

Item No. 10.	Classification: Open	Date: 19 June 2012	Meeting Name: Cabinet
Report title:		Southwark Clinical Commissioning Consortia – Scrutiny Report	
Ward(s) or groups affected:		All	
From:		Southwark Health and Adult Social Care Scrutiny Sub-Committee	

RECOMMENDATION

1. That the cabinet notes the recommendations of the Review of Southwark Clinical Commissioning Consortia by the Southwark health and adult social care scrutiny sub-committee (attached as Appendix A to this report), and asks Councillor Catherine McDonald, cabinet member for health and adult social care to bring back a report to cabinet, in order to respond to the overview and scrutiny committee by the 25 September 2012 cabinet meeting.

BACKGROUND INFORMATION

2. This is the final report on the review of Southwark clinical commissioning consortia. The Southwark health and adult social care scrutiny sub-committee initiated this review in June 2011. This report seeks to review, and make recommendations to improve, the transition to and operation of the clinical commissioning consortia that is being established in Southwark as part of the national government's changes to the National Health Service (NHS) in England.
3. The review considers the establishment, transition to and operation of a clinical commissioning consortia (CCC) in Southwark following changes to the NHS brought about by the government's Health & Adult Social Care Bill.

The review is focused on:

- i) Transition to the Consortia;
 - ii) Impact of Cost Savings on Patient Care;
 - iii) Conflicts of Interest and;
 - iv) Contract Management
4. This review seeks to influence Southwark Council, the Southwark Clinical Commissioning Consortia (SCCC) , NHS South East (SE) London / PCT Cluster, the (to be created) Health & Wellbeing Board, NHS London and central government.

SUMMARY OF RECOMMENDATIONS

5. The sub-committee's 22 recommendations are listed below. The body which the sub-committee is seeking to adopt the recommendation is italicised in square-brackets at the end of each one.

Recommendation 1

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. [SCCC, NHS SE London]

Recommendation 2

Given the importance of SCCC's work and of the vital need for transparency to build public confidence in the new arrangements:

- a) All interests are declared at the beginning of each meeting (SCCC or sub-committees), as opposed to the current practice of simply noting the register of interests and declaring new interests.
- b) 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.
- c) Minutes of such meetings should be made available within two weeks of the meeting and be published online in an easy to find location.
- d) Declarations of Interest are recorded at the beginning of meetings and recorded in sufficient detail in the minutes.
- e) 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 *declarations* of interest and *the register* of interests.
- f) 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 alert the local press.
- g) 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.
- h) Under the SCCC existing conflicts of interest policy under 'Related Parties' a new category be added of 'close friend'.
- i) The SCCC ensures there is a non-executive non-GP 'Conflict of Interest Lead/Tsar' on its board and amends it's constitution accordingly.
- j) In line with best practice a new clause be added to the 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".
- k) The SCCC should develop a comprehensive policy for handling and discussing confidential information.
- l) 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.

[All of the above – SCCC/NHS SE London]

Recommendation 3

That the SCCC's tendering process for any service includes standard clauses in the contract to ensure collaborative working and demonstrate that integration will continue to take place. It is further recommended that the SCCC develops such clauses with Kings Health Partners (KHP) and the local authority. *[SCCC, NHS SE London and Southwark Council]*

Recommendation 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. *[SCCC, NHS SE London and Southwark Council]*

Recommendation 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 Care Scrutiny Sub-Committee for consideration and should be deemed a 'substantial variation' and be submitted to the Health & Adult Social Care Scrutiny Sub-Committee for scrutiny, including outsourcing . This process will consist of a brief monthly update setting out the proposed changes with a summary of the anticipated change, including its scale, impact and any community sensitivities. The sub-committee will then consider if any of these warrant a 'Trigger Template' being filled out. *[SCCC and Health & Adult Social Care Scrutiny Sub-Committee]*

Recommendation 6

The sub-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'. *[DH, via Health & Adult Social Care Scrutiny Sub-Committee]*

Recommendation 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. *[HWB and Monitor through Health & Adult Social Care Scrutiny Sub-Committee].*

Recommendation 8

As a contractual obligation all providers should be subject to scrutiny by the Health & Adult Social Care Scrutiny Sub-Committee just as NHS ones currently are. *[SCCC, NHS SE London, Southwark Overview & Scrutiny Committee].*

Recommendation 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 Health & Adult Social Care Scrutiny Sub-Committee in the next municipal year (i.e. from May 2012) conducts a review into Public Health. *[Health & Adult Social Care Scrutiny Sub-Committee]*.

Recommendation 10

That SCCC and its Business Support Unit 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). *[SCCC, NHS SE London, Southwark Council]*.

Recommendation 11

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. *[SCCC, NHS SE London and Southwark Council]*.

Recommendation 12

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. *[HWB]*.

Recommendation 13

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 primary and community care across the borough to capture patients' views and perceptions of their care to help understand what can be improved. *[Acute Trusts x 3 and SCCC]*

Recommendation 14

That the SCCC introduce and use as a matter of course standard clauses, in any locally determined contracts it signs with providers, that ensure information is provided on the financial position of the provider on a quarterly basis. *[SCCC, NHS SE London]*

Recommendation 15

That robust monitoring of satisfaction amongst patients placed with all providers takes place as a matter of course.

Recommendation 16

In addition to clinical standards, set out by government, that minimum levels of patient satisfaction are included in any locally determined 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. *[SCCC, NHS SE London]*

Recommendation 17

Guidance on managing conflict of interest for GP commissioners should be set out nationally. It is recommended that the Health & Adult Social Care Scrutiny Sub-Committee writes to the Dept of Health requesting this to take place. *[Health & Adult Social Care Scrutiny Sub-Committee]*

Recommendation 18

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. *[NHS SE London, Health & Adult Social Care Scrutiny Sub-Committee]*

Recommendation 19

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. *[SCCC]*

Recommendation 20

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. *[SCCC]*

Recommendation 21

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 service penalties, such as suspensions of contract, attached. *[SCCC]*

Recommendation 22

That the SCCC appoints external auditors. *[SCCC]*

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Health and Adult Social Care Scrutiny Sub-Committee Agendas	Scrutiny Team 160 Tooley Street London SE1 2QH	Julie Timbrell 020 7525 0514

APPENDICES

No.	Title
Appendix A	Southwark Clinical Commissioning Consortia – report of the Southwark health and adult social care scrutiny sub-committee

AUDIT TRAIL

Lead Officer	Shelley Burke, Head of Overview & Scrutiny	
Report Author	Julie Timbrell, Scrutiny Project Manager	
Version	Final	
Dated	29 May 2012	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	N/a	N/a
Finance Director	N/a	N/a
Chief Officers	N/a	N/a
Cabinet Member	N/a	N/a
Date final report sent to Constitutional Team	29 May 2012	