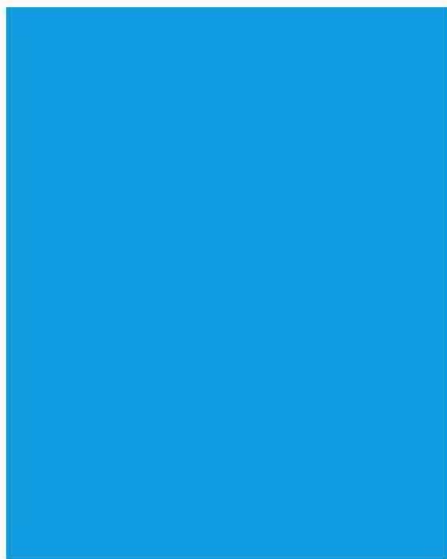


**Clinical
commissioning
group
authorisation
outcomes:**

Wave 3

February 2013



Clinical commissioning group authorisation outcomes: Wave 3

*Summary of the decisions of the CCG
Authorisation Sub-Committee held on 15
February 2013*

First published: February 2013

Introduction

The NHS Commissioning Board (NHS CB) has authorised and established the third group of clinical commissioning groups (CCGs) which comprises 62 in total.

Authorisation is a tremendous achievement and we warmly congratulate them, their governing bodies and their teams on their performance and outstanding commitment.

The vast majority of the 62 new organisations have demonstrated excellence and a very high level of achievement through the rigorous authorisation assessment, and are clearly ready for the challenge of making a difference to outcomes for their local communities, working with their local health communities, the public and local partner organisations.

In total, six CCGs have been authorised with no conditions, meaning they met all 119 authorisation criteria. A further 56 have been authorised with conditions, many of which they should be able to discharge within a short period of time. Of these, four CCGs – NHS Eastbourne, Hailsham and Seaford CCG, NHS Herefordshire CCG, NHS Scarborough and Ryedale CCG, and NHS Vale of York CCG – have also received legal directions, meaning they have higher-level support requirements, and that they will receive formal, legally-underpinned support from the NHS CB.

It has always been anticipated that some of the new organisations would need more support, and take longer to develop, and the NHS CB support mechanisms are in place for this. With the support in place, we can assure the communities in those areas that health commissioning and management will continue to be done to a very high standard and that the support will be removed once the CCG has fully satisfied the authorisation requirements.

Following Wave 3, we now have 163 authorised and established CCGs carrying out clinically led commissioning, out of an anticipated total number of 211.

The safe establishment of autonomous CCGs is 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. Therefore, 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 shown that they have sufficient building blocks in place to become mature, developed organisations and achieve 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. The NHS CB will continue to work with them all to help them develop and innovate in ways which are best suited to their local communities' needs.

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 3

The full list of authorised CCGs in Wave 3 is:

- NHS Aylesbury Vale CCG
- NHS Barnet CCG
- NHS Bath and North East Somerset CCG
- NHS Birmingham South and Central CCG
- NHS Bracknell and Ascot CCG
- NHS Bristol CCG
- NHS Bury CCG
- NHS Camden CCG
- NHS Cannock Chase CCG
- NHS Central Manchester CCG
- NHS Chiltern CCG
- NHS City and Hackney CCG
- NHS Corby CCG
- NHS Dorset CCG
- NHS Eastbourne, Hailsham and Seaford CCG
- NHS Erewash CCG
- NHS Gateshead CCG
- NHS Greenwich CCG
- NHS Halton CCG
- NHS Hambleton, Richmondshire and Whitby CCG
- NHS Haringey CCG
- NHS Harrogate and Rural District CCG
- NHS Hastings and Rother CCG
- NHS Herefordshire CCG
- NHS Heywood, Middleton and Rochdale CCG
- NHS Lancashire North CCG
- NHS Lincolnshire East CCG
- NHS Luton CCG
- NHS Mansfield and Ashfield CCG
- NHS Merton CCG
- NHS Newark and Sherwood CCG
- NHS Newcastle North and East CCG
- NHS Newcastle West CCG
- NHS Newham CCG
- NHS North Derbyshire CCG
- NHS North Hampshire CCG
- NHS North Manchester CCG
- NHS North Norfolk CCG
- NHS North Somerset CCG
- NHS North Tyneside CCG
- NHS Norwich CCG
- NHS Richmond CCG
- NHS Scarborough and Ryedale CCG

- NHS Slough CCG
- NHS Solihull CCG
- NHS South Gloucestershire CCG
- NHS South Manchester CCG
- NHS South Norfolk CCG
- NHS South Tyneside CCG
- NHS South Warwickshire CCG
- NHS Southern Derbyshire CCG
- NHS St Helens CCG
- NHS Stafford and Surrounds CCG
- NHS Surrey Heath CCG
- NHS Sutton CCG
- NHS Tameside and Glossop CCG
- NHS Tower Hamlets CCG
- NHS Vale of York CCG
- NHS West Essex CCG
- NHS West Lancashire CCG
- NHS Windsor, Ascot and Maidenhead CCG
- NHS Wolverhampton CCG.

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

the 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. 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 expertise, team or individual.
- v. Accountable Officer (AO) not ratified or alternative AO appointed.
- vi. Specific functions removed.
- vii. All functions removed.

Legal directions

13. Directions are legally binding instructions to an authorised CCG, and are used to legally formalise intensive support where conditions at level iv or above have been placed on its authorisation. Conditions at level iv or above mean that the CCG needs more active support from either the NHS CB or another CCG to properly exercise its functions.
- The effect of a direction is to either direct how the CCG must work with another CCG or the NHS CB to exercise functions, or to stop the CCG from exercising a specific function and ensure another CCG or the NHS CB will carry out those specified functions on its behalf.
 - A single direction can be used to ensure the correct level of support is available across several different criteria in which the CCG has received conditions of level iv and above on its authorisation.
 - The NHS CB has powers under NHS primary legislation including the NHS Act 2006 and the Health and Social Care Act 2012, as well as under secondary legislation including the National Health Service (Clinical Commissioning Groups) Regulation 2012, to give directions to

CCGs. These are legally binding and must be complied with by the CCG to which directions are given.

Authorisation outcomes

14. 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.
15. 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

16. 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.
17. The outcomes of the final authorisation wave will be published in March 2013.

Annex A:

Decisions of CCG Authorisation Sub-Committee

All 62 CCGs in Wave 3 received a positive assessment for the vast majority of their criteria. Six CCGs were authorised without conditions while 56 CCGs were given conditions. Of these 56, five have also got support offers that are underpinned by legal directions.

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 3 final decisions:

CCG	Outcome	Criteria not yet satisfied	Support level
Aylesbury Vale CCG	Conditional authorisation (with 2 conditions)	3.1.1B	III
		3.1.1C	III
Barnet CCG	Conditional authorisation (with 9 conditions)	2.4.2B	I
		2.4.2C	II
		3.1.1B	III
		3.1.1C	III
		3.1.1D	III
		3.1.4B	III
		5.1A	I
		6.4F	III
Bath and North East Somerset CCG	Conditional authorisation (with 4 conditions)	6.4G	III
		3.1.1B	II
		3.1.1C	III
		4.2.3D	II
Birmingham South and Central CCG	Conditional authorisation (with 3 conditions)	5.3B	II
		3.1.1B	III
		3.1.1C	III
		4.2.1H	III
Bracknell and Ascot CCG	Conditional authorisation (with 3 conditions)	1.3B	I
		4.2.3D	II
		5.3D	I
Bristol CCG	Conditional authorisation (with 20 conditions)	1.1A	II
		1.3B	I
		1.4.1B	II
		2.2A	I
		2.2B	III
		2.4.1B	II
		2.4.2B	I
		3.1.1B	III
		3.1.1C	III

		3.1.1D	III
		4.1A	I
		4.1B	I
		4.1C	I
		4.2.1B	II
		4.2.1C	II
		4.2.1E	II
		4.2.1G	II
		5.2.C	II
		5.3B	I
		6.4F	II
Bury CCG	Conditional authorisation (with 1 condition)	1.3B	I
Camden CCG	Conditional authorisation (with 9 conditions)	1.3 B	I
		2.2B	II
		3.1.1B	II
		3.1.1C	II
		4.2.1 E	II
		4.2.3 D	II
		5.1A	I
		5.3B	II
		6.4F	II
Cannock Chase CCG	Conditional authorisation (with 6 conditions)	3.1.1B	III
		3.1.1C	III
		3.1.1D	III
		3.1.4B	III
		3.3G	I
		4.2.1G	II
Central Manchester CCG	Full authorisation		
Chiltern CCG	Conditional authorisation (with 5 conditions)	1.3B	I
		3.1.1B	III
		3.1.1C	III
		3.1.1D	II
		5.1A	I
City and Hackney CCG	Conditional authorisation (with 2 conditions)	3.1.1 B	III
		5.1A	I
Corby CCG	Conditional authorisation (with 2 conditions)	3.1.1B	II
		3.1.1C	II
Dorset CCG	Conditional authorisation (with 1 condition)	3.1.1B	III
Eastbourne, Hailsham and Seaford CCG	Conditional authorisation (with 13 conditions and 2 directions)	1.3B	I
		1.4.2B	I
		2.4.1B	II
		2.4.2B	I

		3.1.1B	IV
		3.1.1C	IV
		3.1.1D	IV
		3.1.1F	IV
		3.1.4B	IV
		4.2.1A	II
		4.2.1B	II
		5.1A	I
		6.4E	II
Erewash CCG	Full authorisation		
Gateshead CCG	Conditional authorisation (with 1 condition)	1.3B	I
Greenwich CCG	Conditional authorisation (with 3 conditions)	3.1.1B	II
		3.1.1C	III
		4.3.1C	II
Halton CCG	Conditional authorisation (with 5 conditions)	1.3B	I
		3.1.1B	III
		3.1.1C	III
		3.1.1D	III
		4.2.1E	II
Hambleton, Richmondshire & Whitby CCG	Conditional authorisation (with 3 conditions)	1.3B	I
		3.1.1B	III
		3.1.1C	III
Haringey CCG	Conditional authorisation (with 3 conditions)	2.4.1B	II
		4.3.3A	II
		5.1A	II
Harrogate and District CCG	Conditional authorisation (with 4 conditions)	1.3B	I
		3.1.1B	III
		3.1.1C	III
		6.4F	II
Hastings and Rother CCG	Conditional authorisation (with 7 conditions)	1.3B	I
		2.4.2B	I
		3.1.1B	III
		3.1.1C	III
		5.1.1A	I
		6.1B	I
		6.4E	II
Herefordshire CCG	Conditional authorisation (with 15 conditions and 3 directions)	1.2 D	I
		2.2B	II
		2.4.1 B	II
		3.1.1 B	IV
		3.1.1 C	IV
		3.1.1 D	IV
		3.1.4 A	IV
		3.3 G	II
		4.2.1 A	IV

		4.2.1 B	III
		4.2.1 E	III
		4.2.1 F	III
		4.2.1 H	IV
		5.1 A	II
		6.4 G	IV
Heywood, Middleton and Rochdale CCG	Conditional authorisation (with 2 conditions)	1.3B	I
		4.3.1C	III
Lancashire North CCG	Conditional authorisation (with 3 conditions)	3.1.1B	III
		3.1.1C	III
		5.1A	II
Lincolnshire East CCG	Conditional authorisation (with 5 conditions)	1.3B	III
		3.1.1B	III
		3.1.1C	III
		6.1C	II
		6.4E	II
Luton CCG	Conditional authorisation (with 3 conditions)	3.1.1B	III
		3.1.1C	III
		6.3A	III
Mansfield and Ashfield CCG	Conditional authorisation (with 3 conditions)	3.1.1B	II
		3.1.1C	II
		6.4G	I
Merton CCG	Conditional authorisation (with 1 condition)	4.2.3D	II
Newark and Sherwood CCG	Full authorisation		
Newcastle North and East CCG	Conditional authorisation (with 3 conditions)	1.3B	I
		4.2.3D	III
		5.3B	I
Newcastle West CCG	Conditional authorisation (with 3 conditions)	1.3B	I
		3.1.1B	III
		3.1.1C	III
Newham CCG	Conditional authorisation (with 13 conditions and 1 direction)	1.3C	I
		3.1.1E	II
		3.3H	II
		4.2.1A	II
		4.2.1E	II
		4.2.1G	IV
		4.2.3D	III
		5.1A	I
		5.3A	II
		5.3B	I
		5.3D	I
		6.4E	III
		6.4F	III
North Derbyshire CCG	Full authorisation		

North Hampshire CCG	Conditional authorisation (with 5 conditions)	1.3B	II
		3.1.1B	II
		3.1.1C	II
		5.3C	I
		5.4D	II
North Manchester CCG	Conditional authorisation (with 1 condition)	1.3B	I
North Norfolk CCG	Conditional authorisation (with 15 conditions)	1.1B	II
		1.1C	II
		3.1.1B	III
		3.1.1C	III
		3.3B	II
		3.3H	II
		4.1A	III
		4.1B	III
		4.1C	III
		4.2.1C	II
		4.2.1E	II
		4.2.1F	II
		4.2.3D	II
		5.1A	III
		6.4F	II
North Somerset CCG	Conditional authorisation (with 5 conditions)	3.1.1B	III
		3.1.1C	III
		4.2.1E	II
		4.2.1F	II
		4.2.1H	II
North Tyneside CCG	Full authorisation		
Norwich CCG	Conditional authorisation (with 6 conditions)	3.1.1B	II
		3.1.1C	II
		3.1.1F	II
		4.1C	III
		5.1A	II
		5.1B	II
Richmond CCG	Conditional authorisation (with 1 condition)	4.3.3A	II
Scarborough and Ryedale CCG	Conditional authorisation (with 8 conditions and 2 directions)	1.3B	I
		3.1.1B	IV
		3.1.1C	IV
		3.1.1D	IV
		3.1.4B	IV
		4.2.1H	IV
		4.3.1C	IV
		6.4G	I
Slough CCG	Conditional authorisation	1.3B	I
		2.4.2C	III

	(with 5 conditions)	4.2.3D	II
		5.3B	II
		5.3D	I
Solihull CCG	Conditional authorisation (with 2 conditions)	3.1.1B	III
		3.1.1C	III
South Gloucestershire CCG	Conditional authorisation (with 6 conditions)	1.3B	I
		1.3C	II
		2.2A	I
		3.1.1B	III
		3.1.1C	III
		3.1.1E	III
South Manchester CCG	Conditional authorisation (with 2 conditions)	3.1.1B	III
		3.1.1C	III
South Norfolk CCG	Conditional authorisation (with 13 conditions)	1.2C	II
		1.3B	I
		3.1.1B	II
		3.1.1C	II
		3.1.1D	II
		4.1C	III
		4.2.1G	III
		4.2.1H	II
		5.1A	III
		5.2C	I
		5.5B	II
		6.3A	II
		6.4F	III
South Tyneside CCG	Conditional authorisation (with 1 condition)	4.1C	III
South Warwickshire CCG	Conditional authorisation (with 5 conditions)	2.1.2C	II
		3.1.1B	III
		3.1.1C	III
		3.1.1E	II
		5.1A	III
Southern Derbyshire CCG	Full authorisation		
St. Helens CCG	Conditional authorisation (with 5 conditions)	3.1.1B	II
		3.1.1C	II
		3.1.1E	II
		4.2.3D	II
		5.3B	I
Stafford and Surrounds CCG	Conditional authorisation (with 3 conditions)	3.1.1B	II
		3.1.1C	II
		4.2.1G	II
Surrey Heath CCG	Conditional authorisation	1.3B	II
		4.2.1E	II

	(with 7 conditions)	4.2.3D	III
		5.3B	III
		5.3C	III
		6.4F	II
		6.4G	I
Sutton CCG	Conditional authorisation (with 3 conditions)	2.4.2C	II
		4.2.3D	II
		5.3B	I
Tameside and Glossop CCG	Conditional authorisation (with 5 conditions)	1.1B	II
		1.3B	I
		4.2.3D	II
		5.3B	I
		6.4E	II
Tower Hamlets CCG	Conditional authorisation (with 7 conditions)	3.1.1B	III
		3.1.1C	III
		3.1.1D	III
		4.2.1E	II
		4.2.1G	II
		5.1A	I
		6.4F	III
Vale of York CCG	Conditional authorisation (with 9 conditions and 2 directions)	1.3A	II
		1.3B	I
		3.1.1B	IV
		3.1.1C	IV
		3.1.1D	IV
		4.3.1C	IV
		5.3B	I
		5.3D	I
West Essex CCG	Conditional authorisation (with 5 conditions)	6.4G	I
		3.1.1B	II
		3.1.1C	II
		3.1.2B	II
		3.3G	I
West Lancashire CCG	Conditional authorisation (with 2 conditions)	5.1A	I
		3.1.1B	III
Windsor, Ascot and Maidenhead CCG	Conditional authorisation (with 6 conditions)	3.1.1C	III
		1.3B	I
		2.4.2C	II
		3.1.1B	II
		4.2.3D	II
		5.3B	II
Wolverhampton CCG	Conditional authorisation (with 7 conditions)	5.3D	I
		1.2D	III
		1.3A	II
		1.3B	I
		2.3B	II

		3.1.1B	III
		3.1.1D	III
		3.3H	III

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