

**Manchester City Council  
Report for Resolution**

**Report to:** Executive – 8 February 2017

**Subject:** Manchester’s Health and Social Care Locality Plan – the Local Care Organisation

**Report of:** Chief Executive

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**Summary**

This report complements two reports elsewhere on this agenda on the Locality Plan and Manchester Health and Care Commissioning (the City’s single commissioning function for health and social care). It updates the Executive on progress towards developing a Local Care Organisation (LCO) within the City. A report was considered by the Health and Wellbeing Board on 18<sup>th</sup> January 2017 on progress towards developing the LCO and proposals for the three CCGs and the Council to initiate a provider selection process. This report asks the Executive to approve proposals for the Council’s role in that process.

A similar report is being submitted to the three CCG Boards.

**Recommendations:**

That the Executive:

1. Note the progress with regards to the commissioners’ plans to procure and award a single contract for a new LCO to provide a substantial proportion of out of hospital care in the city.
  2. Approve the membership and terms of reference of the Provider Selection Programme Board including appointment of the Deputy Leader of the Council, Councillor Sue Murphy and appropriate officers as set out in Appendix 1 of this report as Members of the Board.
  3. Delegate decision making to launch the procurement to the Director of Public Health in consultation with the Deputy Leader of the Council, working alongside senior MCC colleagues and CCG representatives on the Provider Selection Programme Board,
  4. Note that a further report will be submitted to the Executive once it is known whether there are one or more capable providers and before moving to the next stage of the process.
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**Wards Affected:** All

<b>Manchester Strategy outcomes</b>	<b>Summary of the contribution to the strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Supporting the growth agenda with an integrated system which will make more efficient use of available resources and provide greater opportunities for local jobs and career progression.
A highly skilled city: world class and home grown talent sustaining the city's economic success	A single provider of Integrated health and social care will bring social value to local communities, connecting people to community assets, promoting independence and reducing worklessness.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The focus is on changing behaviours to promote self care and involving local people in the design and delivery of new care models.
A liveable and low carbon city: a destination of choice to live, visit, work	Addressing the wider determinants of health will be a strong feature of all three pillars of the Locality Plan.
A connected city: world class infrastructure and connectivity to drive growth	N/A

**Full details are in the body of the report, along with any implications for**

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

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### **Financial Consequences – Revenue**

This report should be read alongside the Locality Plan Report (Executive-8 February 2017) and Locality Plan – Financial Report – Closing the Funding Gap 2017/21 (Executive-11 January 2017).

### **Financial Consequences – Capital**

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

GM Strategic Plan – Taking Charge of Our Health and Social Care

Manchester Locality Plan – A Healthier Manchester

Draft Prospectus: Manchester Local Care Organisation – April 2017-2027

## **1.0 Introduction**

- 1.1. This report seeks support from the Executive for the next steps to procure a Local Care Organisation (LCO) for the City of Manchester. The LCO will hold a single contract for the majority of out of hospital care services provided within Manchester and will be the organisational arrangement by which the 'One Team' strategy is delivered.
- 1.2. The report outlines the key results of the recent engagement exercise undertaken on a draft 'LCO Prospectus'. The report also sets out the proposed means of identifying a single LCO contract holder and the regulatory context relating to that approach. The statutory responsibility to commission these services rests with the three Manchester CCGs and Manchester City Council (the commissioners).

## **2.0 Strategic Context**

- 2.1 For a number of years the Health and Wellbeing Board has pursued a strategy of integrated out of hospital care as the means of achieving the dual challenge of improving population health and ensuring a financially sustainable system.
- 2.2 Evidence from new care models has demonstrated how proactive and coordinated care can improve health outcomes but also save money due to the decreased need for high cost acute and long term residential care packages.
- 2.3 This early learning, supported by increasingly robust national and international evidence led to the One Team commissioning strategy which created a service model which applied this learning to all out of hospital care.
- 2.4 This model integrated out of hospital care is one of the three pillars of the Manchester Locality Plan which when taken as a whole represents a fundamental transformation of the Manchester health and care system. Change at this scale cannot be implemented the pace required through informal alliances between organisations. Therefore, commissioners indicated their intent to let a single contract for Manchester's out of hospital care provision with a single contract holder, through publication of a draft Prospectus in November 2016.
- 2.5 The objective of these changes is for Manchester people to receive fully integrated packages of care bespoke to their particular needs and opportunities and their carers and families. The scale of the culture change involved requires staff to be brought together into single teams within a single organisation. Funding to enable double running of the existing services whilst the new service model is being established is being obtained from the Greater Manchester Transformation Fund. This will allow commissioners to be assured of the implementation of new care models and hold the contract holder to account for quality, outcomes and cost effectiveness.

- 2.6 The scope of the LCO, as set out in the draft Prospectus, is significant and is expected to include parts or the whole of the service areas in the following table. The scope and scale of the LCO will be phased over a number of years, including a mix of direct provision and subcontracting arrangements. The scale of the contract will depend on the more detailed scoping and phasing of these service areas but includes.

Adult social care	Primary Medical Care	Community healthcare services
Public health	Mental healthcare	Voluntary and community sector
Children's services	Defined hospital services	Nursing and residential & homecare

- 2.7 The commissioning of the LCO is a key part of the following strategies: 'Our Manchester', 'A Healthier Manchester' (Locality Plan) and the GM 'Taking Charge' strategy. The LCO will also facilitate Manchester's contribution to implementation of the GM Primary Care Strategy.

### 3.0 Local Care Organisation Prospectus

- 3.1 In order to select a suitable provider to form the LCO, commissioners will undertake a procurement process, which is fully described in section 4 below. The formal start of the provider selection process will commence with the issue of a Prior Information Notice (PIN) and Prospectus which describes the scope of commissioners' ambition in further detail.
- 3.2 The commissioners have consulted upon a draft Prospectus from 2<sup>nd</sup> November 2016 to 3<sup>rd</sup> January 2017. This was to ensure that design of the LCO meets the needs of Manchester's diverse population and also to build awareness of the emerging arrangements for out of hospital care to enable organisations to prepare for future changes. The prospectus will now be revised in the light of the feedback received.
- 3.3 This exercise generated over 400 comments from the City's diverse network of stakeholders, providers, academic institutions and voluntary, community and social enterprise organisations (VCSE). The feedback has been overwhelmingly constructive; endorsing the intent to pursue the creation of an LCO. Below is a sample of the key themes which have emerged and how they will be addressed.

Key Themes	How we will address them
The role of VCSE and Carers within the workforce	The revised Prospectus will set out an expectation for the LCO to have a workforce strategy which will recognise the contribution of Manchester's unpaid workforce and approximately 60,000 unpaid carers. The strategy will need to set out how they will work effectively with voluntary sector and carers as an integral part of the overall strategy.
Various VCSE organisations have asked for more detail	Consolidate the narrative around protected characteristics into a defined Equality and Diversity section

Key Themes	How we will address them
on how we will ensure that the LCO meets the needs of the people their organisations represent.	Specific metrics are addressed in the Outcomes and Performance Frameworks
Commissioning for Social Value	<p>In accordance with the Public services (Social value) Act commissioners will consider the potential benefit to Manchester's communities as part of our provider selection and contract award process.</p> <p>Social value involves looking beyond the price of a contract for a particular service to consider what the collective benefit might be to the local community. For example, an organisation which provides services for people might recruit volunteers from those communities to run some of these services. The social value aspect would be in providing people with volunteering opportunities in an environment where they feel safe and supported, allowing them to develop skills, gain work experience, and feel socially included. This would be in addition to the organisation being able to provide its services to the community.</p>
More focus on Children and Young People	Strengthen the narrative in the prospectus based on the Children and young people's plan. <sup>1</sup>
Community Assets / Our Manchester Approach	<p>The selected provider will need to support community navigation by providing shared tools and systems that map the assets and resources available across the city.</p> <p>The selected provider will need to clearly demonstrate how they will work with people, places and communities to build capacity and connect people to assets that meet their needs.</p> <p>Some of the elements of asset-based approaches include:</p> <ul style="list-style-type: none"> <li>• The role of the statutory sector is to understand the whole system of health and social care, and to assess the overall impact of changes on that system, rather than focusing narrowly on public sector expenditure. Reductions in services are likely to transfer demand to other agencies, often to the VCSE sector.</li> <li>• There needs to be an investment approach to VCSE sector assets, how can they be nurtured and supported to be able to better support people with health and social care needs at a neighbourhood and city-wide level. This should include cultural and sport partners and recognise and address the disparity in some assets between neighbourhoods.</li> <li>• There needs to be an agreed model for how care staff and services work in a strengths-based approach both</li> </ul>

<sup>1</sup> [http://www.manchester.gov.uk/download/meetings/id/21546/7\\_children\\_and\\_young\\_people\\_s\\_plan](http://www.manchester.gov.uk/download/meetings/id/21546/7_children_and_young_people_s_plan)

Key Themes	How we will address them
	<p>with individuals and with communities of place and identity. There are many existing models that could be adopted. These form part of an overall system leadership that should not be left to providers alone to develop.</p> <ul style="list-style-type: none"> <li>• There needs to be a joint approach to co-design and mapping community assets and understanding and measuring their value. The core of working with local assets is citizen involvement.</li> </ul>
Care Models / details about the delivery of specific services	The Prospectus initiates a process whereby providers will be given the opportunity to promote their models of innovation in their formal tender responses. Initial service scope will however be further refined for inclusion in the Prospectus.

3.4 Some questions sought detailed descriptions of the service model. It is important that this is undertaken collaboratively with the successful contract holder once identified. This will allow the opportunity to enrich the service design and complement commissioner experience with that of providers and others.

3.5 The draft Prospectus was designed to provide sufficient detail without prescription to enable this approach. Similarly, information regarding how the contract holder might undertake functions currently delivered by commissioning organisations should be agreed in dialogue between commissioners and the contract holder.

3.6 Following detailed analysis of the responses and the feedback from the external assurance process (see section five) the commissioners will publish a revised Prospectus online in the next month. This will be undertaken in line with OJEU guidance and regulations. Publishing the revised Prospectus will complement the publication of a 'Prior Information Notice' (see section four below).

#### 4.0 Provider Selection Process

4.1 The approach to procurement has been developed jointly with the CCGs and has included the engagement of external procurement and legal advisors as well as drawing on the considerable financial, procurement and legal expertise of the Council. The approach has also considered the guidance and advice provided through a nationally facilitated 'Intensive Support Forum'. Council officers have been fully involved in the key issues.

4.2 When awarding contracts, including the LCO, health commissioners must demonstrate consideration and achievement of the procurement objectives set out in the NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 (PPCCR) in determining how best to award contracts. The Public Contracts Regulations (2015) also apply to both the CCGs and City Council.

- 4.3 The next stage of the process is to determine whether there are one or more providers capable of providing the services as an integrated whole in the most efficient yet diligent manner.
- 4.4 A competitive process will only follow if there are proven to be more than one capable provider. If a single capable provider is proven, a detailed due diligence process will follow in line with the national assurance process (see section 5 below). The timeframe for concluding the selection process will therefore depend upon the quality of bidders' submissions and the extent to which providers qualify as 'capable'.

### **Legislative Framework**

- 4.5 The NHS procurement regulations referred to in 4.2 above provides the overarching legal framework for the CCGs to comply with when commissioning healthcare services alongside the Public Contract Regulations 2015 (PCR 2015). A bespoke process is being designed, satisfying the requirements of these regulations, to provide confidence to the commissioners that the provider selected to deliver the LCO can meet the ambitious outcomes expected of the new system, including patient and clinical outcomes, financial sustainability and value for money.
- 4.6 Throughout the contract award process and in line with the commissioners' obligations under all relevant legislation, the commissioners will adhere to the principles of:
1. Proportionality
  2. Transparency
  3. Non-discrimination
  4. Equal treatment
- 4.7 The CCGs must also be able to clearly demonstrate compliance with their obligations under the NHS (Procurement, Patient Choice and Competition) Regulations 2013. In summary, those obligations are:
1. To secure the needs of service users for this particular service area including relevant patient choice
  2. To ensure that the service meets the national quality standards for the service
  3. To ensure that ongoing quality improvement measures and processes are in place
  4. To ensure that services are provided efficiently, representing overall value for money
  5. To ensure that ongoing efficiency improvement measures and processes are in place
  6. To support relevant whole systems integration and achievement of the Commissioners' strategic objectives



7. To consider the potential benefits of competition
- 4.8 The commissioners will advertise the opportunity via a 'Prior Information Notice' (as a call for competition) in the Official Journal of the European Union (OJEU) together with a contract notice in 'Contracts Finder' to understand the level of interest for the contract. A single contract holder is sought for the full scope of services. There will not be 'lots' from which potential providers can select in isolation. This does not mean providers cannot collaborate to respond. Potential providers can either submit bids as a single legal entity, or as a group of entities, acting as a consortium. Where a consortium bid is received, there must be a single lead provider that is capable of holding the single contract from commissioners.
- 4.9 The Prior Information Notice will quantify the strategic affordability threshold over the intended contract term, relevant to commissioners' final agreement on 'in scope' services and associated financial sums (e.g. baseline, efficiency and reform priorities) to ensure services remain affordable within available resources.
- 4.10 A Qualification Questionnaire (QQ) will be published at the same time as the Prior Information Notice on 'EU Supply' (the online procurement portal) for interested providers to complete. The QQ will test the relevant capacity and capability of interested providers. Submission of a completed QQ will constitute a formal expression of interest in the opportunity.
- 4.11 If more than one capable provider 'qualifies' at the QQ stage, a fair competitive assessment process will follow, with each qualified provider invited to submit their proposal and engage in an assessment process, including dialogue, and subsequent due diligence processes, to provide greatest clarity and assurance to the commissioners.
- 4.12 As indicated at 4.4 above, if there is only a single capable provider, a detailed due diligence process will be undertaken to satisfy the commissioners that the contract is safe and appropriate to continue.
- 4.13 Prior to formally awarding a contract, the CCGs and the City Council must conclude satisfactorily the various 'Checkpoint' stages of an external assurance process (see section five) below.

## **5.0 External Assurance**

- 5.1 The NHS Five Year Forward View, published in October 2014, set out an ambitious vision for transforming NHS services. Local health communities with local authorities having a greater leadership role are empowered to develop new care delivery options to better integrate primary and specialist care, physical and mental health services, and health and social care.
- 5.2 NHS England (NHSE) and NHS Improvement (NHSI) have jointly recognised that these new care models and the contractual arrangements through which they will be implemented may mean:

- the contract structure, form and content, the calculation of the financial value of the contract envelope, are novel;
- the organisational forms of the bidding organisations may be novel and complex, as providers form legal entities and arrangements that allow for greater collaboration between partners; and
- other incumbent NHS providers can be significantly affected by a single procurement for a new care model.

5.3 Further, the many recent reviews of the collapse of the Cambridgeshire and Peterborough CCG contract with Uniting Care Partnership Ltd (UCP) in December 2015, identified several key 'lessons learned' that regulatory and national bodies wish to incorporate into all future local planning arrangements to mitigate risk.

A new joint national assurance process, the 'Integrated Support and Assurance Process' (ISAP), has been developed by NHSE and NHSI in response. The commissioners' procurement and contracting process will be assured through this process.

The national assurance process needs to be further developed fully to incorporate social care and local authority requirements. Senior officers at Manchester City Council are currently actively engaged with national colleagues to develop this process

5.4 Assurance will be led via the Greater Manchester Health and Social Care Partnership Management Team, on behalf of the Strategic Partnership Board, with extensive support and engagement from the national teams of NHSE and NHSI.

5.5 The draft ISAP includes four key stages, which in total could take up to six months to complete:

- **Early Engagement** – to establish that the ISAP should apply and gain an overview of commissioners' plans.
- **Checkpoint 1** – to conclude prior to commencement of procurement.
- **Checkpoint 2** – to conclude prior to contract signature.
- **Checkpoint 3** – to conclude just prior to service go live.

5.6 Commissioners have completed a self-assessment across the 'Key Lines of Enquiry' relating to both the Early Engagement and Checkpoint 1 stages to inform local planning and to support readiness for assurance discussions. The Early Engagement meeting took place on 11 January 2017 and at this meeting it was confirmed that ISAP does apply.

5.7 There will be a series of further meetings to develop plans and prepare for the Checkpoint 1 meeting currently scheduled for late February 2017. However, the meeting will only take place when all of the necessary preparation work has been completed

## 6.0 Internal Assurance

- 6.1 Senior officers from the Council and lay members and senior executive officers from the CCG have been meeting as a Provider Selection Procurement Board, in order to agree the design of the provider selection process, as well as technical advice across procurement and legal matters. All partners continue to identify and manage potential conflicts of interest. The draft terms of reference are appended at Appendix 1.
- 6.2 Manchester City Council's representation on the Board will be strengthened by the addition of the Deputy Leader of the Council, to sit alongside lay members of the CCGs.
- 6.3 Programme capacity continues to be strengthened with nominated lead procurement and project officers in place to plan and coordinate the process across the City. The CCG Boards and the Council Executive retain overall responsibility for approving the decision to launch the formal selection process, in line with statutory responsibilities.
- 6.4 Recognising the strength of the multi-organisational approach to the Provider Selection Programme Board, and the breadth of seniority and technical skills represented, the Executive are requested to delegate decision making to launch the procurement to the Director of Public Health in consultation with the Deputy Leader of the Council, working alongside senior MCC colleagues CCG representatives on the Provider Selection Programme Board, subject to
- completion of all required procurement documentation;
  - satisfactorily concluding 'Checkpoint 1' of the 'Integrated Support and Assessment Process'; and
  - Receiving assurance that key risks are mitigated, as relevant to the stage of the procurement process.

The same request was considered and agreed at the meeting of the CCG Boards on 25 January 2017.

- 6.5 Management of clinical and financial risks remains critical, both to the success of the selection process and the future sustainability of the City's out of hospital integrated care services. Accordingly, the CCGs and City Council will ensure that the scope of services and transformation priorities within the LCO are delivered safely within available resources.
- 6.6 There are a number of VAT implications both for commissioners and potential providers which might have an implication upon affordability and financial risk, in respect of different potential organisational forms that could be chosen by the LCO. Specialist advice is being sought by both the City Council and CCGs to ensure this is understood and effectively managed.
- 6.7 The potential 'in scope' services were illustrated in the draft Prospectus, without associated financial values. Work is underway to finalise the definition

of 'in scope' services and quantify the associated financial value over the proposed contract term, reflecting the - now concluded - 2017/18 financial planning round.

- 6.8 The commissioners' resource settlements are only formally notified to 2020/21. The PIN, once published, will include a strategic financial planning quantum to broadly value the full proposed contract term of circa 10 years. Accordingly, commissioners' will agree longer term planning assumptions to support an affordability assessment over this period, noting the inherent limitations thereupon.

## 7.0 Key risks

Risk	Mitigation
<b>Commissioner commercial expertise, capability and skills</b>	<ul style="list-style-type: none"> <li>• Programme capacity and structure</li> <li>• External advice secured/sought in key technical areas</li> <li>• National contract awaited</li> <li>• Contract terms legally reviewed</li> </ul>
<b>Governance and oversight</b> of internal boards and regulators	<ul style="list-style-type: none"> <li>• Programme board - Lay members and Executive and Senior Officers</li> <li>• Technical advisors appointed</li> <li>• Ongoing engagement with GM H&amp;SCPB and NHSE</li> <li>• Conflicts of interest management</li> </ul>
<b>Procurement complexities</b> (10 year contract term)	<ul style="list-style-type: none"> <li>• Scope to be agreed and financial modelling strategically valued – 'hard' and 'soft' financial modelling.</li> <li>• Legal and procurement advisors supporting QQ</li> <li>• Contract terms for pricing and variations to be agreed</li> <li>• Final national contract awaited</li> </ul>
<b>Financial assumptions and affordability</b> of the new care model and proposed contract	<ul style="list-style-type: none"> <li>• Locality wide financial planning</li> <li>• Transformation funding sought</li> <li>• External advice to support development of contract threshold and commercial pricing terms</li> <li>• Financial standing assessment via QQ</li> <li>• Efficiency requirements compared against benefits assessments</li> <li>• Data analysis</li> <li>• Planned due diligence (advisors to support)</li> </ul>
<b>Taxation risks</b> to affordability of model	<ul style="list-style-type: none"> <li>• Independent VAT advice sought by MCC and CCGs re organisational form risks</li> </ul>
<b>Failure</b> to secure outcomes through the desired model	<ul style="list-style-type: none"> <li>• Stakeholder engagement</li> <li>• Impact assessments</li> <li>• Strategic dialogue and phased mobilisation</li> </ul>

Risk	Mitigation
	<ul style="list-style-type: none"><li>• Assurance requirements (internal and external)</li><li>• Contingency planning</li></ul>

## 8.0 Timescales

- 8.1 The process described above is both detailed and complex. The Commissioners' intention is to complete the selection process in a timely manner to enable the Provider Selection Programme Board, operating under delegated authority from the CCGs' Boards and the City Council's Executive, to initiate the formal process (PIN) by late February/March 2017.

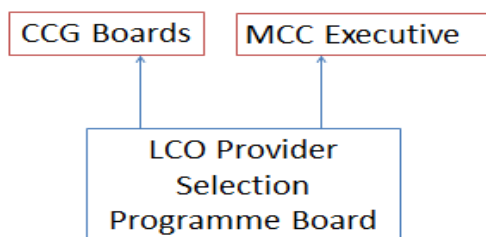
## Appendix 1 – PSPB Terms of Reference

### Manchester Local Care Organisation (LCO) Provider Selection Programme Board Terms of Reference

#### Overarching Role

- Oversee the delivery of the provider selection process for the LCO
- Ensure risks associated with the provider selection process are identified and monitor delivery of agreed mitigating actions
- Provide assurances that the programme is structured and capacity identified to robustly develop proposals for endorsement by the Provider Selection Programme Board
- Assure the CCG Boards and City Council Executive that procurement process is legally compliant, robust, transparent, free of conflicts of interests and delivers the required outcomes for the Manchester health and care commissioners

#### Governance arrangements



#### Reporting

The Provider Selection Programme Board will report to both the CCG Boards and the City Council Executive. Minutes of meetings will **not** necessarily be shared with the Boards to manage perceived or actual conflicts of interest, however, appropriate summaries and progress updates will be shared throughout the process.

Where key decisions are identified, papers and assurance documentation will be shared with Boards and the Executive, whilst managing conflicts of interest.

#### Responsibilities

1. The Provider Selection Programme Board will oversee and assure the procurement process to award a new out of hospital health and care services contract to a 'Local Care Organisation' (LCO) on behalf of the Manchester Health and Care Commissioners (including the Manchester CCGs and Manchester City Council (MCC)).
2. The Provider Selection Programme Board will provide direct assurance to the CCGs' Boards and MCC Executive, working where necessary with other

Committees in relation to key decisions, to demonstrate that robust provider selection processes are in place to effectively award a contract in line with all applicable relevant legislation and commissioners' requirements.

3. The Provider Selection Programme Board will lead and manage the provider selection process for the LCO and will make recommendations to the Manchester CCGs' Boards and MCC Executive regarding key decision points, including approval of identified preferred bidder and contract award.
4. The Provider Selection Programme Board will comprise authorised executive and nominated non-executive membership from the Manchester CCGs and MCC. The membership will also comprise technical support for legal services, finance, and procurement. The Provider Selection Programme Board will also have access to other key functional areas of advisory support, including but not limited to: Information Management and Technology, Workforce, Estates and Performance.

### Membership

<b>Role</b>	<b>Representative</b>
Chair	Chris Jeffries, Lay Board member - South Manchester CCG
Deputy Chairs	Gabrielle Cox, Lay Board member - North Manchester CCG Grenville Page, Lay Board member - Central Manchester CCG
City Council Representative	Councillor Sue Murphy, Deputy Leader, MCC

The Chair shall have a named deputy as nominated by the Board members to act on their behalf in their absence.

<b>Thematic Area</b>	<b>Manchester City Council Selection Board Representative</b>	<b>CCG Representatives</b>
Senior Management Team	David Regan, Director of Public Health	Ian Williamson, Accountable Officer, Central Manchester CCG
Commissioning	Philip Thomas, Interim Head of Commissioning	Ed Dyson, Deputy Chief Officer – Central Manchester CCG
Quality and Safeguarding	David Regan, Director of Public Health	Craig Harris , Executive Nurse and Director of Commissioning – Manchester CCGs
Finance	Janice Gotts, Deputy City Treasurer	Joanne Newton, Chief Finance Officer – Manchester CCGs
Communications		Nick Gomm, Head of Corporate Services – Manchester CCGs
Procurement	Paul Murphy, Group Manager, Corporate Procurement	Alison Kerfoot, Director of Strategic Procurement & Commissioning Support - NHS Shared Business Services
Legal Services	Gareth James, Head of People, Place and	David Owens, Partner - Bevan Brittan (working on behalf of the

<b>Thematic Area</b>	<b>Manchester City Council Selection Board Representative</b>	<b>CCG Representatives</b>
	Regulation	CCGs)
Organisational Development, Human Resources / Workforce	Mark Grimley, Interim Strategic Director HR / OD	Sharmila Kar, Head of Organisational Development – Manchester CCGs
Programme Management	Joanne Downs, LCO Procurement Lead – Manchester CCGs Julie Bloor, LCO Programme Lead - Manchester CCGs	

Each Board member will provide the name of a deputy to attend meetings where necessary and additional members will be co-opted as required to develop particular areas of work.

#### **Patient and Public Advisory Group Representatives:**

<b>Representative</b>	<b>CCG</b>
Tom Harrington	North Manchester Patient and Public Advisory Group
Martin Rathfelder	Central Manchester Patient and Public Advisory Group
Jenny Ruff	South Manchester Patient and Public Advisory Group

#### **Quoracy**

Meetings will be quorate provided that the CCGs (in aggregate, not individually) and the City Council are represented by at least two members, in addition to the Lay Chair. Where necessary, the Chair will make decisions on quoracy for individual meetings depending on the items for discussion, members' availability and decisions required.

#### **Meetings**

Meetings will be minuted and papers will normally be circulated one week prior to the meeting. Meetings will be fortnightly although the frequency will be reviewed dependent on business to be considered. Additional meetings may be required and will be arranged as and when necessary.

#### **Conflicts of Interest and Register of Interests**

The Chair of the Board will ensure that all Provider Selection Programme Board members have signed the required procurement confidentiality forms and declared all conflicts of interest for inspection.

The first order of business at each meeting will be to have a Register of Interests declaration.

Additionally, in respect of the CCGs, the statutory guidance on management of conflicts of interest must be adhered to. In particular, the Chair of the Board will seek assurances that there are appropriate arrangements to:



- Maintain an appropriate 'Register of Interests' and a register of decisions;
- Publish or make arrangements for the public to access those registers;
- Require the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;
- Manage actual conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures); and
- Have regard to guidance published by NHS England and NHS Improvement and other good practice guidance in relation to conflicts of interest.

**Review Date:** These Terms of Reference will be reviewed following conclusion of the merger of the CCGs and thereafter, every six months.