

**NHS Southwark CCG authorisation:**

**Updated actions in response to the Recommendations of the Southwark HASC in November 2011:**

In November 2011 the then HASC agreed a series of recommendations for the development of governance arrangements for the emerging Clinical Commissioning Group (CCG) in Southwark. In January 2012 the Southwark Clinical Commissioning Committee (leadership of the Shadow CCG) reported on its progress in responding to those recommendations.

Since that time NHS Southwark CCG has been established by the NHS National Commissioning Board (NCB) and will become a statutory body for local commissioning from 1 April 2013. In order to gain establishment the CCG has successfully completed a national authorisation process and has published a series of establishment documents, including its Constitution.

Ahead of the 1 April 2013 the CCG now welcomes the opportunity to update the Committee on its progress against the original recommendations. The table below outlines the original recommendations and the CCG's latest update (accepting that some of the recommendations related to other bodies).

No.	November 2011 HASC Recommendation	NHS Southark CCG Update
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>	Complete
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.	Complete
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.	Complete
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.	Minutes of the meetings are published in an easy to find location. At present the CCG (in Shadow form) has not met this two week time standard but has arrangements in place to achieve this from the point of authorisation (1April 2013)
2d	Declarations of Interest are recorded at the beginning of meetings and recorded in sufficient detail in the minutes.	Complete
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.	Complete (Please note the CCG is in the process of annual review of these arrangements which may lead to further enhancements post April 2013)
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.	Outstanding – The CCG awaits confirmation from the HASC regarding the process it would wish to follow.  The CCG makes its register publicly available and as such it is accessible by the Press. The Health & Wellbeing Board and healthwatch are not yet formally established.

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.	Complete
2h	Under the SHC's existing conflicts of interest policy under 'Related Parties' a new category be added of 'close friend'.	Complete
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.	Complete
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".	Complete
2k	The SCCC should develop a comprehensive policy for handling and discussing confidential information.	Complete
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.	Complete
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>	Subject to national contract requirements the CCG will seek to comply with this 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. <i>[SCCC, NHS SE London and Southwark Council]</i>	Agreed

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>	<b>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.</b>
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	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> .	The SCCC welcomes this recommendation in full.
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. <i>[HWB]</i> .	N/A
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 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>	The SCCC welcomes this recommendation in full.
14	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>	<b>The SCCC will consider this recommendation within the context of national procurement and contracting rules and procedures.</b>
15	It is recommended that robust monitoring of satisfaction amongst patients placed with all providers takes place as a matter of course.	The SCCC welcomes this recommendation in full.
16	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>	<b>The SCCC will consider this recommendation within the context of national procurement and contracting rules and procedures.</b>
17	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>	The SCCC welcomes this recommendation in full.

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. <i>[NHS SE London, HASC]</i>	Complete
19	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.	Complete
20	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.	The SCCC welcomes this recommendation in full.
21	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.	The SCCC welcomes this recommendations and will endeavor to comply with it provided actions do not fall outside of national contract requirements.
22	It is recommended that the SCCC appoints external auditors	Complete