London Borough of Hammersmith & Fulham **CABINET** **8 FEBRUARY 2016**	

APPROVAL TO PROCEED TO PROCUREMENT OF GENITOURINARY MEDICINE (GUM)

Report of the Cabinet Member for Health and Adult Social Care - Councillor Vivienne Lukey

Open Report

A separate report on the exempt part of the Cabinet agenda provides exempt financial information.

Classification - For Decision
Key Decision: YES

Wards Affected: All

Accountable Executive Director: Liz Bruce, Executive Director of Adult Social Care and Health

Report Author:	**Contact Details:**
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1. EXECUTIVE SUMMARY

1.1 The commissioning of Genitourinary Medicine (GUM) and Contraception Sexual Health Services (CaSH) are mandatory services for Local Authorities. Residents can attend any open access service for the screening and treatment of Sexually Transmitted Infections (STI). HIV treatment is commissioned by NHS England. This open access requirement results in financial uncertainty for Local Authorities as the level of activity is unpredictable.

1.2 The commissioning of a transformed GUM service model London is part three of a sexual health commissioning and transformation programme of work. The first part is the local community based sexual health remodelling and reprocurement which has been agreed to be progressed with significant savings made through the redesign of services and reduction in contracts. The second part is the pan London web based procurement being led by Camden on behalf of the London Sexual Health Transformation collaborative. Both the community and web based initiatives will be implemented in advance of the proposed GUM transformation and are key to the preventative and demand management.

1.3 The London Transformation Programme includes 29 London Boroughs with each borough retaining their sovereignty. The boroughs are collaborating to develop a new GUM delivery model. The aim is to commission the services so that the system is operating under new Local Authority contracts by April 2017. See appendix 1 for the briefing provided by the programme director for the collaborative to all participating authorities chief executives. The key outcomes are to

- improve the patient experience
- improve sexual health outcomes thus reducing demand
- provide successful cost effective delivery of excellent services across the capital.

1.4 The case for change developed by the collaborative focused on the following themes:

- No single London council has sufficient leverage with the large Health providers to deliver significant system-level change.
- London has the highest rates of Sexually Transmitted Infections (STI's) in England and the three boroughs have amongst the highest rates of STIs nationally Appendices 2 and 3
- Access to these mandatory services is variable across London and significant numbers of residents from every London borough are accessing services located in Hammersmith & Fulham, Kensington and Chelsea, and Westminster.
- Approx. 70% of users of local GUM provision are non-residents and our interdependencies across London are particularly high. Therefore we need to commission within a collaborative framework whilst retaining sovereignty.
- Patient flows and the lack of a 'helicopter view' within individual services make it difficult for councils to have sufficient assurance over quality and safety.
- Growth in demand for these services and costs of healthcare are likely to significantly outpace the available Public Health Grant.

- Participating councils have identified the need to develop models that will allow them to meet increasing demand within decreasing resources.

1.5 The London Sexual Health Transformation Board agreed that the procurement and commissioning is led on a sub-regional basis allowing for Local Authorities to determine the most appropriate procurement process. The list of the sub regions is shown in appendix 4 the three boroughs form its own area referred to as the inner north west sub region. This decision was taken due to the range and number of current GUM service providers in London and the political complexity of procuring on behalf of 29 London boroughs to balance local and regional needs. This has resulted in the three boroughs Public Health department to commission and procure on behalf of the London collaborative within the current collaborative framework arrangements.

1.6 H&F will call off on its own sovereign contract and each contract will have a stipulated notice period. The contract will also include a clause to enable variations to be made if the financial position worsens prior to the contract end.

1.7 The proposed approach for the three boroughs is to commission mandatory GUM services on behalf of the collaborative and procure a revised model of delivery by March 2017. Alongside procurement we will aim to locally negotiate efficiencies and develop an interim service model prior to the transformation being completed.

1.8 It should be noted the process for competitively procuring these services is relatively untested and there are doubts whether a market for GUM services exists. Current local providers are considered centres of excellence alongside some other acute trusts in London and therefore are confident of interest in continuing to deliver these services.

1.9 This paper is requesting that Hammersmith and Fulham borough

- approve the procurement of GUM services for the inner north west London sub region on behalf of the London sexual health transformation collaborative.
- To support the Council's ongoing participation in the 29 London borough collaborative.

1.10 Local Authorities are facing unprecedented challenges to provide improved quality of service provision whilst at the same time dealing with increased demand and a backdrop of limited or reduced financial resources. Section 7.4 table 1 shows that approx. 50% of people currently using GUM provision could have their needs met through the cheaper provision available through community

or web based resources. This mitigates the predicted growth of between 4% and 8% demand for GUM provision.

1.11 It is anticipated that 20% - 30% cash releasing savings can be achieved through this procurement process. The transformation of the GUM service delivery model is necessary to address both the rising demand on sexual health and the financial limitations. We believe these savings could be realised over a period of three years from implementation of the new system through:

- diverting low and medium threshold cases from GUM to community or web based initiatives
- pricing structures renegotiated
- outcome focused contracts and tight performance management systems.

1.12 A timetable for delivery of the changes, with the proposed timeframes of procurement can be found in appendix 5.

1.13 There are a number of interdependencies between the participating Local Authorities on delivering the transformation project. This requires timely approvals of the recommendations by Local Authorities to deliver the system changes required.

2. RECOMMENDATIONS

2.1 To support the Council's ongoing participation in the 29 London borough collaborative.

2.2 To agree to progress with the procurement of mandatory open access GUM provision within the three boroughs on behalf of the 29 participating authorities in the London Sexual Health Transformation (LSHT) collaborative as outlined in option 2 below. Each authority retains sovereignty within the collaborative arrangements.

2.3 To agree that the procurement process is progressed on behalf of the London collaborative in line with current framework arrangements.

2.4 To agree that LBHF continue to commit to the inter local authority agreement regarding the London collaborative. This agreement will sets out the liabilities and obligations of each authority across London.

3. REASON FOR DECISION

3.1 Procurement will allow for local health services to

- target resources effectively based on the changing trends and needs.
- implement a comprehensive procurement plan

- clarify service offers and better manage demand
- divert individuals from the expensive GUM services to the pan London web based initiatives and the redesigned community based provision.

3.3 The number of residents living with HIV is increasing. Since 2010, the number has grown by 13% in H&F. Newly diagnosed HIV infections are high in comparison to the rest of London although there is variation among our three boroughs.

3.4 The number of STIs is increasing across the three boroughs. Newly diagnosed STIs are in the top ten in comparison to the rest of London.

3.5 Current contracts are due for renewal 31 March 2017. The procurement of the new model is timetabled to deliver by this date. However we are mindful of the lack of contingency if we miss this deadline.

4. OPTIONS AND ANALYSIS

4.1 A full analysis of the options has been completed and the impact of reductions to the public health grant has been considered. The preferred option is option 2 below.

4.2 **Option 1 – Do nothing the current system remains unchanged**

Under the present system the Local Authorities would continue with current arrangements and seek to extend contracts.

Benefits of option 1

- Avoids the cost associated with the partnership and collaborative working.
- Avoids the need to formally procure or negotiate new tariffs and change contracts.
- Minimal disruption to current provision.

Challenges of option 1

- The current system is financially unsustainable. Growth in activity and costs of GUM services will mean Local Authorities will have to make cuts to other public health services to subsidise the mandatory open access provision.
- The three boroughs will have poor oversight and less influence on service quality and clinical governance if no longer a part of the collaborative.
- Efficiencies would be difficult to identify.

- Negotiation of contracts and tariffs is time consuming and would not provide a system overview if we acted outside the collaborative.

- There are limited risk sharing opportunities of acting as three boroughs alone.

4.3 **Option 2 –**To approve the procurement of GUM services for the inner north west London sub region on behalf of the London transformation collaborative.

The model supports London wide transformation of GUM services. Lead commissioners will have greater control of the design and costs of local provision and services can be responsive to emerging needs.

Benefits of option 2

- Ensures greater consistency and equity of service offer across London.

- Supports the patient flows and manages demand across London.

- Opportunity to redesign service provision for London that is achievable within the suggested timeframe.

- Local Authorities have improved visibility on trends for their residents and improved ability to control costs.

- Service providers accountable for delivery on outcomes and not on numbers accessing the services.

Challenges of option 2

- risk to the collaborative if we are out of sync with procurement and the go live dates across other London sub regions.

- risk of TUPE and estate management issues if current acute trusts are unsuccessful and will not release clinical sites for use by a new provider.

- The model has a number of interdependencies with other Local Authority community and web based sexual health commissioned services to reduce the demand within GUM services.

- The market is limited or not ready for a major transformation programme

- Level of change required would involve significant culture change that could disrupt timeframes and may require additional resources in the short term. It could involve double running of services during implementation.

5. BACKGROUND

5.1 The London Sexual Health Transformation (LSHT) project was initiated in June 2014. The project evolved from work that had been undertaken by the West London Alliance (WLA) and the three boroughs in 2013/14 to agree prices and terms and conditions for GUM services with the major NHS providers in North West London. In 2014/15 the work expanded to include Camden, Islington and Haringey.

5.2 The 12 councils working together were successful in negotiating acceptable tariff prices for GUM and in implementing standard service specifications and common Key Performance Indicators (KPIs). By taking this joint approach the councils achieved an avoided cost of £2.6m (9.1%) in 2013/14 and avoided cost of £2.5m (6.5%) in 2014/15. Further councils joined and currently there are 29 councils included in the collaboration.

5.3 The draft case for change, referred to in 1.3 in the executive summary, indicated that current GUM provision in London is not sustainable and the traditional GUM services must transform service delivery. This will better manage demand and refocus GUM provision to the more complex and higher levels of need. The draft case for change also demonstrated that collaboration across London Councils would be required to deliver the system transformation.

5.4 The number of GUM units across London is 34 and the London collaborative will be seeking to consolidate this provision and to commission services with an outcome focus to ensure robust quality and to improve effectiveness together with closer financial scrutiny.

5.5 GUM services are currently based on cost and volume. The accessibility impacts negatively on the Local Authorities ability to predict service demand and manage budgets. We intend to mitigate this through tighter contract controls and clearer service level agreements where providers can be held to account where they are not meeting expectations.

5.6 The rapid growth in GUM services has been consistent since the Local Authorities became the commissioning body, with no additional uplift to the Public Health Grant.

5.7 The market for commissioning these services is relatively limited Local Authorities who have gone through procurement recently have found the market is not ready, resulting in their current providers negotiating new terms and not addressing the transformation required. Whilst this is a risk we believe we have centres of excellence locally and would expect to receive tenders from our two local providers at least.

6. PROPOSAL

6.1 The sexual health system is complex and requires transformation in order to move asymptomatic low need individuals from acute GUM provision to community based and technologically driven diagnostic provisions such as online web based tools. This is expected to lead to significant drop in the demand for costly GUM services thus releasing estimated savings of between 20 and 30%.

6.2 The Three boroughs public health commissioning team acting on behalf of the London collaborative will develop a transformative service delivery model to achieve the system change required through the proposed procurement. This model will take account of the need to be outcome focused and to ensure the redesigned community based systems are in place to deliver the low to medium threshold services with GUM only commissioned for complex service provision.

7. CONSULTATION

7.1 The work of the collaborative has involved extensive consultation with providers, clinicians, stakeholders and service users. Further co-production and consultation will be on-going to develop a sustainable system across London.

7.2 Clinicians from nearly all London GUM services attended a workshop in Central London on 14th May 2015. There was important feedback and some of the key messages from clinicians are:

- Integrated GUM, reproductive health and contraception services are better for patients but integration is not supported by current commissioning or payment arrangements.
- Clinicians want to be able to influence commissioning and get to a position where there is stability in contracts which would enable them to develop their services.
- The importance of protecting open access and improving public health outcomes.
- London has some world class services and there is significant innovation and capability in the system. It is important to build on this and ensure that good features are retained in any future service model.
- Working together to build a sustainable system for sexual health is a shared objective.

7.3 A survey questionnaire was developed by the London Sexual Health Transformation Programme team Between 20 April and 8 May 2015 the team undertook the paper and online survey for service users receiving a total of 1,437 responses across all clinics.

7.4 Table 1 below is the high level summary of the responses:

Why did you visit the sexual health service?	1437 responses
I have symptoms that I think are a STI and want to be tested	33.4%
I don't have symptoms but I attend regularly for sexual health tests*	29.6%
I am starting a new relationship and I want a sexual health test*	18.9%
I need contraception (including emergency contraception)*	13.6%
I have been contacted by a partner or a doctor and told I might have a STI	8.0%
I came for tests before and have a follow up appointment	10.0%
I am worried or have questions about sexual health*	3.6%

* *these categories could all be dealt with through community or web based provisi*on

8. EQUALITY

8.1 GUM services are open access and mandatory services for all Local Authorities to provide.

8.2 A full Equalities Impact Assessment has been completed by the LSHT Programme Board and will be revisited and updated as part of the new proposals for service provision.

9. RISKS

9.1 No formal procurement process has been undertaken prior to the transfer of responsibilities to the Local Authority. The proposed procurement will allow services to provide the sustainability needed to achieve the Local Authorities ambition of reducing the cost of acute GUM services.

9.3 The Public Health Service maintains a risk register that is reviewed periodically and contains the more significant risks to the business. Market testing, achieving best value at best possible cost for the local taxpayer, is a strategic risk on the Shared Services Risk Register, risk number 4.

9.4 The London collaborative has maintained a shared risk register highlighting some of the key risks to the transformation being successful. These include

- Lack of agreement between boroughs which undermines the ability to deliver system change at a consistent level

- Delays in signing the collaborative approach for the additional collaborative commissioning of a web based advice, screening and referral system and a partner notification system.

- Market destabilisation if London is not clear about the objectives and new delivery models.

- Increased demand on budgets if transformation is not delivered.

Risk Implications completed by:

Michael Sloniowski Shared Services Manager ext. 020 8753 2597

10. LEGAL IMPLICATIONS

10.1 Health and Social Services are Schedule 3 services for the purposes of the Public Contracts Regulations 2015 (Regulations). Schedule 3 services are subject to the "light touch regime", if the value of the contract exceeds the current threshold of £625,050.00. As the value of the proposed contracts exceeds the current threshold for Schedule 3 services, the authorities are required to comply with the requirements set out in the Regulations, which include the requirement to advertise the contract opportunity on OJEU.

10.2 Legal Services will be available to assist throughout the procurement process.

Legal Implications completed by: Kar-Yee Chan, Solicitor (Contracts), Shared Legal Services, 0208 753 2772

11. FINANCIAL IMPLICATIONS

11.1 As set out in the exempt report on the exempt Cabinet agenda.

12 BUSINESS IMPLICATIONS

12.1 There are no business implications in relation to this proposed procurement however there is considerable social value.

13 PROCUREMENT IMPLICATIONS

13.1 The Strategic Procurement report for Public Health has been agreed by officers of the Contracts Approval Board, where colleagues at Hammersmith and Fulham Kensington and Chelsea and Westminster provided input and advice in its formulation.

13.2 The Public Contracts Regulations 2015 (the Regulations) came into force at the end of February and implement revisions to the European public procurement regime as it applies in the UK.

13.3 The services that are the subject of this report used to be classified as “Part B” services under the previous Regulations of 2006; this meant that they were exempt from the requirement to tender them in accordance with those previous regulations, provided that there was not likely to be cross-border interest. This distinction has now been abolished. Health and social services are now classified as Schedule 3 services as described in legal implications above.

LOCAL GOVERNMENT ACT 2000

LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None		

Appendix 1

London Sexual Health Transformation project

Update November 2015

Background

This is the second of our regular monthly update briefings about this project, set up to work in partnership to deliver a new commissioning model for open access sexual health services across much of the capital, including Genito-Urinary Medicine (GUM) (services for the screening and treatment of Sexually Transmitted infections (STIs) and Sexual and Reproductive Health Services (SRH) (community contraceptive services). The aim of the transformation project is to design, agree and procure a system that will deliver measurably improved and cost effective public health outcomes, meet the increasing demand and deliver better value.

The Case for Change

As stated previously, there are a number of compelling reasons why this transformation project is necessary.

1. The need for sexual health services in London is significantly higher than the England average, and has risen significantly in recent years.

2. There are noticeable variations in access and activity across London boroughs, with high numbers of residents from across London accessing services in central London.

3. Given London's complex pattern of open access services, there are important advantages for London boroughs to transform and commission services together

4. We must continue to ensure strong clinical governance, safeguarding and quality assurance arrangements are in place for commissioning open access services

5. We want to respond to current and future financial challenges, and ensure we are making the best use of resources available

New Boroughs Join the Transformation Project

We are pleased to announce that four new boroughs have now joined the collaborative. Havering, Hounslow, Kingston and Richmond have now signed up to be part of the partnership, which means that there are now 26 London boroughs working together to improve sexual health services across the city.

This is very good news. The more boroughs we have as part of the work as we progress will of course mean greater buying power and better coordination of services for patients.

Cabinet Discussions

The Business Case has been concluded and cabinet papers are being presented at Council Cabinet meetings starting this month. Each of the cabinet meetings are being asked for

- Approval to take part in a joint procurement process organised on a sub-regional basis to commission sexual health GUM services
- Approval to join a pan London procurement of a web based system to include a front end portal for advice, guidance and access to services including access to home/self-sampling kits for sexually transmitted infections
- Approval to join a pan London procurement of a confidential partner notification system

So far one borough has received delegated authority and agreement from their cabinet, with most other discussions planned for the December cycle of meetings. A small number are taking the paper in the New Year.

Service Specification

We have been joined by Meroe Bleasdille from the Service Development Team at Public Health England. She is now working with the Clinical Sub Group to develop the detailed service specification to inform the procurement process.

Integrated Tariff

Discussions are continuing on integrated tariff. The plan is to see if, when and where it can best be introduced as the project continues.

Collaborative Agreement

The programme board is also continuing discussions about the collaborative agreement. This is important as it will clarify the partnership principles that we will all work to.

Information and engagement

Further engagement activity is taking place to test out our assumptions and help to nuance the model and manage implication as necessary.

We held a very positive workshop with commissioners in early October and a similar meeting for clinicians is planned for mid-November. In some boroughs we are looking to work with Healthwatch to use any existing networks they might have to help us test out the business model with patients and others and we are also distributing a simple survey via council websites. One focus group with service users has taken place and another is planned for later this month. We will also be contributing to a seminar for

elected members in January and will be re working the West London Alliance web site to provide easier access to our documents and information.

Timeline

The business case and papers seeking cabinet support from boroughs will all have been to cabinet meetings by the end of January 2016. This would allow us to start the formal procurement process in February, award the contract by the end of the year and start the new service in April 2017.

For further details on the project please contact

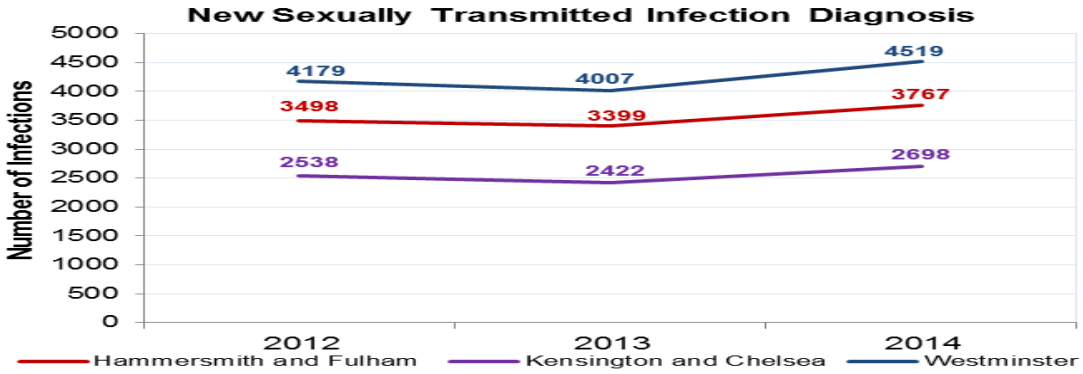
Dr Andrew Howe, Programme Director, 07535 624828, Andrew.Howe@harrow.gov.uk

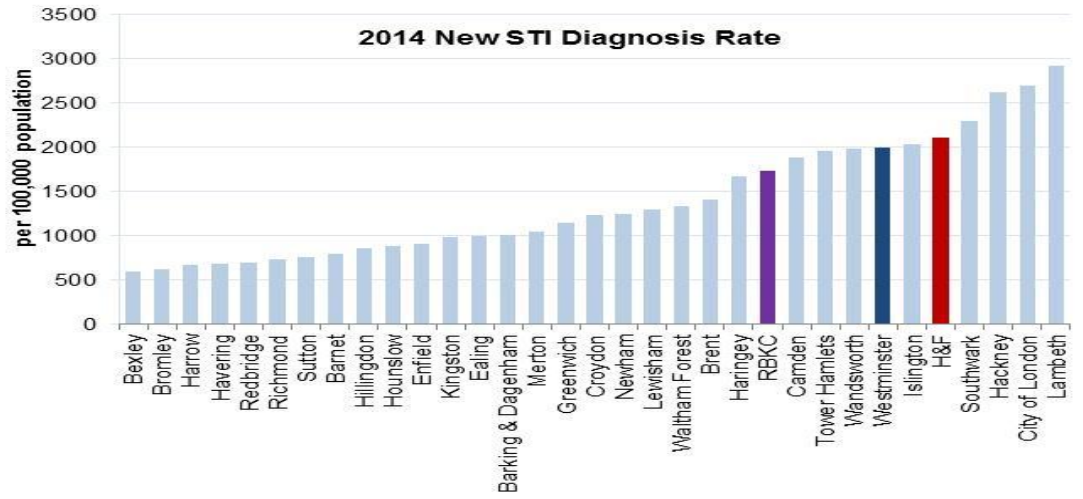
Mary Cleary, Project Lead, 07948 506 584, mary.clearylyons@cluthamanagement.com

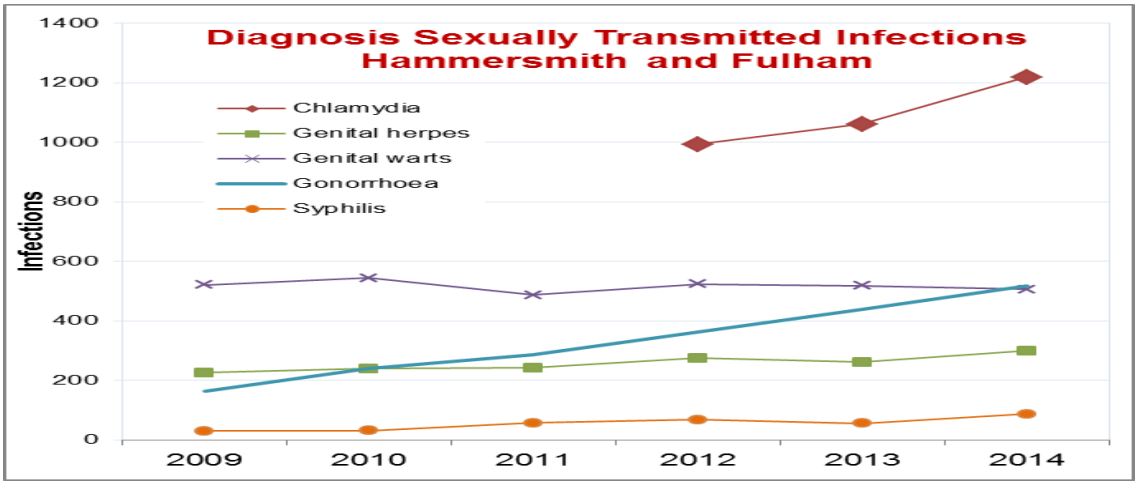
Mark Wall, Communications Lead, 0790 999 3278 mark@markwall.co.uk

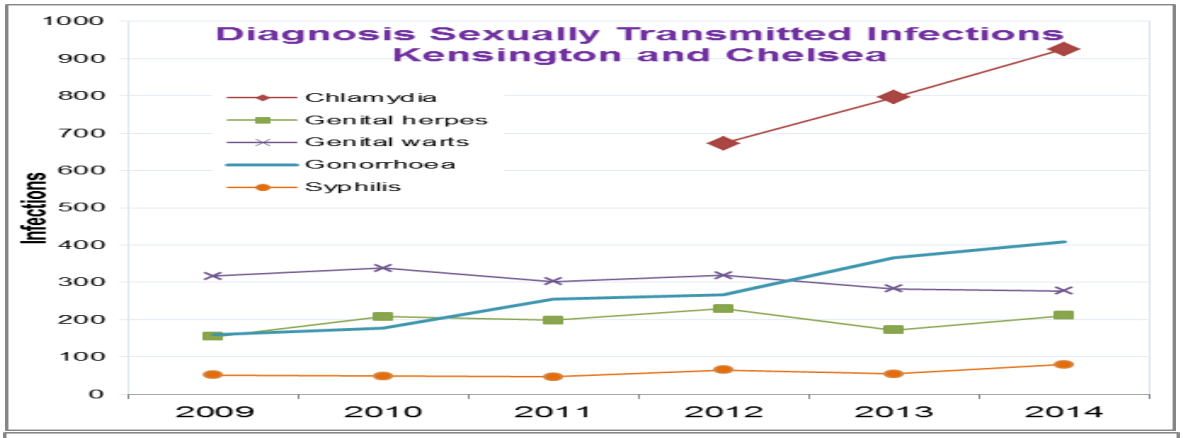
Appendix 2

Trends in Sexually Transmitted Infection Rates





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Kensington and Chelsea
Chlamydia
Genital herpes
Genital warts
Gonorrhoea
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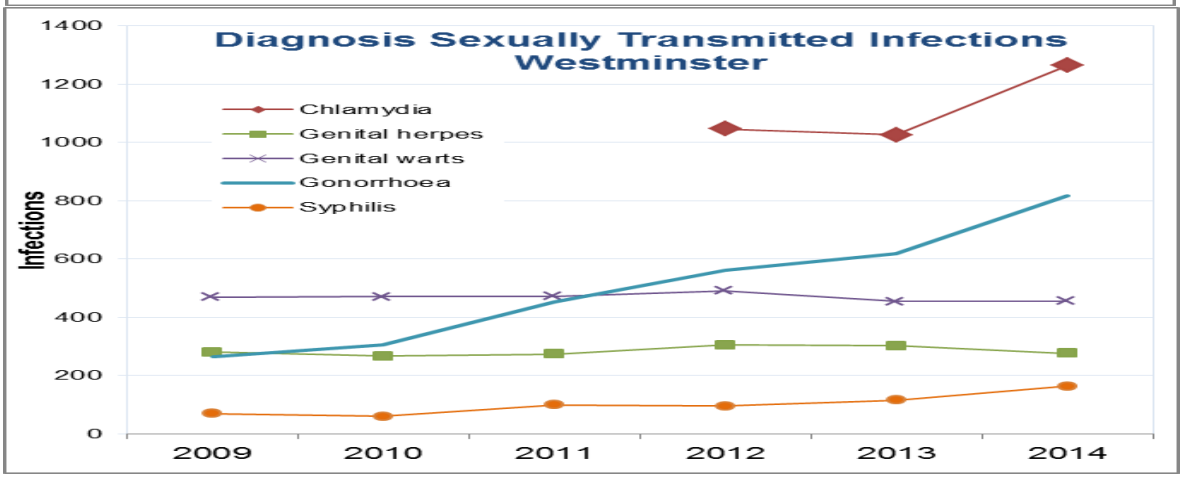
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Appendix 3

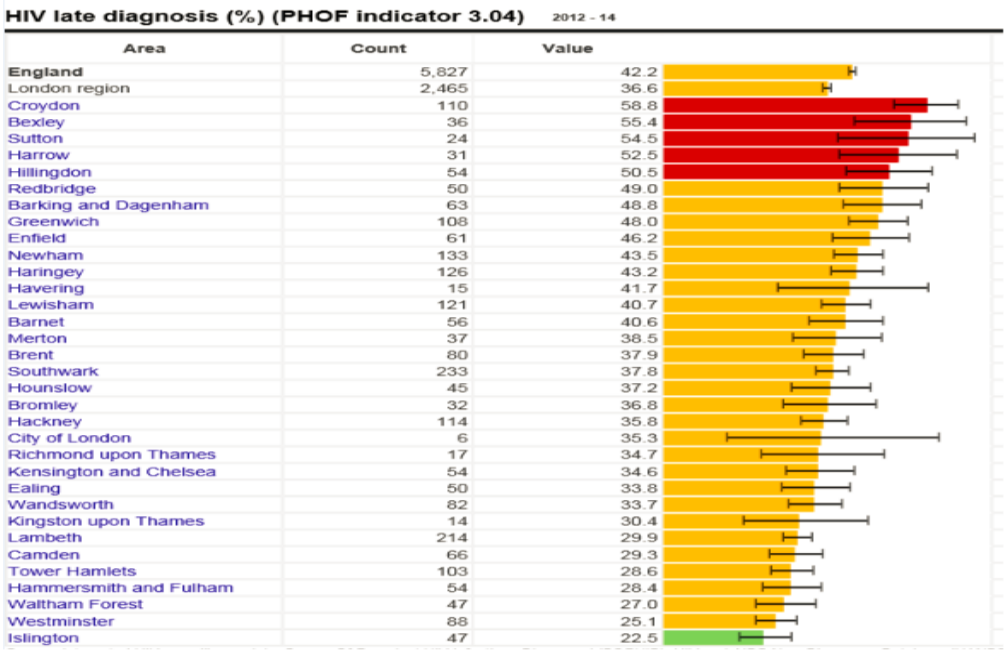
Trends in HIV

HIV diagnosed prevalence rate / 1,000 aged 15-59 2014

Area	Count	Value
England	71,510	2.22
London region	32,637	5.85
Lambeth	3,471	15.08
Southwark	2,810	13.02
City of London	70	12.78
Kensington and Chelsea	948	9.23
Westminster	1,437	8.92
Hammersmith and Fulham	1,059	8.51
Islington	1,359	8.44
Camden	1,341	8.36
Lewisham	1,647	8.36
Hackney	1,495	8.08
Haringey	1,300	7.12
Newham	1,523	6.87
Tower Hamlets	1,346	6.55
Greenwich	1,085	6.20
Barking and Dagenham	736	6.09
Wandsworth	1,166	5.29
Waltham Forest	922	5.26
Croydon	1,206	5.18
Brent	941	4.50
Enfield	838	4.19
Merton	542	4.13
Hounslow	627	3.64
Ealing	739	3.38
Barnet	708	3.05
Redbridge	531	2.92
Bromley	500	2.65
Hillingdon	483	2.63
Bexley	371	2.61
Richmond upon Thames	287	2.43
Sutton	292	2.41
Harrow	353	2.35
Kingston upon Thames	231	2.13
Havering	273	1.91

New HIV diagnosis rate / 100,000 aged 15+ 2014

Area	Count	Value
England	5,507	12.3
London region	2,516	36.5
Lambeth	226	85.4
Southwark	190	76.2
Westminster	117	57.0*
Tower Hamlets	126	54.9
Haringey	112	51.6
Newham	129	50.8
Hammersmith and Fulham	71	47.7
Hackney	98	46.4
Camden	86	43.7
Lewisham	100	42.7
Greenwich	89	41.8
Islington	68	36.2
Waltham Forest	76	35.7
Kensington and Chelsea	44	33.3
Wandsworth	85	32.7
Barking and Dagenham	40	27.2
Brent	65	25.2
Merton	37	22.5
Ealing	51	18.7
Croydon	54	18.1
Barnet	54	18.0
Hounslow	36	16.9
Hillingdon	38	16.2
Enfield	40	15.7
Bromley	37	14.2
Redbridge	32	13.9
Bexley	26	13.4
Harrow	26	13.1
Kingston upon Thames	10	7.2
Richmond upon Thames	11	7.1
Havering	14	6.9
Sutton	10	6.2
City of London	-	*



HIV late diagnosis (%) (PHOF indicator 3.04) 2012 - 14

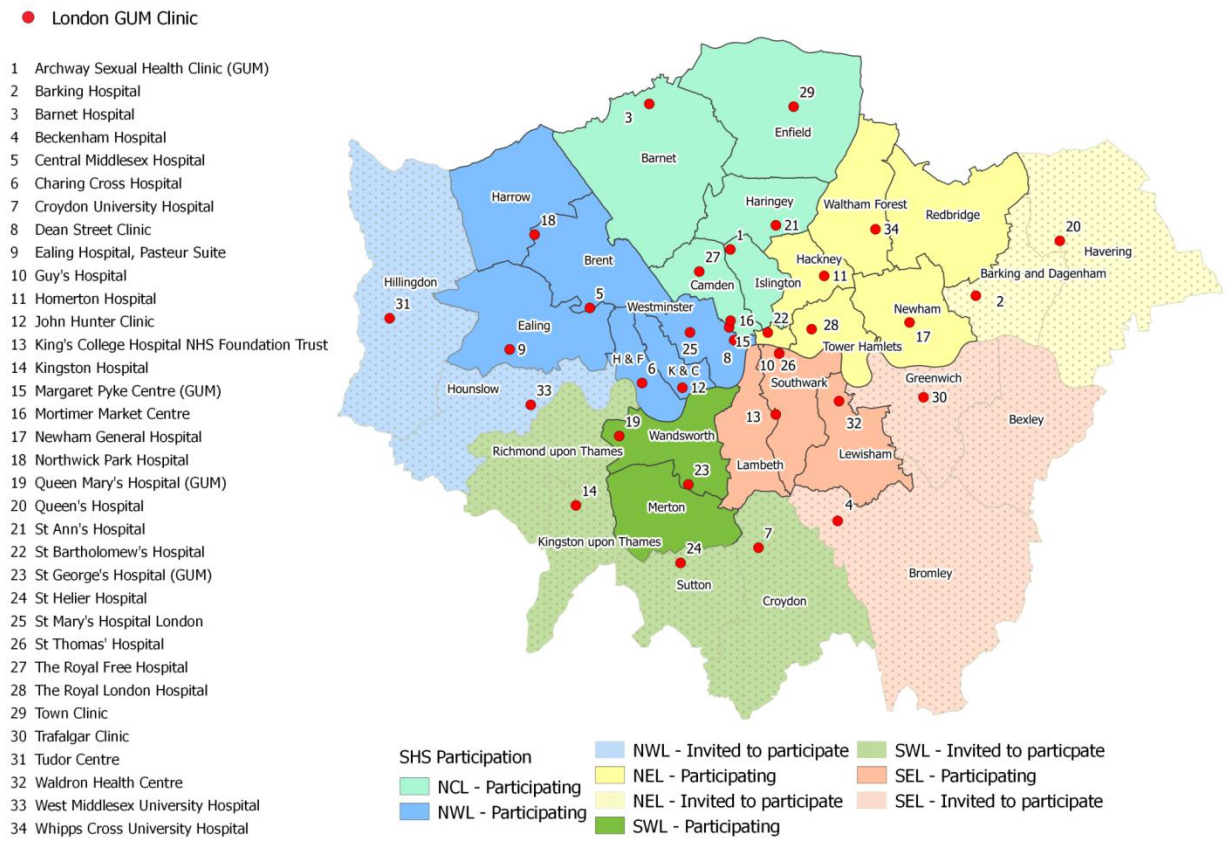
Area	Count	Value
England	5,827	42.2
London region	2,465	36.6
Croydon	110	58.8
Bexley	36	55.4
Sutton	24	54.5
Harrow	31	52.5
Hillingdon	54	50.5
Redbridge	50	49.0
Barking and Dagenham	63	48.8
Greenwich	108	48.0
Enfield	61	46.2
Newham	133	43.5
Haringey	126	43.2
Havering	15	41.7
Lewisham	121	40.7
Barnet	56	40.6
Merton	37	38.5
Brent	80	37.9
Southwark	233	37.8
Hounslow	45	37.2
Bromley	32	36.8
Hackney	114	35.8
City of London	6	35.3
Richmond upon Thames	17	34.7
Kensington and Chelsea	54	34.6
Ealing	50	33.8
Wandsworth	82	33.7
Kingston upon Thames	14	30.4
Lambeth	214	29.9
Camden	66	29.3
Tower Hamlets	103	28.6
Hammersmith and Fulham	54	28.4
Waltham Forest	47	27.0
Westminster	88	25.1
Islington	47	22.5

Source: PHE Fingertips. Source: Integrated HIV surveillance data: Survey Of Prevalent HIV Infections Diagnosed (SOPHID), HIV and AIDS New Diagnoses Database (HANDD), CD4 Surveillance Scheme (CD4) and the new HIV and AIDS reporting system (HARS) held by the HIV & STI Department, National Infection Service, PHE. https://www.gov.uk/government/collections/hiv-surveillance-data-and-management

Appendix 4

London sub regions

North West London – NWL	North Central London - NCL
Brent, Harrow, Ealing, Hounslow & Hillingdon invited to participate -H&F, K&C, Westminster constitute inner north west London.	Barnet, Camden, Enfield, Haringey, Islington.
North East London – NEL	
Redbridge, Newham, Tower Hamlets, Hackney, Waltham Forest and City. B&D, Havering Invited to participate	
South West London - SWL	**South East London – SEL**
Wandsworth & Merton. Kingston, Croydon, Sutton, Richmond invited to participate. Hounslow could opt to work in this sub region	Lambeth, Southwark and Lewisham. Greenwich, Bromley, Bexley invited to participate



Appendix 5

Timetable for procurement

Meeting Title	Date of Meeting	Report	Report Submission Date	Final Report to be submitted to	Notes
Coco	30th November 2015	Approval to proceed	November 2015	Selena Douglas	Agreed to progress
PH Cabinet Members Steering group or individual Members briefings	8th December 2015	Approval to proceed	December	All three cabinet members individually	All three lead members agreed to support through individual briefings in December
H&F Business Board	30th December 2015	Approval to proceed	9th December	Pinakin Patel	Amendments required before progressed
H&F Political Meeting	11th January 2016	Approval to proceed	5th January 2016		
H&F Cabinet	8th February 2016	Approval to proceed			
Coco	22nd February 2016	Procurement Strategy			
Procurement Contracts Approval Board (CAB)	1st March 2016	Procurement Strategy			
OJEU notice	April 2016	N/A			
PQQ/ITT evaluation	June – Sep 2016	N/A			
CoCo	TBC	Award report			
Procurement Contracts Approval Board	TBC	Award Report			

Meeting Title	Date of Meeting	Report	Report Submission Date	Final Report to be submitted to	Notes
(CAB)					
H&F Business Board	TBC	Award Report			
H&F Political Meeting	TBC	Award Report			
PH Cabinet Members Steering group or individual Members briefings	TBC	Award Report			
H&F Cabinet	TBC	Award report			Subject to no grant of delegated authority