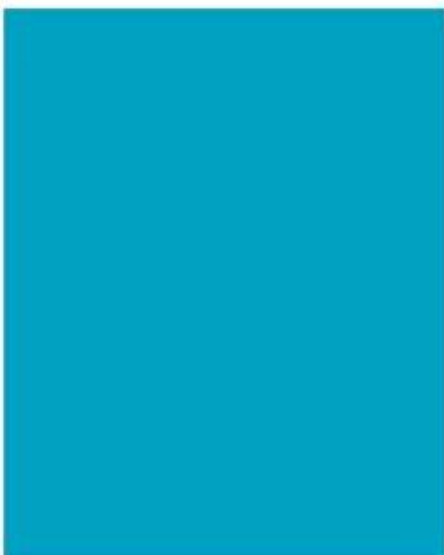


**Clinical
commissioning
group
authorisation:**

**Fourth conditions
review outcomes**

February 2014



Clinical commissioning group authorisation:

Fourth conditions review outcomes

*Summary of the decisions of the CCG
Assurance and Authorisation Committee
held on 17 January 2014*

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Introduction

During 2012/13, NHS England authorised 211 clinical commissioning groups (CCGs) across England, establishing them as new statutory bodies. NHS England published a comprehensive authorisation framework, setting out 119 thresholds that CCGs must meet in order to be fully authorised. Where a CCG was unable to evidence that it met a particular threshold, a condition was placed on its authorisation. Just under half of CCGs had conditions on their authorisation. NHS England reviews CCGs' authorisation conditions quarterly with a view to removing conditions once it is safe to do so. This document summarises the outcomes of our fourth conditions review.

Over the past three months, since our last review, CCGs have continued to work very hard and have shown outstanding commitment. NHS England has offered support and development to all conditionally authorised CCGs to ensure they are able to discharge their conditions. As a result, 12 have now demonstrated enough progress to remove all of their authorisation conditions, bringing the total number of fully authorised CCGs across England to 192.

NHS England will continue its comprehensive support process to help CCGs that still have conditions in place to discharge those conditions as soon as possible. The number of CCGs with legal directions is down from seven to three. The remaining three CCGs that have legal directions in place will continue to receive formal, legally-underpinned support from NHS England.

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 NHS England and the wider NHS. NHS England will continue to review CCGs' authorisation conditions regularly, and the next review will be held in March 2014.

For those CCGs that are now fully authorised, and the ones that will follow, NHS England will engage with them to discuss local circumstances. This will ensure that any additional development and support is offered which may be needed to maintain and improve health services for local populations.

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

Dame Barbara Hakin
Chief Operating Officer and Deputy Chief Executive

CCGs being reviewed

The full list of 31 CCGs in this review is:

NHS Barnet CCG	NHS Herefordshire CCG
NHS Basildon and Brentwood CCG	NHS High Weald Lewes Havens CCG
NHS Cambridgeshire and Peterborough CCG	NHS Hillingdon CCG
NHS Camden CCG	NHS Horsham and Mid Sussex CCG
NHS Cannock Chase CCG	NHS Mid Essex CCG
NHS Castle Point and Rochford CCG	NHS North Somerset CCG
NHS Coastal West Sussex CCG	NHS Oxfordshire CCG
NHS Coventry and Rugby CCG	NHS Redbridge CCG
NHS Crawley CCG	NHS Scarborough and Ryedale CCG
NHS Croydon CCG	NHS South East Staffordshire and Seisdon Peninsula CCG
NHS Eastbourne, Hailsham and Seaford CCG	NHS Stafford and Surrounds CCG
NHS East Staffordshire CCG	NHS Thurrock CCG
NHS East Surrey CCG	NHS Vale of York CCG
NHS Harrow CCG	NHS Waltham Forest CCG
NHS Hastings and Rother CCG	NHS Warwickshire North CCG
NHS Havering 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. These principles set out that 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 NHS England 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 NHS England;
 - 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 were established on 1 April 2013 and are new, clinically-led organisations at the heart of the new NHS system. NHS England had an important responsibility to support the development of CCGs towards their establishment and 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 early 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, NHS England 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 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 NHS England 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 NHS England guidance 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 support

9. The seven support options are:
 - i. Model document or toolkit.
 - ii. Make advice or expertise available.

- iii. Decision sign off or approval by NHS England.
- 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

10. Directions are legally binding instructions to an authorised CCG, and are used to legally formalise more intensive support where certain higher level conditions (normally at level iv or above) have been placed on its authorisation. Higher level support means that the CCG needs more active involvement from either NHS England 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 NHS England to exercise functions, or to stop the CCG from exercising a specific function and ensure another CCG or NHS England 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 with a higher level of support on its authorisation.
 - The NHS England has powers under NHS primary legislation including 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.

Review process

11. Following the initial authorisation decision, each CCG with conditions is reviewed on a quarterly basis to enable them to demonstrate that they have made progress in discharging their conditions and moving towards full authorisation
12. CCGs are able to present their evidence by uploading it onto the knowledge management system (KMS), which is then reviewed by NHS England's regional and area teams, supported by expert assessors.
13. A national moderation meeting takes place between NHS England's four regions and the national director of operations and delivery to ensure that recommendations are fair. The meeting looks again at all recommendations,

moderating for consistency, ensuring no drift of authorisation thresholds and ensuring that each recommendation is reasonable and proportionate. These recommendations are then taken to the CCG authorisation and assurance committee for a final decision.

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 NHS England 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 NHS England that it meets all the thresholds for authorisation, NHS England 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 England will make alternative arrangements for commissioning for that population until the shadow CCG is ready to move forward to authorisation.

Annex A:

Decisions of the CCG authorisation and assurance committee

At the CCG authorisation and assurance committee on 17 January 2014, 12 CCGs had all their remaining conditions removed, while another 19 CCGs remain authorised with conditions, many with a reduced number of conditions. The full list of outcomes can be seen below.

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

CCG	Outcome	Criteria not yet satisfied	Support level
NHS Coventry and Rugby CCG	Full authorisation		
NHS Crawley CCG	Full authorisation		
NHS Eastbourne, Hailsham and Seaford CCG	Full authorisation		
NHS Hastings and Rother CCG	Full authorisation		
NHS Havering CCG	Full authorisation		
NHS Herefordshire CCG	Full authorisation		
NHS High Weald Lewes Havens CCG	Full authorisation		
NHS Horsham and Mid Sussex CCG	Full authorisation		
NHS Oxfordshire CCG	Full authorisation		
NHS Scarborough and Ryedale CCG	Full authorisation		
NHS Vale of York CCG	Full authorisation		
NHS Warwickshire North CCG	Full authorisation		
NHS Barnet CCG	Conditional authorisation (with 2 conditions and 1 direction)	3.1.1B	IV
		3.1.1C	IV
NHS Basildon and Brentwood CCG	Conditional authorisation (with 3 conditions)	3.1.1B	III
		3.1.1C	III
		3.1.4B	III
NHS Cambridgeshire and Peterborough CCG	Conditional authorisation (with 2 conditions)	3.1.1B	III
		3.1.1C	III
NHS Camden CCG	Conditional authorisation (with 1 condition)	4.2.1E	III
NHS Cannock Chase CCG	Conditional authorisation (with 2 conditions)	3.1.1B	III
		3.1.1C	III
NHS Castle Point and Rochford CCG	Conditional authorisation (with 4 conditions)	3.1.1B	III
		3.1.1C	III
		3.1.1D	III

		3.1.4B	III
NHS Coastal West Sussex CCG	Conditional authorisation (with 4 conditions)	3.1.1B	III
		3.1.1C	III
		3.1.1D	III
		3.1.4B	III
NHS Croydon CCG	Conditional authorisation (with 3 conditions and 2 directions)	3.1.1B	III
		3.1.1C	III
		3.1.1D	IV
NHS East Staffordshire CCG	Conditional authorisation (with 2 conditions)	3.1.1B	III
		3.1.1C	III
NHS East Surrey CCG	Conditional authorisation (with 2 conditions)	3.1.1B	III
		3.1.1C	III
NHS Harrow CCG	Conditional authorisation (with 1 condition)	3.1.1B	III
NHS Hillingdon CCG	Conditional authorisation (with 1 condition)	3.1.1B	III
NHS Mid Essex CCG	Conditional authorisation (with 2 conditions)	3.1.1B	III
		3.1.1C	III
NHS North Somerset CCG	Conditional authorisation (with 2 conditions)	3.1.1B	III
		3.1.1C	III
NHS Redbridge CCG	Conditional authorisation (with 2 conditions)	3.1.1B	III
		3.1.1C	III
NHS South East Staffordshire and Seisdon Peninsula CCG	Conditional authorisation (with 2 conditions)	3.1.1B	III
		3.1.1C	III
NHS Stafford and Surrounds CCG	Conditional authorisation (with 2 conditions)	3.1.1B	III
		3.1.1C	III
NHS Thurrock CCG	Conditional authorisation (with 5 conditions and 3 directions)	6.1B	IV
		6.1C	IV
		6.3A	V
		6.4E	IV
NHS Waltham Forest CCG	Conditional authorisation (with 1 condition)	6.4G	VI
		3.1.1B	III

Annex B:

Decisions in relation to legal directions

The CCG authorisation and assurance committee reviewed the legal directions in place for seven CCGs, and agreed to revoke, vary or retain each direction. Summary decisions are provided below.

CCG	Area covered by direction	Recommendation
Barnet	Planning	Retain
Basildon and Brentwood	Oversight of contract management and related governance	Revoke
Croydon	Planning	Retain
	Programme management	Retain
Scarborough and Ryedale	Planning	Revoke
	Programme management and governance systems	Revoke
Thurrock	Constitution and governance arrangements	Revoke
	Leadership and organisational capacity, including AO appointment	Retain
	Oversight of governance arrangements	Retain
	Basildon and Thurrock University Hospitals NHS Foundation Trust	Retain
Vale of York	Planning	Revoke
	Programme management and governance systems	Revoke
Waltham Forest	Capacity and governance structures	Revoke
	Barts Health NHS Trust contract	Revoke
	Governance arrangements	Revoke
	Governing body appointments	Revoke

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