

Clinical
commissioning
group
authorisation
outcomes:
Wave 1

December 2012



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*Summary of the decisions of the CCG
Authorisation Sub-Committee held on 5
December 2012*

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Introduction

The NHS Commissioning Board (NHS CB) has authorised and established the first 34 clinical commissioning groups (CCGs).

This is a tremendous achievement by these new organisations and we warmly congratulate them, their governing bodies and their teams on an exceptional performance and outstanding commitment.

All 34 new organisations have demonstrated excellence and a high level of achievement through the rigorous five month authorisation assessment.

Eight CCGs have been authorised with no conditions, meaning they met all 119 authorisation criteria. The remaining 26 have been authorised with minor conditions which they should be able to discharge before they take up their statutory responsibilities in April.

All 34 CCGs are ready for the challenge of leading their local health communities in partnership with the public and with local partner organisations. Many have been operating for one or two years already and all are making a difference to local health and care services.

This is also an historic moment for the NHS in England – the advent of a new system of clinical commissioning which gives local clinicians the freedom to respond, innovate and develop services in the way that best meets the needs and wishes of local people. GPs and other clinicians within CCGs are best placed to work with people locally to decide which health services should be commissioned and provided for their local populations. Through this, the NHS will be better able to deliver improvements in health outcomes and quality for patients and communities.

The safe establishment of autonomous CCGs is, therefore, the cornerstone of the new clinical commissioning system and, for this reason, the authorisation of CCGs has been of central importance to the NHS CB and the wider NHS. It is particularly pleasing that CCGs are finding the process fair and helpful and that we are on schedule thanks to the focused and coordinated efforts of all those involved.

Of course, authorisation is also another starting point for CCGs. Having achieved authorisation, their aim is to discharge any conditions and, beyond this, to develop the full potential of the clinical leadership of commissioning for the benefit of their communities.

We very much look forward to working with CCGs to achieve our shared purpose of developing clinical commissioning and improving health outcomes for the patients and the communities we serve.

Dame Barbara Hakin
National Director: Commissioning Development

Authorised CCGs: Wave 1

The full list of authorised CCGs in Wave 1 is:

- NHS Bassetlaw CCG
- NHS Blackpool CCG
- NHS Bedfordshire CCG
- NHS Calderdale CCG
- NHS Cumbria CCG
- NHS Dudley CCG
- NHS East and North Hertfordshire CCG
- NHS East Leicestershire and Rutland CCG
- NHS East Riding CCG
- NHS Gloucestershire CCG
- NHS Great Yarmouth and Waveney CCG
- NHS Islington CCG
- NHS Kernow CCG (Cornwall)
- NHS Kingston CCG
- NHS Leicester City CCG
- NHS Newbury and District CCG
- NHS North and West Reading CCG
- NHS North East Lincolnshire CCG
- NHS North Staffordshire CCG
- NHS Oldham CCG
- NHS Oxfordshire CCG
- NHS Portsmouth CCG
- NHS Rotherham CCG
- NHS Sandwell and West Birmingham CCG
- NHS Shropshire CCG
- NHS Somerset CCG
- NHS South Reading CCG
- NHS Stoke on Trent CCG
- NHS Wakefield CCG
- NHS Wandsworth CCG
- NHS Warrington CCG
- NHS West Cheshire CCG
- NHS West Leicestershire CCG
- NHS Wokingham CCG

NB: Thirty-five CCGs were considered by the CCG Authorisation Sub-committee on 5 December 2012. NHS Liverpool CCG had a recent, significant change in its arrangements and the NHS CB has agreed with them that their application will be deferred to a later sub-committee meeting.

Authorisation principles

1. The authorisation guidance is based on the principles developed with emerging CCGs and patient and professional organisations that were set out in *Developing Clinical Commissioning Groups: Towards Authorisation*, published in September 2011.
2. Authorisation should:
 - be a process ‘fit for purpose’ – sufficiently robust to enable a thorough and cost effective assessment of the CCG’s capacity and capability to carry out its functions;
 - be a process viewed by both the NHS CB and emerging CCGs as developmental, adding value and helping to improve quality and overall patient experience and outcomes;
 - set the tone for the future positive relationship between CCGs and the NHS CB;
 - minimise administrative demands for both emerging CCGs and the review teams, whilst delivering a process which is both rigorous and efficient;
 - ask for evidence which is a by-product of core business, as far as is possible; and
 - recognise that this is a unique process, as ‘start-up’ bodies CCGs will be building a track record of performance. Authorisation will therefore focus on confidence of potential to deliver.

Authorisation approach

3. CCGs are new, clinically-led organisations coming into being for the first time, and wishing to be as good as they possibly can be. Therefore the NHS CB has an important responsibility to support the development of CCGs as they move through authorisation. The full potential of the clinical leadership of commissioning will emerge over time through learning, innovation and experience.
4. For this reason, the thresholds for authorisation reflect the current stage of CCG development and are set in the context of a longer-term vision, where CCGs are supported to develop as they mature as organisations post-authorisation. The authorisation process should not be seen as an end in itself, but as a first step on a journey towards continual improvement.

5. Alongside the responsibility to provide support, the NHS CB also has a parallel duty to assure that CCGs are able to commission safely, use their budgets responsibly, and exercise their functions to improve quality, reduce inequality and deliver improved outcomes within the available resources. This assurance is also sought through the process of CCG authorisation.

Authorisation domains

6. The authorisation process is built around six domains, agreed with emerging CCGs and patient and professional organisations. Assessing CCGs through these six domains provides assurance that CCGs can safely discharge their statutory responsibilities for commissioning healthcare services. They are also intended to encourage CCGs to be organisations that are clinically led and driven by clinical added value.
7. The domains are:
 - Domain one: a strong clinical and multi-professional focus which brings real added value.
 - Domain two: meaningful engagement with patients, carers and their communities.
 - Domain three: clear and credible plans which continue to deliver the QIPP challenge within financial resources, in line with national requirements (including outcomes) and local joint health and wellbeing strategies.
 - Domain four: proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities, including financial control, as well as effectively commission all the services for which they are responsible.
 - Domain five: collaborative arrangements for commissioning with other CCGs, local authorities and the NHS CB as well as the appropriate external commissioning support.
 - Domain six: great leaders who individually and collectively can make a real difference.
8. Within each domain the guide gives criteria, the threshold for authorisation for those criteria, the evidence required and the sources for that evidence. The thresholds have been set to ensure CCGs can be innovative in delivering improved outcomes, while also remaining safe as statutory bodies responsible for commissioning health services.

Authorisation governance and decision-making

9. The over-riding aim at each stage of the authorisation decision-making process is to ensure that as many CCGs as possible are authorised and given the support they need to set themselves up as autonomous statutory organisations by April 2013.
10. CCGs were split into four waves as an administrative measure, ensuring the NHS CB could fully assess each of the 211 CCGs covering the whole of England, dedicating time to work effectively with each of them.
11. The key aspects of the authorisation governance process are:
 - Desktop review: at which the CCG's evidence documentation is assessed by a panel of senior clinicians and experienced senior commissioning managers.
 - Following the desktop review, all CCGs receive site visits during which they can demonstrate further evidence of their progress, and hold in-depth discussions about their strategies and aims with senior clinicians and experienced senior commissioning managers.
 - After all the site visits have been completed for each wave, the NHS CB's Moderation Panel meets to ensure assessments are consistent and equitable across all applicant CCGs.
 - Following the Moderation Panel, the NHS CB's Conditions Panel meets and where a CCG hasn't met a particular criteria it will recommend the condition to be placed on the CCG and the support which will be offered to ensure that condition is discharged.
 - A condition will be placed on an authorisation wherever there is lack of evidence to support any authorisation criteria. For some CCGs, this might simply mean that some paperwork remains to be submitted and, in cases like these, conditions are highly likely to be discharged in advance of April 2013. In others there may be further work to do to ensure the CCG fully meets a particular criteria, requiring support beyond April 2013. If a CCG has conditions it is primarily an indication of where the CCG is at a certain point in time in its developmental process, rather than a judgement on its overall capability. Some CCGs will rectify their conditions under their own direction while others will need more intensive support.
 - On receiving the report of the Conditions Panel, applicant CCGs have a further 10 working days in which they can submit further evidence, before final decisions about their authorisation are made at the NHS CB's CCG Authorisation Sub-Committee.

- Shortly after the decisions of the sub-committee, the CCGs will receive a notification letter (covering the decision, conditions, support) and an 'appointment of Accountable Officer' letter. The notification letter will be a formal document signifying their establishment.
- Each CCG will also receive a development plan; and those with conditions will also receive a rectification plan to help them discharge their conditions prior to April 2013. Formal notification of outcomes for each wave will also be sent to the next available NHS CB Board meeting.

Authorisation support

12. The seven support options are:

- i. Model document or toolkit.
- ii. Make advice or expertise available.
- iii. Decision sign off or approval by the NHS CB.
- iv. Insert or provide specific team or individual.
- v. Accountable Officer (AO) not ratified or alternative AO appointed.
- vi. Specific functions removed.
- vii. All functions removed.

Authorisation outcomes

13. The authorisation process is not about pass or fail. It is about supporting CCGs to ensure they meet the criteria, are the best they can be, and are able to continue to develop. The number of criteria authorised with conditions in a CCG's final report is not in itself a reliable indicator of its ability to commission, as some criteria have higher and more substantial requirements than others and each CCG will have its own unique circumstances.
14. There are three possible outcomes to the decision on authorisation for each applicant CCG.
 - Authorised: the CCG has demonstrated to the NHS CB that it satisfies all the requirements for authorisation. The CCG will be invited to agree a development plan consistent with the potential beyond authorisation set out in the guide for applicants.
 - Authorised with conditions: if the CCG has not fully satisfied the NHS CB that it meets all the thresholds for authorisation, the NHS CB may give it conditional authorisation by setting conditions or directing the

CCG as to how it carries out any of its functions. Conditions or directions will be specific to the particular criteria that have not been satisfied, and proportionate to the level of risk associated with the relevant function.

- Established but not authorised: legally these CCGs are established 'with conditions' but where the conditions are such that it cannot be described as authorised to take on its functions as a CCG. The NHS CB will make alternative arrangements for commissioning for that population until the shadow CCG is ready to move forward to authorisation.

Authorisation - next steps

15. CCGs will take on their commissioning responsibilities on 1 April 2013. The NHS CB will continue to support all CCGs to fully meet all the authorisation criteria, meaning many will be able to fully discharge any conditions on their authorisation before this date. There will be a formal review of conditions in March 2013 for those CCGs who have been conditionally authorised and quarterly thereafter.
16. The outcomes of the three further authorisation waves will be published in January, February and March 2013.

Annex A:

Decisions of CCG Authorisation Sub-Committee

A total of 34 of the 35 CCGs in Wave 1 received a positive assessment for the vast majority of their criteria. Eight CCGs were authorised without conditions while 26 CCGs were given conditions with minor levels of support from categories i-iii.

For a full description of the 119 authorisation criteria please see [Clinical commissioning group authorisation: guide for applicants](#)

NHS CB CCG Authorisation Sub-Committee: Wave 1 final decisions:

CCG	Recommendation	Criteria not yet satisfied	Support level
Bassetlaw CCG	Full authorisation	N/A	N/A
Bedfordshire CCG	Conditional authorisation (with 9 conditions)	2.4.1B	II
		3.1.1B	III
		3.1.1C	III
		3.1.1E	II
		3.2A	II
		4.3.1D	II
		4.3.2B	II
		5.1A	I
Blackpool CCG	Conditional authorisation (with 4 conditions)	6.1C	II
		1.3B	II
		3.1.1B	III
		4.2.3.D	III
Calderdale CCG	Conditional authorisation (with 1 condition)	4.3.1C	III
		3.1.1B	III
Cumbria CCG	Conditional authorisation (with 1 condition)	5.1A	III
Dudley CCG	Conditional authorisation (with 2 conditions)	3.1.1B	II
		3.1.1C	II
East and North Hertfordshire CCG	Conditional authorisation (with 3 conditions)	2.1.2C	II
		3.1.1E	II
		3.1.1F	II
East Leicestershire and Rutland CCG	Conditional authorisation (with 3 conditions)	2.3A	II
		3.1.1B	III
		6.4F	II
East Riding CCG	Conditional authorisation (with 3 conditions)	4.1A	I
		4.1B	I
		4.1C	I
Gloucestershire CCG	Conditional authorisation (with 2 conditions)	3.1.1B	II
		3.1.1C	II

Great Yarmouth and Waveney CCG	Full authorisation	N/A	N/A
Islington CCG	Conditional authorisation (with 1 condition)	5.1A	II
Kernow CCG	Conditional authorisation (with 3 conditions)	3.1.1B	II
		3.1.1C	II
		3.3H	II
Kingston CCG	Full authorisation	N/A	N/A
Leicester City CCG	Full authorisation	N/A	N/A
Liverpool CCG	Authorisation decision deferred to Wave 4	N/A	N/A
Newbury and District CCG	Conditional authorisation (with 5 conditions)	1.3B	II
		3.1.1B	II
		3.1.1C	II
		4.2.1C	III
		6.4G	III
North and West Reading CCG	Conditional authorisation (with 14 conditions)	1.1B	II
		1.1D	II
		1.3A	II
		1.3B	II
		2.1.1C	I
		2.2A	I
		3.1.1B	II
		3.1.1C	II
		3.1.1F	II
		3.1.2C	II
		3.1.3A	II
		4.2.1.C	III
		4.2.1E	III
North East Lincolnshire CCG	Conditional authorisation (with 5 conditions)	1.2C	II
		4.1A	III
		4.1B	III
		4.1C	III
		5.1A	II
North Staffordshire CCG	Conditional authorisation (with 3 conditions)	3.1.1B	III
		3.1.1C	III
		3.3H	II
Oldham CCG	Full authorisation	N/A	N/A
Oxfordshire CCG	Conditional authorisation (with 5 conditions)	3.1.1B	II
		3.1.1C	II
		3.1.4B	II
		4.1A	I
		4.1B	I
Portsmouth CCG	Conditional authorisation	3.1.1B	II

	(with 1 condition)		
Rotherham CCG	Conditional authorisation (with 3 condition)	1.1B	III
		2.1.1B	I
		4.2.3C	III
Sandwell and West Birmingham CCG	Conditional authorisation (with 3 condition)	1.3C	I
		4.3.1C	III
		6.4H	III
Shropshire CCG	Conditional authorisation (with 4 condition)	3.1.1B	III
		3.1.1C	III
		4.2.3C	II
		5.1A	II
Somerset CCG	Full authorisation	N/A	N/A
South Reading CCG	Conditional authorisation (with 4 condition)	1.3B	II
		3.1.1B	II
		3.1.1C	II
		6.4G	III
Stoke on Trent CCG	Conditional authorisation (with 5 condition)	1.1D	II
		3.1.1B	III
		3.1.1D	II
		4.2.3C	II
		4.2.3D	I
Wakefield CCG	Conditional authorisation (with 1 condition)	3.1.1B	II
Wandsworth CCG	Conditional authorisation (with 2 condition)	1.3B	I
		4.2.3D	II
Warrington CCG	Full authorisation	N/A	N/A
West Cheshire CCG	Full authorisation	N/A	N/A
West Leicestershire CCG	Conditional authorisation (with 1 condition)	3.1.1B	II
Wokingham CCG	Conditional authorisation (with 8 conditions)	1.3B	II
		2.3B	I
		2.4.2B	I
		3.1.1B	II
		3.1.1C	II
		4.2.1A	II
		4.2.3B	II
		6.4G	III

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