

Southwark Clinical Commissioning Committee response – January 2012

Recommendations of the Southwark HASC in November 2011:

Recommendations have been made as part of the HASC Interim Report into Southwark Clinical Commissioning Consortia

Please note that any actions or points of clarification have been highlighted in **bold** and are included in a summary actions table at the bottom of this document.

No.	HASC Recommendation	SCCC Response
1	The committee recommends that the practice of co-opting members onto the SCCC's board continues in the future to broaden the range of experiences available when making commissioning decisions. <i>[SCCC, NHS SE London]</i>	<p>The SCCC welcomes this recommendation in full. This practice will be continued throughout 2011/12 and 2012/13.</p> <p>In Quarter four 2011/12 the SCCC expects further guidance from the Department of Health upon the composition of the governing body of a CCG and we will update the sub-committee as this becomes available.</p>
2	Given the importance of SCCC's work and of the vital need for transparency to build public confidence in the new arrangements the committee recommends the following:	
2a	All interests are declared at the beginning of each meeting (either SHC, SCCC or sub-committees), as opposed to the current practice of simply noting the register of interests and declaring new interests.	The SCCC welcomes this recommendation in full and has already implemented this for all relevant meetings

2b	Meetings of the SCCC where commissioning decisions are discussed or taken should be held in public, as opposed to the current system whereby every other meeting is held in private. A similar model to the council should be adopted where by any 'closed items' can be discussed in private, but minutes of the non-public part of the meeting should be published.	The SCCC welcomes this recommendation in full and has already implemented this for all relevant meetings
2c	Minutes of such meetings should be made available within two weeks of the meeting and be published online in an easy to find location.	The SCCC welcomes this recommendation in full and has already implemented this for all relevant meetings. The SCCC is not currently meeting the two week standard recommended here and will take action to achieve this by March 2012
2d	Declarations of Interest are recorded at the beginning of meetings and recorded in sufficient detail in the minutes.	The SCCC welcomes this recommendation in full and has already implemented this for all relevant meetings.
2e	The register of interests should be made public by being published online, in an easy to find location. To avoid confusion the SCCC should use consistent terminology when referring to <i>declarations</i> of interest and <i>the register</i> of interests.	The SCCC welcomes this recommendation in full and has already implemented this for all relevant meetings.
2f	Southwark's HASC committee should review the register of interests on an annual basis as part of its regular work plan and a report be submitted to the Health and Wellbeing Board, Southwark LINK/HealthWatch, SCCC Chair and the local press.	The SCCC welcomes this recommendation in full. We would request that the HASC committee outline the process by which they wish to undertake this action.
2g	If a member declares a material conflict of interest they should absent themselves from that part of the meeting and remove themselves from the room.	The SCCC welcomes this recommendation. However our current process requires the member to absent themselves from the meeting only. Given that it is a public meeting we have agreed that they may sit with the public. We would welcome a further discussion with representatives of the HASC committee on this issue.

2h	Under the SHC's existing conflicts of interest policy under 'Related Parties' a new category be added of 'close friend'.	The SCCC welcomes this recommendation in full. We will take action to amend this policy by March 2012.
2i	The SCCC ensures there is a non-executive non-GP 'Conflict of Interest Lead/Tsar' on its board and amends it's constitution accordingly.	The SCCC welcomes this recommendation in full. This position has been established for some time in our arrangements and will continue to feature in any future constitution.
2j	In line with best practice a new clause be added to the SHC/SCCC's conflict of interest policy to emphasise: "That a member in possession of material none public information that could affect the value of an investment must not act or cause others to act upon that information".	The SCCC welcomes this recommendation in full. We will take action to amend this policy by March 2012.
2k	The SCCC should develop a comprehensive policy for handling and discussing confidential information.	The SCCC welcomes this recommendation in full. We will take action to establish this by April 2012.
2l	In the interests of transparency, the SCCC should publish the results of election ballots for the 8 lead GPs, in addition they should publish full details of the ballot process and who conducts the ballot.	The SCCC welcomes this recommendation in full. The SCCC will be outlining its processes for future 'Selection / Election' in April 2012 and will ensure that this recommendation is reflected.
3	The committee recommends that the SCCC's tendering process for any service includes standard clauses in the contract to ensure collaborative working and integration continue to take place. It is further recommended that the SCCC develops such clauses with KHP and the local authority. <i>[SCCC, NHS SE London and Southwark Council]</i>	The SCCC will consider this recommendation within the context of national procurement and contracting rules and procedures. We will update the HASC committee on the outcome of this work.
4	That all publically funded commissioners of healthcare including the CCG and local authority consider the wider effect of commissioning outside the NHS on the long-term viability of public providers. <i>[SCCC, NHS SE London and Southwark Council]</i>	The SCCC welcomes this recommendation in full.

5	That anything other than minor commissions outside the NHS are referred to the Health and Wellbeing Board (HWB) and the Health and Adult Social Services Scrutiny Sub-Committee (HASC) for consideration and should be deemed a 'substantial variation' and be submitted to the HASC Committee for scrutiny, including outsourcing	The SCCC welcomes this recommendation in principle but would wish to work with the HASC committee to define the terms referred to and to ensure they can be applied adequately.
6	The committee requests further clarification from the Department of Health (DH) relating to the legal issues around 'substantial variation' raised by these changes. As legally this appears to be a 'grey area'. <i>[DH, via HASC Ctte]</i>	The SCCC would welcome feedback from the Committee as and when detailed responses are received.
7	The HWB and Monitor should maintain a close watching brief on private providers to note and respond to any trends that suggest that private contractors are 'cherry-picking' particular contracts. Such activities may lead to disparity between groups of patients and undermine public provision. <i>[HWB and Monitor through HASC Ctte].</i>	The SCCC would welcome feedback from the Committee as and when detailed responses are received.
8	As a contractual obligation all providers should be subject to scrutiny by the HASC Ctte just as NHS ones currently are. <i>[SCCC, NHS SE London, Southwark OSC].</i>	The SCCC will consider this recommendation within the context of national procurement and contracting rules and procedures. We will update the HASC committee on the outcome of this work.
9	Given the importance of integration and collaboration across the local health system and the importance of preventative public health, and the fact that those duties are moving across to the local authority, it is recommended that the HASC committee in the next municipal year (i.e. from May 2012) conducts a review into Public Health. <i>[HASC Ctte].</i>	The SCCC would welcome this action and is happy to participate in any work as appropriate.
10	The committee recommends SCCC and it's BSU (whoever that may be in the future) work closely with the local authority to integrate their work as closely as possible across public health, adult social care and the council's other services (in particular housing). <i>[SCCC, NHS SE London, Southwark Council].</i>	The SCCC welcomes this recommendation in full.

11	<p>The committee recommends that SCCC works closely with Southwark Council, NHS London and other Clinical Consortia to learn lessons from past experiences and develop a strong contract management function as part of their organisational capabilities. The details of this arrangement should be for the SCCC to decide, but contract management must not be an afterthought in any potential tendering process but at the centre. <i>[SCCC, NHS SE London and Southwark Council]</i>.</p>	<p>The SCCC welcomes this recommendation in full.</p>
12	<p>That the Health and Wellbeing Board has as a central aim of stimulating integration and collaboration between local health care providers to improve patient outcomes. <i>[HWB]</i>.</p>	<p>N/A</p>
13	<p>Patient views and perceptions of the level of care they receive are vitally important to improve services. It is therefore recommended that the Acute Trusts continue to conduct patient surveys, and the SCCC drives patient surveys at GP practices across the borough to capture patients' views and perceptions of their care to help understand what can be improved. <i>[Acute Trusts x 3 and SCCC]</i></p>	<p>The SCCC welcomes this recommendation in full.</p>
14	<p>It is recommended that the SCCC introduce and use as a matter of course standard clauses, in any contracts it signs with providers, that ensure information is provided on the financial position of the provider on a quarterly basis. <i>[SCCC, NHS SE London]</i></p>	<p>The SCCC will consider this recommendation within the context of national procurement and contracting rules and procedures. We will update the HASC committee on the outcome of this work.</p>
15	<p>It is recommended that robust monitoring of satisfaction amongst patients placed with all providers takes place as a matter of course.</p>	<p>The SCCC welcomes this recommendation in full.</p>
16	<p>In addition to clinical standards, set out by government, it is recommended that minimum levels of patient satisfaction are included in any contracts signed by the SCCC with financial penalties if these are not met, the exact levels, and how they are measured, should be a matter for the SCCC. <i>[SCCC, NHS SE London]</i></p>	<p>The SCCC will consider this recommendation within the context of national procurement and contracting rules and procedures. We will update the HASC committee on the outcome of this work.</p>

17	<p>Guidance on managing conflict of interest for GP commissioners should be set out nationally. It is recommended that the HASC writes to the Dept of Health requesting this to take place. <i>[HASC]</i></p>	<p>The SCCC welcomes this recommendation in full. Draft guidance has started to emerge and we expect this documentation to be finalised in the coming months.</p>
18	<p>It is important that GP commissioners are trained in governance - understanding that role and the distinct functions of governance are part of the development work being undertaken by NHS SE London and the SCCC. From 2013 GPs will be managing the dual role of running small businesses and being an officer on a commissioning body. It is recommended that governance training continue for GP commissioners and a programme of 'refresher' training, sharing experiences and best practice from other public bodies and clinical commissioning groups takes place. <i>[NHS SE London, HASC]</i></p>	<p>The SCCC welcomes this recommendation in full. The SCCC and will take action to ensure that this training is established.</p>
19	<p>It is recommended that the SCCC consider their capacity for developing contracts and build this into their development plan, in particular where they will access expertise in drawing contracts up and monitoring them when signed.</p>	<p>The SCCC welcomes this recommendation in full. The SCCC will be updating its development plan as part of the CCG authorisation process and will ensure this is built into that work.</p>
20	<p>It is recommended that the SCCC works closely with and pays close regard to the priorities of the local authority and health and wellbeing board to foster cooperation and meet the mutual goal of improving health outcomes of Southwark's residents.</p>	<p>The SCCC welcomes this recommendation in full. This reflects the current working practice and priorities of the SCCC and will continue into the future. It will also be a requirement of our Authorisation process in 2012/13.</p>
21	<p>It is recommended that that the SCCC monitors clinical outcomes, including measures such as mortality rates, and that these are related to contracts signed with all providers, with financial penalties attached.</p>	<p>The SCCC welcomes this recommendations and will endeavor to comply with it provided actions do not fall outside of national contract requirements.</p>

22	It is recommended that the SCCC appoints external auditors	At the current time (and until April 2013) the SCCC is a committee of the PCT Board with delegated responsibility for commissioning. The PCT Board has appointed external auditors. This requirement will be addressed, post April 2013, as part of the Authorisation process.
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Summary Actions:

No.	Action	Timescale	Lead
2c	The SCCC is not currently meeting the two week standard recommended here and will take action to achieve this by March 2012	March 2012	Malcolm Hines BSU Chief Financial Officer
2f	We would request that the HASC committee outline the process by which they wish to undertake this action.	March 2012	Andrew Bland BSU Managing Director
2g	We would welcome a further discussion with representatives of the HASC committee on this issue.	February 2012	Andrew Bland BSU Managing Director
2h	We will take action to amend this policy by March 2012.	March 2012	Malcolm Hines BSU Chief Financial Officer
2j	We will take action to amend this policy by March 2012.	March 2012	Malcolm Hines BSU Chief Financial Officer
2k	We will take action to establish this by April 2012.	April 2012	Malcolm Hines BSU Chief Financial Officer
2l	The SCCC will be outlining its processes for future 'Selection / Election' in April 2012 and will ensure that this recommendation is reflected.	April / May 2012	Andrew Bland BSU Managing Director

3	The SCCC will consider this recommendation within the context of national procurement and contracting rules and procedures. We will update the HASC committee on the outcome of this work.	April 2012	Tamsin Hooton BSU Director of Acute and Community Commissioning
5	The SCCC welcomes this recommendation in principle but would wish to work with the HASC committee to define the terms referred to and to ensure they can be applied adequately.	March 2012	Malcolm Hines BSU Chief Financial Officer
8	The SCCC will consider this recommendation within the context of national procurement and contracting rules and procedures. We will update the HASC committee on the outcome of this work.	April 2012	Tamsin Hooton BSU Director of Acute and Community Commissioning
14	The SCCC will consider this recommendation within the context of national procurement and contracting rules and procedures. We will update the HASC committee on the outcome of this work.	April 2012	Tamsin Hooton BSU Director of Acute and Community Commissioning
16	The SCCC will consider this recommendation within the context of national procurement and contracting rules and procedures. We will update the HASC committee on the outcome of this work.	April 2012	Tamsin Hooton BSU Director of Acute and Community Commissioning
19	The SCCC will be updating its development plan as part of the CCG authorisation process and will ensure this is built into that work.	Ongoing	Andrew Bland BSU Managing Director