supports Programme is available here: <https://www.ndti.org.uk/change-and-development/small-supports>. Small Supports describes our work on bespoke provision. Local areas need to have achieved a level of understanding and readiness before joining the programme.

Locally, some areas are making minimal or no progress in developing individual and community-based solutions for people in the BTRS focus. As a result, individuals are placed in unsuitable and out of community settings. These areas are the focus of growing national attention and concern and are the subject of this proposal.

### The proposal

This proposal has been developed to consider issues raised by and in discussion with [REDACTED] at NHSE.

The focus is on 10 local areas who are identified as among the 20 causing most concern due to their lack of progress to understand and develop suitable and sustainable provision. Areas will be agreed by NHSE, NDTi and LGA. LGA will draw on information gathered about progress against national expectations.

With each area, NDTi will consider and report on their foundations of bespoke provision.

Based on existing knowledge, we anticipate that what is holding focus areas back is a lack of awareness, creativity, leadership and knowledge. This does not mean that those qualities are not present locally but, more likely, that they are not being brought together to consider the needs of people and their and market development strategy.

In each area, the team from NDTi (where possible and available drawing in NHSE and LGA) will work with local people to:

- Use existing data and people's experiences to clearly name and understand the need, knowledge and development and delivery blockers;
- Explore why these blockers are impacting on delivery. This may include the impact of past and current initiatives, local knowledge of bespoke provision, individual planning and influential market shaping;
- Identify and suggest clear and evidenced steps that can be taken locally to develop the foundations to commission and develop bespoke provision;
- Offer ongoing, but limited, support to achieve those steps.

For each site, this would enable us to produce, in a consistent format, a set of actions with allied evidence that would offer the local area the opportunity to progress the development of bespoke support for this group of people.

Drawing this set of site action plans together would provide NHS E and their partners, including regional representatives, the opportunity to better understand local challenges and the common steps needed to tackle these when focused on the development of bespoke provision.

We note that:

- The project has a greater likelihood of impact when local and regional leaders are engaged;
- Where Peer Reviews have, are or will be taking place we will fully engage, informing and being informed but it, but this project has a separate focus. Whilst the Peer Review offers a complex approach, triangulated across people and services with a clear methodology. Here we are focusing on one small, but important aspect of the work to support group of people and the development of bespoke provision;
- Participation does not guarantee acceptance onto the Small Supports Project. We hope that it will make participation within reach and readiness more likely.

Our intended outcomes and proposed success measures for this project are that:

- The current challenges/issues with regard to the market and delivery of bespoke support in participating areas are named and better understood;
- Participating areas are offered a plan of action and then challenged to stretch to further develop the foundations of bespoke provision;
- Challenges and actions are shared with national and regional agencies.

In thinking about the outcomes for individuals we must recognise a likelihood that local issues will be deep rooted and complex and will take time and resolve to address but we would be disappointed if this did not see some local progression towards better services and outcomes.

### Cost, timetable and delivery team

We propose investing 7 days each in 10 areas. Use of the days is flexible to local needs but it is based on:

- 1 day for connecting and agreeing activity;
- 1.5 days for using existing information and people's experiences to clearly name and understand need, knowledge and development and delivery issues;
- 2 days for exploring why these issues are issues;
- 1 day to Identify and suggest clear and evidence steps that can be taken locally to develop the foundations of bespoke provision;
- 1 day for offering ongoing, but limited, support to achieve those steps (additional support would be available to sites but outside of this project);
- .5 day for project oversight.

In our conversation with NHSE, together we begun to form seven days of activity but are aware that some of the areas involved might be identified as needing a greater level of engagement and support. We propose that contracting reflects an option for NHSE, with NDTi, to consider offering more days to fewer sites.

The cost of this is £59,500 plus an expenses pot of £6000 to cover travel and subsistence. This gives a total of £65,500. If applicable VAT would be £13,100. See note at end about LGA.

We recognise that understanding and developing these focus local areas is a priority for NHSE and subject to contracts and funding being in place we can be ready to begin the work from mid-September but a later date is possible. We understand that we will be discussing and agreeing a timetable of delivery with NHSE that will also recognise how the work will be communicated to local systems who have been identified. There is no scope in the proposed budget to allow for time convincing areas to engage, so the agreed communication approach will be pivotal to success.

██ will lead the work supported by ██████████  
██. The delivery team will be drawn from NDTi staff and  
associate colleagues who have detailed understanding of bespoke provision and  
market development and experience of working alongside local statutory agencies.  
The delivery team will be supported by NDTi's finance and business support  
colleagues. Further information on the team is available if wanted.

We think it important that the voice of people with expertise from their own experience  
becomes central to planning, market development and review. We are mindful that  
here such expertise is likely to come from difficult personal experience. We are  
committed to growing this voice within our work and are currently engaging with people  
who have experienced both secure settings and small supports. We will endeavour to  
draw those voices into the delivery team.

#### A note on contracting

NDTi's Small Supports Project is a partnership between us and leaders of small  
support organisations. We deliver our current NHSE funded small supports work in a  
partnership led by LGA.

If NHSE and LGA wish, this project could be commissioned through an extension to  
the contract with LGA at a cost of £5,109 plus, if applicable, £1,022 VAT.

If NHSE and LGA wish, this project could be commissioned directly with NDTI. There  
is an existing contracting relationship.

For brevity and because of our existing working relationship, we have not included full information about NDTi but this is available if required.

If you wish to discuss this proposal, please connect with:

██████████ ████████████████████  
██████████ ████████████████████