



Contract Award Recommendation Report for the Commissioning of an Integrated Care Partnership for the Western Locality of Devon

Project Ref: PR002829

Detail Description	Summary Detail
Contract Title	Integrated Care Partnership for the Western Locality of Devon (Lot 1)
Contract Reference	PR002829
Contracting Authority	NHS Devon Clinical Commissioning Group (Co-ordinating) Plymouth City Council (PCC) NHS Kernow CCG
Project Lead	Garry Mitchell
Contract Start	1st July 2021
Primary Contract End	30th June 2031
Contract Period (plus any potential extension)	10 years with a possible extension of any period up to a further 5 years
Date of this Report	20 May 2021
Date ITT Issued	19th December 2019
Date ITT Returned	31st January 2020
Total Contract Value (inc. extension)	£1,621,126,000

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1. Executive summary purpose

The purpose of this paper is to recommend the formal award of the Integrated Care Partnership (“the ICP”) for the Western Locality of Devon for NHS Devon CCG, Plymouth City Council and NHS Kernow CCG (“the Commissioners”). It is a comprehensive end stage report which sets out the full procurement process undertaken together with any outstanding issues to inform the decision making process.

The key objectives and proposed benefits of the procurement were to implement the Commissioners’ vision for a model of integrated care and improve the outcomes, services and experiences for the local population.

The total value of the contract for the ICP for the Western Locality of Devon is £1,621,126,000 (figure includes extension period). The contract will be for an initial term of 10 years, with a possible extension of any period up to a further 5 years, as defined and at the discretion of the Commissioners. Services will commence from 1st July 2021.

Subject to the approval of Plymouth City Council Executive who have statutory responsibility for Adult Social Care the recommendation is to award the service to University Hospitals Plymouth (UHP), led by University Hospitals Plymouth and in association with Livewell Southwest as their material sub-contractor.

2. Strategic Commissioners Intentions and the purpose of this procurement

Early in 2018 NEW Devon CCG (now Devon CCG) and Plymouth City Council published their strategic ambitions for delivering Integrated Care in the Plymouth System. These intentions set out a number of priorities, including commissioning an Integrated Care Partnership for Adults and Older People. A paper was drafted setting out the contracting approach for the procurement of an Integrated Care Partnership, to include Community Health, Adult Social Care, Acute, Local Mental Health Services and some Primary Care Services.

Since the original paper was produced the ambitions around an ICP have evolved, in line with developing an Integrated Care Model, Primary Care Networks and the Long-Term Plan, to focus on integration of non-acute care.

The case for change was built on a number of key drivers including the Commissioners’ vision and blue print for integrated care, General Practice sustainability and NHS Long-term Plan ambitions.

Vision and blue print for the Integrated Care Model

The Commissioners’ vision is that our population and system will benefit from integrated health, care and wellbeing services – integrated care. These integrated care services comprise, for adults primarily, physical health services for people with complex needs, mental health services, services for people with a learning disability

and social care services. These services are often described as ‘community’ services – they are usually, and should be, provided close to, or in, people’s homes, outside of hospital.

We want services that are person centred with care being agreed, instigated and managed with the person using services as an equal partner with those providing services; with care that is provided holistically to the needs and values of the person.

We want integrated care services to coordinate and work in partnership with other services, notably those in primary care, secondary care (often based in hospitals) and care provided by the voluntary sector so that the person’s experience is seamless, and information and data shared effectively and appropriately.

A population health management approach should not only result in care being better coordinated for the person and for the population but greater health and wellbeing promotion, prevention and early intervention, with opportunities for a non-medical approach (e.g. social prescribing, health coaching and prevention) being better identified and followed up – this requiring a shift of resources to where they are needed through effective partnerships with neighbourhoods and communities. This should reduce the need and demand on acute hospitals services and primary medical services where need would be better met elsewhere.

We want support based in neighbourhoods and communities as close to home as is safe and sustainable. We want support to be both innovative and evidence based making use of technology and digital communication opportunities

We want equity of access, experience and outcomes whatever the persons needs and wherever they live. People want no barriers to good experiences of high-quality care that enables them to lead their lives independently and in good health. Integration of services is the way we see this becoming the reality.

In response to this vision the Devon Sustainability and Transformation Partnership developed a Blueprint for an Integrated Care Model. The Integrated Care Model spans health, social care and wellbeing services for adults outside of hospital. The aims of the Integrated Care Model are to:

- Promote health through integration
- Empower communities to take active roles in their health and wellbeing
- Design and implement the locality-based care model
- Shift resources closer to home, or in people’s homes
- Integrate health and social care.

What we are seeking to achieve

The Integrated Care Partnership (ICP) will provide a wide range of high quality, accessible and integrated services for adults in Western Devon. The catchment area of the service spans two local authority areas: Plymouth City Council in entirety and Devon County Council in part. Both local authorities are vital strategic partners from the perspective of statutory service provision for the population, the commissioning and provision of integrated services for the population and wider partnership working across the system. The area covers 260 square miles and stretches from Lifton to Salcombe, and Plymouth to mid Dartmoor. Approximately 360,000 people are registered with a GP Practice in the Western Locality. Devon County Council's adult social care services are not included in the ICP's scope of provision. The ICP's responsibilities also encompass the provision of stroke inpatient services and Early Supported Discharge (ESD) to residents of East Cornwall.

The outline scope of the ICP service provision is:

- Community physical health services for adults with complex needs (for people registered with a GP Practice in the Western locality of NHS Devon CCG)
- Mental health services (CCG funded) for adults (for people registered with a GP Practice in Plymouth) – noting that over the lifetime of this contract the national direction of travel is for services to be arranged for 0-25 year olds and 26 years and over, therefore this transition would need to be made between the ICP and respective mental health services for children and young people; and, for the Place of Safety this is available for the Devon population
- Learning disability and autism services (CCG funded) for adults including transition from children's services to adult services (for people registered with a GP Practice in Plymouth)
- Adult social care (PCC funded) (for people resident in Plymouth) – specifically, the delivery of services that meet adult social care statutory functions that have been delegated under the Care Act 2014

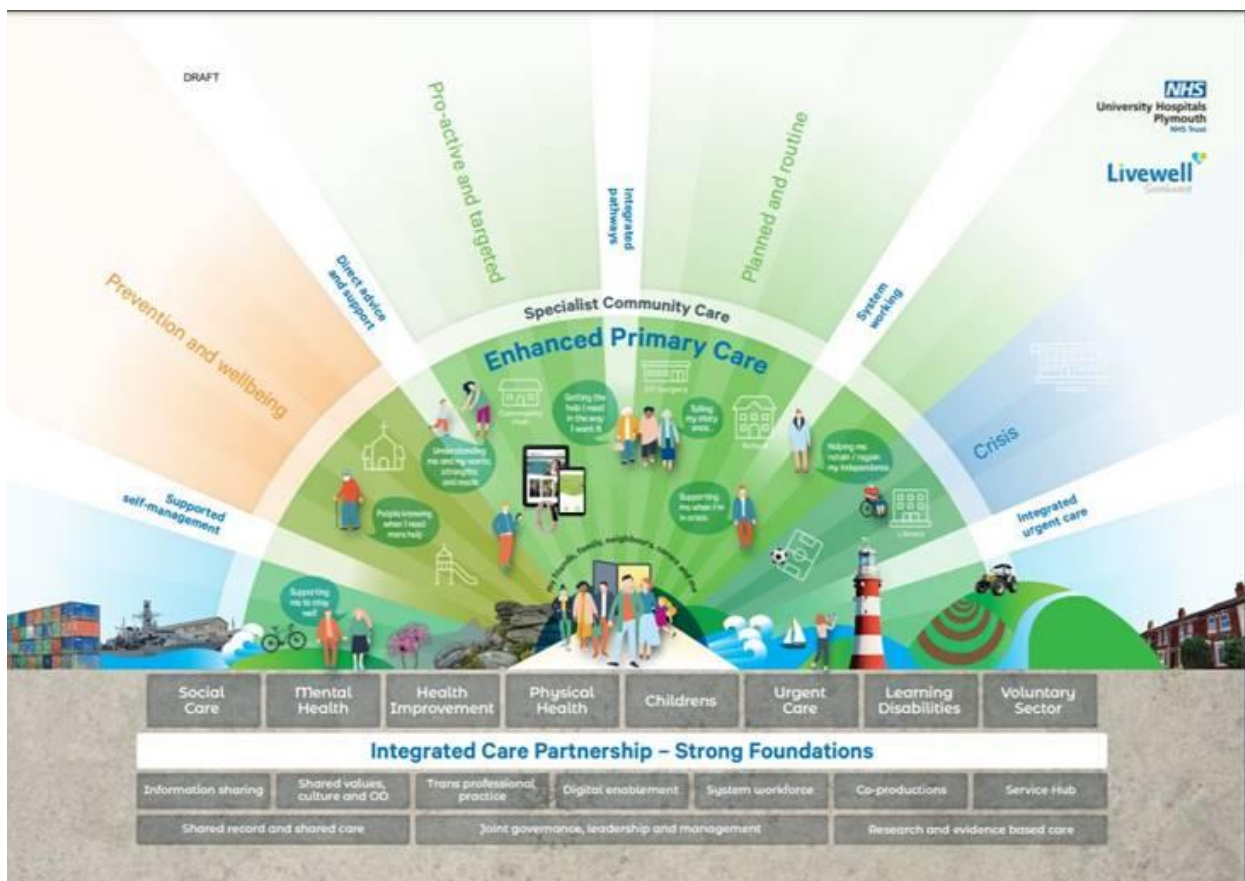
The Outcomes Framework

Commissioners have adopted an outcomes framework approach to this procurement and have sought an organisation to provide services for the system to ensure that they take a leadership role in linking services.

The eight key outcomes are as follows:

1. More people will be living independently in resilient communities
2. More people will be choosing to live healthy lifestyles and less people will be becoming unwell

3. People who do have health conditions will have the knowledge, skills and confidence to manage them
4. The healthcare system will be equipped to intervene early and rapidly avert deterioration and escalation of health problems
5. More care will be available in communities and less people will need to visit or be admitted to hospital
6. People will have far greater control over health & social care services and will be equal partners in decisions about their care
7. People who need treatment will be treated effectively and will be equal partners in decisions about their care
8. People will go into hospital and will be discharged efficiently and safely with the right support in the community



What will look different a year into the contract – our early priorities for making a difference

Priority	Position by Year 1
1. Single Point of Access	<ul style="list-style-type: none"> Establishing the Service Hub as the single front door for all services in year 1
2. Enhanced Primary Care	<ul style="list-style-type: none"> All 9 Primary Care Networks using the integrating Aging Well Multi-Disciplinary Teams (MDT), clear escalation and de-escalation routes being used routinely Embedded Care Home Liaison Service prioritising Care Home support and MDTs
3. Integrated Frailty/Health care for the Elderly (HCE) Pathway	<ul style="list-style-type: none"> Integrated Frailty offer that provides services for patients at home and across the provider interface (PCNs; Community Hospitals; Acute) under a single accountable and integrated Health Care of the Elderly Service in conjunction with Frailty network support. Implementation of electronic advance care plans for end of life
4. Delivery of the Community Mental Health Framework (CMHF) to the agreed delivery plan	<ul style="list-style-type: none"> CMHF model rolled out to first cohort PCNs using Population Health Management data Implementation of a rehabilitation/recovery specialist and dedicated team Implementation of a personality disorder specialist dedicated team An all-age mental health home treatment offer in place
5. Development of end to end pathway for prioritised services: Respiratory, Cardiology, Stroke/Neurology	<p><u>Respiratory</u></p> <ul style="list-style-type: none"> Place based respiratory pathway co-designed and co-delivered implemented <p><u>Cardiology</u></p> <ul style="list-style-type: none"> Senior clinical oversight for whole pathway and caseloads established across pathway Cardiac rehab – phase 1, phase 2 and phase 3 delivery established Review implementation of new medicines and treatments <p><u>Stroke/Neurology</u></p> <ul style="list-style-type: none"> Integrated delivery of stroke pathway; reduction in length of stay
6. Further develop and embed a system based Infection Prevention and Control delivery assurance model	<ul style="list-style-type: none"> System based Infection Prevention Control delivery model embedded and functioning consistently across locations

7. Mental Health Provision. Emergency department

- Currently under review but establishment of a fit for purpose and inclusive Mental Health model for emergency care

3. Background

The Services procured through this tender process are healthcare services falling within Schedule 3 to the Public Contracts Regulations 2015 ('the Regulations').

The NHS South, Central and West Commissioning Support Unit (SCW) procurement team managed the procurement process on behalf of the Commissioners.

Integrated Care and Partnership working is a key foundation of both our existing and future models of care – it has been evidenced nationally and locally that it can improve outcomes, efficiency and experience of care.

The procurement of the ICP is a further step towards joining up local services for the population of Plymouth, South Hams and West Devon and the transformed model that will be delivered through this promises to address many of the existing and ongoing challenges the local system has faced.

Built on a long history of partnership working, this procurement has operated under extended timescales due to:

- the high level of detailed work that Commissioners and providers undertook in dialogue phase in 2019 to discuss and evolve the planned service transformations to support the initial bid and support the selection of a preferred bidder in March 2020
- the response to the global pandemic, and the opportunity of rapid transformation, partnership working, learning and revision of specification that this presented
- the detailed due diligence, with enhanced support from regulatory processes that has been undertaken by all parties in Autumn 2020/Spring 2021

The following Critical Success Factors were established and approved by the Governing Body and have remained the golden thread throughout the process forming the basis of evaluation and assurance:

- A comprehensive offer for prevention and self-care for the whole population
- Services which are wrapped around primary care networks to support our most vulnerable people through Population Health Management (PHM)
- People are kept safe and well and are able to participate as active members of their communities
- Integrated physical and mental health and care services in the community
- Seamless pathways for people with long term conditions between community and acute services
- Integrated pathways for people with serious mental illness

- Collaboration with system partners to effectively manage demand and support the delivery of services within current budgets
- Partnership working with the wider health and care system to ensure that service delivery is achieved without any financial consequences for partner organisations. It is imperative that any actions that impact upon another system partner are discussed and agreed in full ahead of any change being implemented.

It is recognised that some of the above cannot be achieved by what is in the scope of the ICP alone, but the expectation that the ICP's role in promoting and achieving their contribution in these has been clear.

In its role as Co-ordinating Commissioner for this contract, the Governing Body has had the opportunity to gain understanding and assurance about the proposed arrangements that expect to deliver long term transformational change to meet the current and future needs of the population.

This report sets out the procurement process and detailed arrangements to support recommendation of the contract award.

It is important to reflect this important decision in the context of our integrated care system and both the population and provider landscape that we face in the next 15 years. The proposed contract seeks to hold the tension between robust delivery, partnership working and flexibility to respond to changing context.

4. Project Governance

Approval was granted from the NHS Devon CCG Governing Body for this procurement to be advertised on 5th July 2019 for the Commissioning of an ICP for the Western Locality of Devon in line with the NHS Devon CCG Standing Financial Instructions. The procurement consisted of two lots. This award paper relates to Lot 1 – Integrated Care Partnership only. No award decision was made in relation to Lot 2 and the procurement for this Lot was closed in 2019.

The following table identifies where the ICP procurement has been discussed at Governing Body.

Date	Description of content
23 May 2019 (Private)	Report presented set out the vision for integrated community health, care and mental health services in Western Devon and Plymouth and the preferred contracting approach. GB noted the vision, timescales and extension to existing contracts and acknowledged the proposal to launch single procurement.
27 June 2019 (Private)	Paper presented to proceed to procurement. GB agreed that in the public session of the Governing Body they would be asked to approve the recommendation to proceed to procurement.
26 September 2019 (Private)	Update paper presented the GB noted the delegation of responsibility for agreeing the procurement documentation.

19 December 2019 (Private)	Update on progress to date and the procurement approach. GB approved the decision to proceed to the final stage of the procurement. Invitation to submit detailed solution (ISDS) for Lot 1.
27 February 2020 (Private)	Update on progress to date and the procurement approach. Due to conflicting timescales the Governing Body delegated the ICP Executive to approve the preferred bidder recommendation report and this would be done through a virtual approval route.
26 March 2020 (Private)	Presented paper to recommend postponement of the contract start date from 1 July 2020 to 1 April 2021 due to the CCGs response to COVID-19. GB ratified the recommendation to postpone the new contract start date until 1 April 2021 and extend contracts with Livewell Southwest.
24 September 2020 (Private)	Paper presented outlined the due diligence process had been restarted and revised specification. GB endorsed the revised timescale.
17 December 2020 (Private)	GB noted the progress within the report and that subject to satisfactory completion of all necessary procurement and regulatory processes, the service commencement date to be 1st April 2021. Noted that this posed a high degree of risk, which has not yet been mitigated through the due diligence process.
28 January 2021 (Public)	Presented assessment against progress and remaining work and asked that the final steps in the due diligence phase. GB endorsed the approach and pace of the remaining due diligence, commissioning and regulatory processes.
25 February 2021 (Private)	Presentation provided following due diligence.
29 April 2021 (Private)	Draft CARR presented to GB which was supported and confirmed for presentation to GB in public on 27 th May.

5. Key Officers

The authorised officer for this programme is:

Jo Turl

Director of Commissioning – Out of hospital, NHS Devon CCG

The lead officers for this programme are:

Sonja Manton

SRO for Integrated Care Partnership, NHS Devon CCG

Anna Coles

Locality Director Plymouth, NHS Devon CCG /Service Director Integrated Commissioning, Plymouth City Council

The procurement lead for this programme is:

Garry Mitchell

Deputy Director of Procurement, NHS South, Central and West Commissioning Support Unit

6. Procurement Timetable

The timetable for the procurement is set out below:

No	Stage	Dates
1	Invitation to Submit an Outline Solution stage (ISOS) issued to Bidders	5 th July 2019
2	ISOS submission closing date	16 th August 2019
3	Dialogue Stage	24 th September 2019 – 27 th November 2019
4	Invitation to Submit Detailed Solution stage (ISDS) released to Shortlisted Bidders	19 th December 2019
5	ISDS submission closing date	31 st January 2020
6	Commissioner Governing Body ratification of Preferred Bidder	26 th March 2020
7	Preferred Bidder Stage to finalise terms with the Preferred Bidder	27 th March 2020 – 31 st March 2021
8	Final Approval/ Contract Award in Public at GB (subject to PCC Cabinet approval)	27 th May 2021
9	Contract Go Live	1 st July 2021

7. Procurement Process

Since approval was given on the 5 July 2019 to commence this procurement the Governing Body have been sighted on progress and agreed to proceed at various key stages of the process.

Commissioners decided on a Competitive Dialogue approach to the procurement process. This route was used to enable in-depth dialogue to determine what the market can offer in terms of technical and financial solutions.

Bids were assessed and evaluated on the basis of most economically advantageous tender.

A summary report of each stage of the procurement is attached at Appendix A.

8. Conflicts of Interest

The SCW procurement team supported the project in the management of conflicts throughout the process. In line with national guidance *Managing conflicts of interest: revised statutory guidance for CCGs 2017* conflicts of interest were given a high priority within the procurement, with 'conflicts of interest' a standing item at project group meetings.

Project members were required to complete Conflict of Interest and Confidentiality forms prior to receiving any sensitive documentation. A version of the conflict register is available to members on request, including all measures that were taken. All conflicts were appropriately managed within the project, and there are no latent risks associated with the aforementioned conflicts.

Bidders were required to complete Conflict of Interest, Confidentiality, Canvassing and Collusion forms as part of their bid. They are also under an ongoing obligation to update the Commissioners should any declarations change in the future.

9. The Contract

The contract will be the NHS Standard Contract 2021/2022 edition, inclusive of all standard performance frameworks, payment mechanisms and terms. The service specification will be a core part of the contract document. The contract has been subject to extensive review by the CCG's lawyers and agreement between both parties. The Governing Body are asked to note the following:

- NHS Devon CCG are the co-ordinating commissioner with NHS Kernow CCG and Plymouth City Council both being associated commissioners to the contract.
- The contract is an outcomes-based contract with a 10 years term plus 5 years extension option, the standard 12-month termination clause is included for all services.
- Previously the termination clause was 18 months, with the earliest termination being 6 years into the contract. This position has now changed and the contract reflects the standard 12 month termination clause for all services. This change is to reflect the changing landscape in Health and Social Care, and allow the contract to be more flexible to accommodate any future changes, an example being the development of provider collaboratives.
- The contract is with University Hospitals Plymouth NHS Trust (UHP) and Livewell Southwest (LWSW) is the material sub-contractor, the sub contract is

based on the standard NHS 21/22 subcontract and mirrors all key terms set in the head contract.

- Agreed outcomes framework, Year 1 baseline and development work to agree expectations from Year 2 onwards, if agreement is not met by the end of year 1 schedule 4E notes Commissioners will determine the measures.
- The Commissioners appointed legal advisors in June 2019. They have provided extensive advice pre-procurement and at various stages during the procurement. They have fully reviewed the proposed contract and provided a legal position statement which has been reviewed by the Executive Programme Board. Outstanding contracting issues are detailed in Appendix A

10. Financial position of the contract

The contract is a block contract agreement with a total value of the contract for the 10+5 term totalling £1,621,126,000. The financial envelope has been agreed as a flat cash contribution from PCC (at a value of £6.2 million per annum) as associate commissioners, with one payment flow from NHS Devon CCG to UHP as the Prime provider. NHS Kernow CCG will also make a single monthly contract payment.

Key elements relating to what makes up the financial envelope for Governing Body to be aware of:

- Financial envelope is based on the contract for services currently provided in 2020/21, based on previous years activities and agreed changes in year which include; £1,398k for 15 additional recovery beds, £561k for ADHD/Autism service, fully funding the First Response Services £831k, £499k transformation fund, £250k contract management resource, Dietetic and speech and language provision £105k, and a reduction of £789k to commission PICU outside of the ICP.
- Risk share agreements in the total Financial envelope include; Licence to use £401k and Spirometry service £120k.
- From Year 2 of the contract 1.5% of the contract value is an incentive payment which will be based on performance against the outcome measures in the contract, exact allocations and based line to be determined with the commissioner in year one of the contract.

11. Provider failure contingency plans

LWSW are the current service provider for community services across the Plymouth and West Devon footprint and for Adult Social Care services for Plymouth and will be a material sub-contract to UHP. The due diligence work done to date as part of the ICP procurement does not indicate that there is significant risk of provider viability concerns.

Nevertheless, Commissioners have completed further analysis in conjunction with regulators in order to assure themselves that adequate contingency plans are developed and in place to maintain service delivery should the provider landscape change.

12. System Transformation

The ICP will bring together under a single governance framework many of Plymouth's Adult Health and Social Care Services and the partnership will continue to collaborate and align services with Devon County Council and Devon Partnership Trust in relation to the provision of mental health and social care in South Hams and West Devon.

In this way, UHP and LWSW will work in close partnership, with a common vision under a single governance framework.

The ICP will be structured with the transfer of some services (community rehabilitation and stroke inpatient beds) from the direct management of LWSW to UHP, with the remainder of the services being provided by LWSW under a material sub-contract arrangement with UHP. The key outcome of the ICP is to improve outcomes for the people it serves.

The Provider vision is set out below:

Vision

We will provide excellent care with compassion wrapped around



Mission

We will support people to stay well in the place and the community in which they live, where they



Values

Putting People First Respecting others Integrity Making a

Clearly the award of the ICP Contract creates the landscape for further transformational change across the Western Locality and the initial agreed priority areas for year 1 have been developed in partnership with the Prime Provider and their material sub-contractor.

1. Establishing the Service Hub as the single front door for all priority services
2. Implement the Enhanced Primary Care (EPC) model, continuing to prioritise the development of the care home service and Multi-Disciplinary Teams (MDTs) with Primary Care Networks (PCNs)
3. Further developing a system-wide approach and pathway to Frailty and End of Life, through the care home service, MDTs with PCNs, and acute frailty and the integration of health care of the elderly acute and rehab beds.
4. Delivery of the Community Mental Health Framework (CMHF) to the agreed delivery plan
5. Development of end-to-end pathways for specialist services, prioritising Respiratory, Cardiology and Stroke
6. Further develop and embed a system-based Infection Prevention and Control delivery and assurance model

As the Devon ICS develops further considerations have been given during this procurement to the relationships that will need to be in place in order to support the successful delivery of the outcomes detailed within the contract. Whilst contractual mechanisms are in place including “step in” and termination arrangements, all parties are committed to working together to ensure that the improvements are delivered for the resident population. Learning has been taken from the collaborative approach adopted during COVID where individuals worked cross- organisationally on key agreed priorities; this facilitated positive deployment of the skills and capabilities required to deliver change and will continue across the Locality to ensure transformation is supported.

On Contract Award an Executive group between Commissioners and UHP will be established, this arrangement will ensure sufficient oversight and the mitigation of any risks during mobilisation and delivery. In addition the local performance and improvement group will bring together Chief Operating Officers and Commissioners to oversee performance improvements and agree transformation priorities including the deployment of resources when required.

13 Risk Implications

As part of the Due diligence phase, a number of risks were identified. The remaining strategic risks together with the mitigation actions are detailed below:

- UHP Capacity and Capability to take on ICP alongside a range of material improvement programmes
- Contingency in the event of provider landscape changes
- System arrangements to deliver transformation

See Appendix B risk register, residual risks will be transferred on contract award to the relevant corporate risk register.

UHP Capacity and Capability to deliver the ICP plans alongside a range of material improvement programmes						
Risk	There is a risk that there is insufficient capacity and capability at executive and senior level to deliver the planned transformation as part of the ICP in partnership with LWSW alongside a range of material improvement programmes that UHP are already focused on and need to delivery alongside and with this change.					
Mitigation	UHP have invested in additional capacity at executive and senior level to respond to improvement requirements and shared this regularly. To supplement the already existing capability, UHP have planned a suite of actions and programmes to develop better knowledge and understanding of LWSW services. Additionally, an external peer Trust has been engaged to provide advisory support to UHP's ICP SRO and the wider Board in respect of its performance and quality management responsibilities with respect to community and mental health services.					
Initial Score (/5)	Impact	4	Likelihood	4	Total	16
Mitigated Score (/5)	Impact	4	Likelihood	3	Total	12
Contingency for provider landscape changes						
Risk	There is a risk that if LWSW as the material subcontractor becomes an unviable provider during the lifetime of the contract and ceases to provide the services in the ICP in partnership with UHP, that there are gaps in service provision for the local population.					
Mitigation	UHP have planned a suite of actions and programmes to develop better knowledge and understanding of LWSW services to be able to take on direct provision if needed Contingency approach and principles agreed to ensure continuity of service provision and access for the population should there be provider landscape changes.					
Initial Score (/5)	Impact	4	Likelihood	3	Total	12
Mitigated Score (/5)	Impact	4	Likelihood	2	Total	8
System arrangements to deliver transformation						
Risk	There is a risk that the system arrangements locally between all partners are not sufficiently developed to deliver the transformation.					
Mitigation	Agreed ICS performance improvement framework. LCP performance arrangements agreed. Bespoke executive escalation and oversight of ICP from contract award. Agreement to sharing intelligence and capability across the system to address risks early and prevent escalation. Commitment to effective system and partnership working to collectively address issues and risks.					
Initial Score (/5)	Impact	4	Likelihood	4	Total	16
Mitigated Score (/5)	Impact	4	Likelihood	3	Total	12

14 Implications for Health Inequalities

The service specification set out the clear expectations on the new provider to play a role in ensuring a sustainable and safe health system that will keep a strong recovery focus and play its part in reducing health inequalities.

Quality Equalities Impact Assessment (QEIA) was conducted during pre-procurement.

The panel approved the QEIA on the 20th May 2021, with specific recommendations to ensure that more detailed impact assessments are reviewed and considered as service changes are implemented over the lifetime of the contract.

15 Recommendations

Subject to approval by Plymouth City Council's Executive as the associated commissioner with statutory responsibility for adult social care, it is recommended by the ICP Executive Group that NHS Devon CCG Governing Body approve–

- The award of contract for delivery of the Integrated Care Partnership services for the Western Locality of Devon to University Hospitals Plymouth NHS Trust as lead provider.
- That the contract commences on 1st July 2021 for a period of 10 years with the option to extend for a further 5 years.

Prepared by Emma Cane, Programme Office Manager - NHS South, Central & West Commissioning Support Unit

On behalf of

Jo Turl, SRO for Integrated Care Partnership, NHS Devon CCG

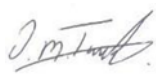
20th May 2021

APPENDIX A	Procurement and Contracting Approach
APPENDIX B	ICP Executive Group Risk Register
APPENDIX C	Regulation 84(1) Report – Contents Checklist

SCW Procurement Sign Off

Recommended by		Recommended by	
Name (Print)	Garry Mitchell	Name (Print)	Faye Robinson
Title	Deputy Director of Procurement NHS South, Central and West	Title	Director of Specialist Services (Procurement Director) NHS South, Central and West
Date	20 May 2021	Date	20 May 2021

NHS Devon CCG Sign Off

Award Approved by Director	
Name (Print)	Jo Turl
Signature	
Title	SRO for Integrated Care Partnership, NHS Devon CCG
Date	20 May 2021