

CONSTITUTION

NHS ISLINGTON CLINICAL COMMISSIONING GROUP

VERSION CONTROL

Version	Author / Date	Changes
0.1	October 2013	<ul style="list-style-type: none">• Largely changes for clarity and readability without changing substantive content• Corrections to reflect move from shadow to established• Changing of references to the Commissioning Board to NHS England• Change in the process of electing members
0.2	October 2014	<ul style="list-style-type: none">• Largely changes for clarity and readability without changing substantive content• Removed the description of 50% attendance required for quoracy as this is not in line with the Governing Body or its committees' terms of reference• Updated to reflect the creation of separate South-West and South-East localities• Opportunity to create committees in common and joint committees made explicit
0.3	October 2015	<ul style="list-style-type: none">• Largely changes for clarity and readability without changing substantive content• Correction as the secondary care doctor is a voting member of the Governing Body• Paragraph included to describe the production and auditing of an annual report
0.4	March 2017	<ul style="list-style-type: none">• Removal of the LMC Governing Body member representative from the 'composition of the Governing Body'• Removal of the LMC from the 'role of other representatives'• Removal of the LMC role in dispute resolution

FOREWORD

Every GP practice within the boundaries of the London Borough of Islington has joined NHS Islington Clinical Commissioning Group.

This Constitution was agreed in preparation for authorisation of Islington CCG. This Constitution applied from 21 February 2013, the date that NHS England authorised Islington CCG. It will be treated as binding between the member practices with effect from that date.

Each member practice has agreed to the terms of this Constitution. Each member agrees that it is a member of Islington CCG and will adhere to, and work in accordance with its terms.

Additionally, those members of the Governing Body are ultimately accountable to Islington CCG as a collective, i.e. its member practices.

In January 2011, each practice in Islington agreed to the following mission statement:

“As practices we are committed to working together as a Clinical Commissioning Group to ensure our communities receive the best evidence based care possible within the available resources. We will strive to ensure that patients’ views are heard and that their journey through our local health system is seamless through integration and partnership working”.

In addition to this, Islington CCG’s vision is:

“To develop a new partnership between patients and their clinicians that together commissions health services of high quality and good value for money and meets the needs of the population of Islington.”

At the heart of the vision for Islington CCG is a strong clinically-driven local commissioning organisation that puts patients first and gives them a voice. There is a strong commitment to engaging and involving local people in decision making about how services are commissioned and with what outcomes. The vision recognises the current challenging economic environment and the need to reduce spend, especially in secondary care, by transforming and improving quality, impact and access to services. This means that Islington CCG will have a vital role in developing and delivering the local Operating Plan. Member practices within Islington CCG also appreciate the uniqueness of the local population with its significant levels of health inequality, and believe that as clinical leaders they are uniquely positioned to tackle these issues.

Islington CCG will engage patients and the public on an ongoing basis when undertaking commissioning responsibilities. In turn, member practices will be supported to work closely with the patients and local communities they serve, by using Islington’s Healthwatch, and engaging with locality patient participation groups and community partners.

Islington CCG will aim to improve patients’ experiences and health outcomes in a financially and clinically sustainable way by:

- **ensuring a patient centred approach** to planned care, in particular the development of integrated approaches to management of long term conditions
- **promoting and improving patients’ management both in the primary and secondary care interface**

- **developing Integrated Primary Care teams** including primary, community, mental health and social care services
- **developing models of care encompassing the diverse needs of our population** which includes using public health intelligence in the commissioning cycle, seeking to address healthcare needs and priorities through joint working with the Health and Wellbeing Board and the Commissioning Framework including JSNA
- **provide leadership to the local health system** by ensuring that clinical leadership is at the heart of our decision making
- **being accountable for the effective use of resources and provision of high quality services** by developing financial and performance management capability to deliver QIPP goals, clear commissioning plans, ensuring performance management systems are in place and having effective governance arrangements and management of quality.

The Constitution sets out the arrangements made by Islington CCG to meet its responsibilities for commissioning care for the residents of Islington, from the point it was agreed by its member practices. It describes the governing principles, rules and procedures that Islington CCG has established to ensure probity and accountability in the day to day running of Islington CCG; to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to the goals of Islington CCG.

The Constitution applies to the following, all of whom are required to adhere to it as a condition of their appointment:

- Islington CCG's member practices
- Islington CCG's employees and staff
- individuals working on behalf of Islington CCG
- anyone who is a member of Islington CCG's Governing Body (including the Governing Body's audit and remuneration committees)
- anyone who is a member of any other committee(s) or sub-committees established by Islington CCG or its Governing Body.

From time to time the structures and processes referred to in this Constitution may be subject to change, at which point such amendments will be made to this document and:

- taken back to member practices for their approval of those amendments
- and sent to NHS England for approval.

This Constitution provides a clear, explicit, engaging basis on which to develop Islington CCG for the benefit of patients, carers and residents.



Alison Blair
Chief Officer, Islington CCG



Dr Gillian Greenhough
Chair, Islington CCG

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1. Introduction and commencement

1.1. Name

- 1.1.1. The name of this clinical commissioning group is NHS Islington Clinical Commissioning Group (Islington CCG).

1.2. Statutory framework

- 1.2.1. Clinical commissioning groups are established under the Health and Social Care Act 2012 (“the 2012 Act”).¹ They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 (“the 2006 Act”).² The duties of clinical commissioning groups to commission certain health services are set out in Section 3 of the 2006 Act, as amended by Section 13 of the 2012 Act, and the regulations made under that provision.³
- 1.2.2. Clinical commissioning groups are clinically led membership organisations made up of general practices. The members of the clinical commissioning group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a Constitution.⁴
- 1.2.3. NHS England is responsible for determining applications from prospective groups to be established as clinical commissioning groups⁵ and undertakes an annual assessment of each established group.⁶ It has powers to intervene in a clinical commissioning group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.⁷

1.3. Status of this Constitution

- 1.3.1. This Constitution was made between the member practices of Islington CCG and had effect from 21 February 2013 when NHS England established the group.⁸
- 1.3.2. This Constitution will be reviewed each year in accordance with a timetable set out by NHS England following a process set out in paragraph 1.4.1.
- 1.3.3. This Constitution will also be made available to patients and the public via the following means:
- a) it will be published on Islington CCG’s website at www.Islingtonccg.nhs.uk

¹ See section 11 of the 2006 Act, inserted by section 10 of the 2012 Act.

² See section 275 of the 2006 Act, as amended by paragraph 140(2) (c) of Schedule 4 of the 2012 Act.

³ Duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act.

⁴ See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued.

⁵ See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act.

⁶ See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁷ See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act.

⁸ See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act.

- b) it will be made available upon request for inspection at our head office:
Islington Clinical Commissioning Group
338-346 Goswell Road
LONDON EC1V 7LQ
- c) it will be made available upon application by post to the address provided above, or by email to Islington.ccg@nhs.net

1.4. Amendment and variation of this Constitution

1.4.1. This Constitution can only be varied in two circumstances:⁹

- a) where Islington CCG applies to NHS England and that application is granted
- b) where in the circumstances set out in legislation NHS England varies Islington CCG's Constitution other than on application by Islington CCG.

1.4.2. An application pursuant to 1.4.1 (a) for an amendment to this Constitution may only be made where it has been approved by the Governing Body, and in the case of an amendment which affects the rights liabilities or duties of the Members, by an ordinary resolution of the Members.

2. Area covered

- 2.1. The geographical area covered by Islington CCG is the London Borough of Islington.
- 2.2. The population covered by the Constitution and represented by Islington CCG is in the first instance determined by people assigned to Islington General Practice Lists in line with Responsible Commissioner Guidance from the Department of Health. The same access to services will, in addition, be offered to Islington residents not assigned to a General Practice List.

3. Membership

3.1. Membership of Islington CCG

- 3.1.1. Islington CCG is comprised of all of the GP practices whose premises is located within the geographical boundary of the Local Borough of Islington, and is available at Appendix B.

3.2. Eligibility

- 3.2.1. Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract whose premises is situated within the geographical boundary of the Local Borough of Islington will be eligible to apply for membership of Islington CCG.¹⁰

⁹ See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued.

¹⁰ See section 14 A(4) of the 2006 Act, inserted by section 25 of the 2012. Regulations to be made.

3.3. Termination of membership

3.3.1. Membership of Islington CCG will automatically terminate where a practice ceases to hold a contract to provide primary medical services.

4. Mission, values and aims

4.1. Mission

4.1.1. Islington CCG's mission statement, which was agreed to by all member practices in January 2011 is as follows:

“As practices we are committed to working together as a Clinical Commissioning Group to ensure our communities receive the best evidence based care possible within the available resources. We will strive to ensure that patients’ views are heard and that their journey through our local health system is seamless through integration and partnership working”.

4.1.2. In addition, Islington CCG's vision is:

“To develop a new partnership between patients and their clinicians that together commissions health services of high quality and good value for money and meets the needs of the population of Islington.”

4.1.3. Islington CCG will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

4.2. Values

4.2.1. Good corporate governance arrangements are critical to achieving Islington CCG's objectives.

4.2.2. The values that lie at the heart of Islington CCG's work are:

- a) Islington CCG will strive to deliver the best high quality, seamless, evidence- based care for its local people
- b) Islington CCG will put patients at the heart of the NHS, and build partnerships with them, empowering patients with the ability to self-manage where appropriate
- c) Islington CCG will commit to the optimum involvement of local people and service users in the group's decision-making processes, and service planning
- d) Islington CCG will value strong working and stable relationships and partnerships with other organisations
- e) Islington CCG will value clinical input in all it does
- f) Islington CCG will support and encourage education and training for its members
- g) Islington CCG will strive to work in a flexible and innovative way

- h) Islington CCG will strive to reach equality and fairness in considering the healthcare needs of different groups in the CCG's area
- i) Islington CCG will strive to deliver the greatest value from every NHS pound invested
- j) Islington CCG will commit to commissioning and procuring services in a fair and ethical manner
- k) Islington CCG will commit to openness and transparency in decision making and service planning.

4.3. Principles of good governance

4.3.1. In accordance with section 14L (2) (b) of the 2006 Act,¹¹ Islington CCG will at all times observe "such generally accepted principles of good governance" in the way it conducts its business. These include:

- a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business
- b) *The Good Governance Handbook*¹²
- c) the standards of behaviour published by the *Committee on Standards in Public Life* (1995) known as the 'Nolan Principles'
- d) the seven key principles of the *NHS Constitution*
- e) the Equality Act 2010.¹³

4.4. Accountability

4.4.1. Islington CCG will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by:

- a) publishing its Constitution
- b) appointing at least two independent lay members and non GP clinicians to its Governing Body
- c) holding meetings of its Governing Body in public (except where Islington CCG considers that it would not be in the public interest in relation to all or part of a meeting)
- d) publicising meetings on the CCG's website and through other routes that may include health centres, libraries and the local press
- e) engaging on and publishing for each year a commissioning plan

¹¹ Inserted by section 25 of the 2012 Act.

¹² The Good Governance Standard for Public Services, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004.

¹³ See <http://www.legislation.gov.uk/ukpga/2010/15/contents>

- f) publishing all commissioning decisions and consultation exercises on the CCG's website
 - g) complying with local authority health overview and scrutiny requirements
 - h) producing annual accounts in respect of each financial year which must be externally audited
 - i) holding an Annual General Meeting to present its Annual Report and Annual Accounts
 - j) having a published and clear complaints process
 - k) complying with the Freedom of Information Act 2000 and disclose all information that lawfully can be shared
 - l) complying with the 2012 Act in having a representative sit on the Health and Wellbeing Board, and cooperating with the Health and Wellbeing Board in the exercise of that Board's functions
 - m) providing information to NHS England as required
 - n) working in partnership with NHS England to improve the quality of primary medical care and specialised services, as required by NHS England
 - o) being subject to the powers of Healthwatch, as detailed under the 2012 Act
 - p) holding at least two events annually that involve local people and organisations to discuss the work of the CCG and the achievement of its aims.
- 4.4.2. In addition to these statutory requirements, Islington CCG will demonstrate its accountability by:
- a) declaring conflicts of interests that arise in the course of conducting NHS business. A register of Islington CCG members' interests will be held and will be available to the public
 - b) holding engagement events with various key stakeholders including the Health and Wellbeing Board, local authority, providers, voluntary groups and the public
 - c) publishing its principal commissioning strategies and operating policies
 - d) behaving with the utmost transparency and responsiveness at all times.
- 4.4.3. Islington CCG's Governing Body will have an ongoing role in reviewing Islington CCG's governance arrangements to ensure that it continues to reflect the principles of good governance.

5. Functions and general duties

5.1. Functions

- 5.1.1. The functions that Islington CCG is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. The functions, along with how they will be discharged by Islington CCG, are set out in Appendix C of this Constitution.

5.2. Other relevant regulations, directions and documents

- 5.2.1. Islington CCG will

- a) comply with all relevant regulations
- b) comply with directions issued by the Secretary of State for Health or NHS England; and
- c) take account, as appropriate, of documents issued by NHS England.

- 5.2.2 In meeting this requirement, Islington CCG will endeavour to secure public involvement of as wide as possible a cross-section of the people who use or may use the services provided, and the groups which may represent such people; to provide them with information about the services secured by the CCG in a variety of ways, tailored to the needs of the local community. The CCG will consult as widely as it can on planning and development of services, and take into account the views expressed when making decisions.

The CCG will take all steps it can to ensure that engagement is adapted to meet the needs of various groups and service users. The CCG will monitor on a regular basis its compliance with this statement of principles.

- 5.2.3. Islington CCG will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this Constitution, its scheme of reservation and delegation and other relevant Islington CCG policies and procedures.

6. Decision making: The governing structure

6.1. Authority to act

- 6.1.1. Islington CCG is accountable for exercising the statutory functions of Islington CCG. It may grant authority to act on its behalf to:

- a) any of its members
- b) its Governing Body
- c) employees and staff
- d) a committee or sub-committee of Islington CCG
- e) its Chief Officer
- f) any other officer of Islington CCG.

- 6.1.2. The extent of the authority to act of the individuals and groups listed in paragraph

- 6.1.1 depends on the powers delegated to them by Islington CCG as expressed through:

6.2. Scheme of reservation and delegation

- 6.2.1. Islington CCG's scheme of reservation and delegation sets out:

- a) those decisions that are reserved for the membership as a whole
- b) those decisions that are the responsibility of the Governing Body (and its committees).

6.2.2. Islington CCG remains accountable for all of its functions, including those that it has delegated.

6.3. General

6.3.1. In discharging functions of Islington CCG that have been delegated to its Governing Body (and its committees), committees, joint committees, sub committees and individuals must:

- a) comply with Islington CCG's principles of good governance¹⁴
- b) operate in accordance with Islington CCG's Scheme of Reservation and Delegation
- c) comply with Islington CCG's Standing Orders
- d) comply with Islington CCG's arrangements for discharging its statutory duties¹⁵
- e) where appropriate, ensure that member practices have had the opportunity to contribute to Islington CCG's decision making process.

6.3.2. When discharging their delegated functions, committees, sub-committees and joint committees must also operate in accordance with their approved terms of reference.

6.3.3. Where delegated responsibilities are being discharged collectively, the joint (collaborative) arrangements must:

- a) identify the roles and responsibilities of those clinical commissioning groups who are working together
- b) identify any pooled budgets and how these will be managed and reported in annual accounts
- c) specify under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate
- d) specify how the risks associated with the collaborative working arrangement will be managed between the respective parties
- e) identify how disputes will be resolved and the steps required to terminate the working arrangements
- f) specify how decisions are communicated to the collaborative partners.

¹⁴ See section 4.3 on Principles of Good Governance above.

¹⁵ See chapter 5 above.

6.4. The Governing Body

6.4.1. Functions - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 of the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this Constitution.¹⁶ The Governing Body has responsibility for:

- a) ensuring that Islington CCG has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with Islington CCG's *principles of good governance*¹⁷ (its main function)
- b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to Islington CCG and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act
- c) approving any functions of Islington CCG that are specified in regulations¹⁸
- d) leading the setting of vision and strategy
- e) approving commissioning plans
- f) monitoring performance against plans
- g) providing assurance of strategic risk
- h) approving consultation arrangements for Islington CCG's commissioning plan
- i) agreeing the timetable for producing the annual report and accounts
- j) any further functions that are set out in the Scheme of Reservation and Delegation.

6.4.2. Composition of the Governing Body - the Governing Body is composed of:

- a) the Chair (Clinical lead) (voting member)
- b) two lay members (voting members), one of whom is the statutory Vice-Chair and of whom:
 - i. one is to lead on audit, remuneration and conflict of interest matters
 - ii. one is to lead on patient and public participation matters.
- c) Vice-Chair (Clinical) (voting member)
- d) four locality GP representatives (voting members), who represent as follows:
 - i. one North locality GP representative
 - ii. one Central locality GP representative

¹⁶ See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act.

¹⁷ See section 4.3 on Principles of Good Governance above.

¹⁸ See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act.

- iii. one South East locality GP representative
 - iv. one South West locality GP representative.
 - e) one salaried / sessional GP representative (voting member)
 - f) one practice manager representative (voting member)
 - g) one executive nurse (voting member)
 - h) one practice nurse representative (voting member)
 - i) the Chief Officer (voting member)
 - j) the Chief Finance Officer (voting member)
 - k) one secondary care specialist doctor (voting member)
 - l) five other individuals:
 - i. Director of Public Health (non-voting member)
 - ii. Healthwatch Observer (non-voting member)
 - iii. Local Authority Representative (non-voting member)
 - iv. Director of Commissioning (non-voting member).
- 6.4.3. Committees of the Governing Body - the Governing Body has appointed and approved the Terms of Reference of the following committees:
- a) Audit Committee
 - b) Remuneration Committee
 - c) Quality and Performance Committee
 - d) Strategy and Finance Committee
 - e) Patient and Public Participation Committee.
- 6.4.4. The Governing Body of the CCG may, so long as it is in line with CCG regulations, establish or disestablish committees with approved Terms of Reference and delegated functions as it deems fit, including:
- a) Committees of the Governing Body
 - b) Committees in common with other organisations
 - c) Joint committees with other CCGs¹⁹
 - d) Joint committees with NHS England.

¹⁹ See section 14Z3 and 14Z9 of the NHS Act 2006 as amended.

6.4.5. Committees will only be able to establish their own sub-committees to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the Governing Body or the committee to which they are accountable.

7. Roles and responsibilities

7.1. Role of member practice representatives

7.1.1. Each practice will nominate a representative to represent their member practice's views and act on behalf of the practice in matters relating to Islington CCG. The role of each practice representative is to:

- a) enable communications between member practices and between their own practice and Islington CCG's Governing Body and other committees
- b) discuss and debate the views and wishes of their practice
- c) agree priorities for commissioning and review progress of commissioning with their practice
- d) aid communication between the practices and health and social care providers through the delivery of integrated care
- e) encourage other members of the team both clinical and non-clinical to attend open meetings and focus events which will be held by Islington CCG
- f) act as main contact to ensure their whole practice is engaged in the Governing Body link process
- g) act as main conduit by which commissioning information from Islington CCG or the Governing Body is communicated back to their practice members as appropriate
- h) make decisions on behalf of the member practice, with the ability to consult with the other members of their own practice where necessary.

7.2. Role of other GPs and primary care health professionals

7.2.1. In addition to the practice representatives identified in Section 7.1 above, Islington CCG will identify a number of other GPs / primary care health professionals from member practices to support the work of Islington CCG and / or represent Islington CCG rather than represent their own individual practices. These GPs and primary care health professionals will provide clinical advice, support, and leadership to various clinical work streams on behalf of Islington CCG.

7.3. All members of Islington CCG's Governing Body

7.3.1. Guidance on the roles of members of Islington CCG's Governing Body is set out in a separate document²⁰. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that Islington CCG exercises its functions effectively, efficiently and economically, with good governance and in

²⁰ Clinical commissioning group Governing Body Members: Role Outlines, Attributes and Skills – NHS England October 2012.

accordance with the terms of this Constitution. Each brings their unique perspective, informed by their expertise and experience.

7.4. Role of the Chair of the Governing Body

7.4.1. In addition to general responsibilities of all Governing Body members, the Chair of the Governing Body is responsible for:

- a) leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this Constitution
- b) building and developing Islington CCG's Governing Body and its individual members
- c) ensuring that Islington CCG has proper Constitutional and governance arrangements in place
- d) ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties
- e) supporting the Chief Officer in discharging the responsibilities of the organisation
- f) contributing to building a shared vision of the aims, values and culture of the organisation
- g) providing overall strategic leadership and direction to Islington CCG
- h) leading and influencing clinical and organisational change to enable Islington CCG to deliver its commissioning responsibilities
- i) overseeing governance, particularly ensuring that the Governing Body and the wider Islington CCG behaves with the utmost transparency and responsiveness at all times
- j) ensuring that public and patients' views are heard and their expectations understood and met
- k) ensuring that the organisation is able to account to its local patients, stakeholders and NHS England
- l) leading the formation, development, and maintenance of effective key partnerships by Islington CCG, particularly with the individuals involved in overview and scrutiny from the relevant local authority/ies
- m) ensuring that member practices are involved and engaged in Islington CCG's business
- n) taking clinical leadership for improving quality in primary care
- o) being the senior clinical voice of Islington CCG in interactions with all stakeholders, including NHS England.

7.5. Role of the Lay Vice-Chair of the Governing Body

7.5.1. In addition to general responsibilities of all Governing Body members, the Vice-Chair of Islington CCG is a statutory member of the Governing Body, and is responsible for:

- a) deputising for the chair where he or she has a conflict of interest or is otherwise unable to act
- b) taking a lead for governance under Section 7.6, or championing patient and public involvement under Section 7.7.

7.6. Role of the lay member with a lead role in overseeing key elements of governance

7.6.1. In addition to general responsibilities of all Governing Body members, the lay member of the Governing Body with the lead role in overseeing key elements of governance is responsible for:

- a) bringing specific expertise and experience to the work of the Governing Body, as well as their insight as a member of the local community
- b) providing strategic and impartial focus, so as to provide a view of the work of Islington CCG that is removed from the day-to-day running of the organisation
- c) overseeing key elements of governance including audit, remuneration and managing conflicts of interest
- d) chairing the Audit Committee.

7.7. Role of the lay member with a lead role in championing patient and public participation

7.7.1. In addition to general responsibilities of all Governing Body members, the lay member of the Governing Body with the lead role in championing patient and public participation is responsible for:

- a) providing strategic and impartial focus, so as to provide a view of the work of Islington CCG that is removed from the day-to-day running of the organisation
- b) helping to ensure that the public voice of the local population is heard in all aspects of Islington CCG's business, and that opportunities are created and protected for patient and public empowerment in the work of Islington CCG
- c) ensuring that Islington CCG builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise
- d) ensuring that Islington CCG has appropriate arrangements in place to secure public and patient involvement.

7.8. Role of Vice-Chair (Clinical)

7.8.1. In addition to general responsibilities of all Governing Body members, the Vice-Chair (clinical), as elected by his/her peers and accountable to Islington CCG via its

member practices, is responsible for acting as a representative and leader for Islington GPs.

7.9. Role of locality GP representatives

7.9.1. In addition to general responsibilities of all Governing Body members, the locality GP representatives, as elected by their peers and accountable to Islington CCG via its member practices, are responsible for acting as representatives and leaders for their locality.

7.10. Role of salaried / sessional GP representative

7.10.1. In addition to general responsibilities of all Governing Body members, the salaried / sessional GP representative, as elected by his/her peers and accountable to Islington CCG via its member practices, is responsible for acting as a representative and a leader for sessional / salaried GPs in Islington.

7.11. Role of practice manager representative

7.11.1. In addition to general responsibilities of all Governing Body members, the practice manager representative, as elected by his/her peers and accountable to Islington CCG via its member practices, is responsible for acting as a representative and a leader for practice managers in Islington.

7.12. Role of executive nurse

7.12.1. In addition to general responsibilities of all Governing Body members, the executive nurse on the Governing Body is responsible for bringing a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of Islington CCG, especially the contribution of nursing to patient care.

7.13. Role of practice nurse representative

7.13.1. In addition to general responsibilities of all Governing Body members, the practice nurse on the Governing Body as elected by his/her peers and accountable to Islington CCG via its member practices, is responsible for:

- a) bringing a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of Islington CCG, especially the contribution of nursing to patient care
- b) acting as a representative and a leader for practice nurses in Islington.

7.14. Role of the Chief Officer

7.14.1. The Chief Officer of Islington CCG is a member of the Governing Body; he/she is accountable to the Chair, the Governing Body, and to NHS England.

7.14.2. In addition to general responsibilities of all Governing Body members, this role of Chief Officer has been summarised in a national document²¹ as:

²¹ Clinical commissioning group Governing Body Members: Role Outlines, Attributes and Skills – NHS England October 2012.

- a) being responsible for ensuring that Islington CCG fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintain value for money
- b) with the Governing body and members being responsible for setting strategic direction
- c) ensuring at all times that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems
- d) working closely with the chair of the Governing Body, the Chief Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff
- e) Fulfilling all duties required under statute or order of the Secretary of State, guidance from NHS England and direction of the Governing Body that ensures good governance.

7.15. Role of the Chief Finance Officer

7.15.1. The Chief Finance Officer is a member of the Governing Body, accountable to the Chair, the Governing Body, and to NHS England. In addition to general responsibilities of all Governing Body members, he/she is responsible for providing financial advice to Islington CCG and for supervising financial control and accounting systems.

7.15.2. This role of Chief Finance Officer has been summarised in a national document²² as:

- a) being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged
- b) making appropriate arrangements to support, monitor and report on Islington CCG's finances
- c) overseeing robust audit and governance arrangements leading to propriety in the use of Islington CCG's resources
- d) being able to advise the Governing Body on the effective, efficient and economic use of Islington CCG's allocation to remain within that allocation and deliver required financial targets and duties

²² Clinical commissioning group Governing Body Members: Role Outlines, Attributes and Skills – NHS England October 2012.

- e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England; and
- f) fulfilling all duties required under statute or order of the Secretary of State, guidance from NHS England and direction of the Governing Body that ensures good governance.

7.16. Role of secondary care specialist

7.16.1. In addition to general responsibilities of all Governing Body members, the secondary care specialist on the Governing Body is responsible for:

- a) bringing a broader view from their perspective as a specialist doctor, on health and care issues to underpin the work of Islington CCG
- b) bringing an understanding of patient care in the secondary care setting.

7.17. Role of other representatives

7.17.1 In addition to general responsibilities of all Governing Body members, the representatives for public health, Healthwatch, and local authority are responsible for: bringing a broader view from their perspective as a representative from their body or of the local medical profession, on health and care issues to underpin the work of Islington CCG.

7.18. Joint appointments with other organisations

7.18.1. All joint appointments with other organisations will be supported by either a Section 75 agreement, a Section 256 agreement, or a memorandum of understanding between the organisations who are party to these joint appointments.

8. Standards of business conduct and managing conflicts of interest

8.1. Standards of business conduct

- 8.1.1. Members of Islington CCG and members of the Governing Body (and its committees) will at all times comply with this Constitution and be aware of their responsibilities outlined within it. They should act in good faith and in the interests of Islington CCG and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles).
- 8.1.2. They must comply with Islington CCG's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on Islington CCG's website at www.islingtonccg.nhs.uk
- 8.1.3. Individuals contracted to work on behalf of Islington CCG or otherwise providing services or facilities to Islington CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

8.2. Conflicts of interest

- 8.2.1. Islington CCG will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by Islington CCG will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2. Where an employee, a member practice, or a member of Islington CCG's Governing Body, (including its committees) has an interest, or becomes aware of a matter that could lead to a conflict of interest, that matter will be considered a potential conflict, and is subject to the provisions of this Constitution.
- 8.2.3. A conflict of interest refers to any relevant and material personal or business interests or positions of influence for themselves and those connected with them, which may influence or be perceived to influence their judgment. Relevant and material interests include:
- a) directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)
 - b) ownership or part-ownership of companies, businesses or consultancies save that shareholdings of less than 5% of a publicly quoted company need not be registered
 - c) partnership, employment or holding a contract for services whether current or prospective, other than with Islington CCG itself
 - d) a position of authority (e.g. employee or trustee) in a charity or voluntary or social enterprise organisation in the field of health and social care
 - e) any connection with a voluntary or other organisation contracting for NHS services
 - f) research funding/grants that may be received by an individual or their department or by Islington CCG or by their Practice
 - g) interests in pooled funds that are under separate management (any relevant company included in this fund that has a potential relationship with any of the PCTs must be declared)
 - h) any interests that arise from any joint working arrangements, or similar, such as with the local authority
 - i) any interest that they (if they are registered with the General Medical Council) would be required to declare in accordance with paragraph 55 of the GMC's publication Management for Doctors or any successor guidance
 - j) any interest that they (if they are registered with the Nursing and Midwifery Council) would be required to declare in accordance with paragraph 7 of the NMC's publication Code of Professional Conduct or any successor code
 - k) where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.
- 8.2.4. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3. The register of interests

8.3.1. Islington CCG will maintain one or more registers of the interests of:

- a) the members of its Governing Body
- b) the members of its committees or sub-committees and the committees or sub-committees of its Governing Body; and
- c) its employees and staff.

8.3.2. The register will be made available via the following means:

- a) It will be published on Islington CCG's website at www.islingtonccg.nhs.uk
- b) It will be made available upon request for inspection at the CCG's office:

Islington Clinical Commissioning Group
338-346 Goswell Road
London
EC1V 7LQ

- c) It will be made available upon request at a public meeting; application by post to the address provided above; or by email to Islington.ccg@nhs.net.

8.3.3. Where a conflict or potential conflict of interest becomes apparent in the course of a meeting, the individual will make an oral declaration before witnesses, and the Chair will decide how to manage that conflict of interest at the time of oral declaration. A written declaration must be provided by that individual as soon as possible thereafter.

8.3.4. The Governing Body Secretary will ensure that the Register of Interests is maintained, updated, published in line with paragraph 8.3.2 and reported to every meeting of the Governing Body.

8.4. Managing conflicts of interest: general

8.4.1. The Chair will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of Islington CCG's decision making processes. The Chair will also provide confirmation of the arrangements to manage the conflict of interest or potential conflict of interest.

8.4.2. Arrangements for the management of conflicts of interest are to be determined at the discretion of the Chair and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following:

- a) when an individual should withdraw from a specified activity, on a temporary or permanent basis
- b) possible monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual where appropriate.

8.4.3. Where an individual member, employee or person providing services to Islington

CCG is aware of an interest which:

- a) has not been declared, either in the register or orally, they will declare this at the start of the meeting
- b) has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

The Chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the arrangements set out in paragraph 8.4.2 apply.

8.4.4. Where the Chair of any meeting of Islington CCG, including the Governing Body and its committees has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and a decision on next steps in line with paragraph 8.4.3 except that the Chair's decision must be endorsed by a majority vote of the members present at the meeting and must be one of:

- a) another member of the meeting, who for meetings of the Governing Body will in the first instance by the lay Vice-Chair, will act as the Chair for either:
 - I. the whole of the meeting or
 - II. the part of the meeting to which the declared interest pertains.
- b) the Chair will continue to sit throughout but will not cast a vote on the matter to which the declared interest pertains; and this includes not casting a deciding vote where a vote is tied or deadlocked.

8.4.5. Where:

- a) a vote is deadlocked and because of a declared conflict of interest there is no person who can cast a second or deciding vote to break the deadlock then the matter on which the vote is being held will be considered to not have passed.
- b) The members present do not endorse the Chair's decision under paragraph 8.4.4, the Chair must withdraw from the meeting.

8.4.6. Any declarations of interests, and arrangements agreed in any meeting of Islington CCG, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.

8.4.7. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will take due account of the requirements for meeting quoracy and determine whether or not the discussion can proceed.

8.4.8. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Chief Officer on the action to be taken.

8.4.9. This may include:

- a) requiring another of Islington CCG's committees or sub-committees, Islington CCG's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible
- b) co-opting, on a temporary basis, one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that Islington CCG can progress the item of business:
 - I. a member of Islington CCG who is an individual
 - II. an individual appointed by a member to act on its behalf in the dealings between it and Islington CCG
 - III. a member of a relevant Health and Wellbeing Board
 - IV. a member of a Governing Body of another clinical commissioning group.
- c) these arrangements must be recorded in the minutes.

8.4.10. In any transaction undertaken in support of Islington CCG's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Chair of the transaction.

8.4.11. The Chair will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

8.5. Managing conflicts of interest: contractors and people who provide services to Islington CCG

8.5.1. In any tendering or procurement process, Islington CCG will seek undertakings of compliance with the requirements of good practice and procurement law from interested parties.

8.5.2. Anyone contracted to provide services or facilities directly to Islington CCG will be subject to appropriate provisions in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6. Transparency in procuring services

8.6.1. Islington CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. Islington CCG will procure services in a

manner that is open, transparent, non-discriminatory and fair to all potential providers.

8.6.2. Islington CCG will publish a Procurement Policy approved by its Governing Body which will ensure that:

- a) all relevant clinicians and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services, unless clinicians have a relevant and material interest
- b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

8.6.3. The procurement policy will be published.

9. Islington CCG as employer

9.1. Islington CCG recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of Islington CCG.

9.2. Islington CCG will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.

9.3. Islington CCG will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by Islington CCG. All staff will be made aware of this Constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.

9.4. Islington CCG will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. Islington CCG will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters.

9.5. Islington CCG will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.

9.6. Islington CCG will ensure that employees' behaviour reflects the values, aims and principles set out above.

9.7. Islington CCG will ensure that it complies with all aspects of employment law.

9.8. Islington CCG will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.

9.9. Islington CCG will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.

9.10. The Code of Conduct will be published.

10. Transparency, ways of working and standing orders

10.1. General

- 10.1.1. Islington CCG will publish annually a commissioning plan and an annual report, presenting Islington CCG's annual report to a public meeting.
- 10.1.2. Key communications issued by Islington CCG, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published.
- 10.1.3. Islington CCG may use other means of communication, such as making information available in venues and services accessible to the public, namely libraries, health centres and public notice boards, and where appropriate, circulating information by post.

10.2. Standing orders

- 10.2.1. This Constitution is also informed by a number of documents which provide further details on how Islington CCG will operate. They are Islington CCG's:
 - a) standing orders
 - b) scheme of reservation and delegation
 - c) prime financial policies.

11. Islington CCG and its member practices

11.1. Communication and engagement with member practices

- 11.1.1. Islington CCG is committed to effective communication and engagement with its member practices.
- 11.1.2. Islington CCG will use locality commissioning forums and other methods as appropriate to communicate, engage, and test strategic ideas and proposals.
- 11.1.3. Where appropriate Islington CCG will engage with the Local Medical Committee and other organisations, representatives and committees as necessary, in a timely manner, as local statutory representatives of the medical profession.
- 11.1.4. Where decisions or developments have been made with regards to commissioning or any issue affecting member practices, it will be the duty of Islington CCG to inform practices in a timely manner.

11.2. Governing Body GP Link

- 11.2.1. In order to facilitate communication and engagement between member practices and the Governing Body, each of the GP members on the Governing Body will act as a Governing Body GP link with a group of practices across Islington. The aim of the linkage will be as follows:

- a) to build cohesiveness through the development of relationships between Islington CCG and constituent practices, facilitating communication and the development of shared values
- b) to develop a primary care led approach to commissioning and engagement so as to ensure that all GPs, Clinicians and whole practice teams are empowered to drive commissioning forward in Islington
- c) to ensure information is available to practices to support their developmental and educational needs, e.g. mentoring, the strategic needs of the practice, working within Islington CCG
- d) support practices to understand and utilise data to inform daily practice and helping the practice to form developmental goals and action plans where appropriate.

11.3. Principles of collaborative working

11.3.1. The principles in Section 11.3.2 will support Islington CCG's plans to develop primary and integrated care by building on the strengths of general practice through:

- a) providing more care in the community - investing in GP, practice nurse and front of house staff training, and providing resources which allow GPs and their teams to improve access and offer a greater range of services
- b) integrating health and social care by joining up care through alignment of community, mental health, social, and, where appropriate, acute services to the Islington Localities
- c) recognising the value of generalism and ensuring that evidence based, high quality, cost effective care is understood, recognised and implemented
- d) supporting people to gain the knowledge, skills, tools and confidence to become active participants in their own care
- e) where appropriate, commissioning services through general practice in accordance with the latest policy and legal requirements.

11.3.2. GP member practices of NHS Islington Clinical Commissioning Group are committed to working collaboratively within the agreed Localities towards the following key principles:

- a) reducing health inequalities across the registered population of our own locality as well as across Islington
- b) ensuring every patient registered with an Islington GP practice has access to all appropriate commissioned services
- c) ensuring also that non-registered patients resident within Islington's boundaries have access to all appropriate commissioned services
- d) promoting new ways of collaborative working within the established localities as groups of General Practices, and, where appropriate, with other key partners (providers in both the statutory and voluntary sectors), to deliver higher quality and better outcomes for patients as outlined in CCG plans

- e) where local services are commissioned from General Practice, consider delivering this at individual practice level and / or where appropriate at a locality level with services delivered through host practices
- f) promoting high quality services and working collectively to improve standards of care
- g) using and promoting appropriate local services within the individual GP practice or directing patients so that they can access those appropriate services from host practices in the localities
- h) promoting effective use of NHS resources
- i) enabling patients to identify what is important to them and to obtain the support they require within available resources so that they are effective in their own self-care and their independence is promoted
- j) embedding the organisational learning and development culture at practice and locality level through “real learning” from peer-review education programmes and sharing best practice.

11.4. Dispute resolution between member practices and Islington CCG as a whole

- 11.4.1. As per the Constitution’s Scheme of Reservation and Delegation, the Governing Body has authority to perform Islington CCG’s functions, or has authority to delegate these functions to its committees as appropriate.
- 11.4.2. Where a member practice finds it has a dispute or grievance with the wider Islington CCG as whole, or its Governing Body or committees to whom it has delegated its powers, with regards to:
- a) matters of eligibility and disqualification; or
 - b) the interpretation and application of their respective powers and obligations under this Constitution; or
 - c) a decision which Islington CCG has made on behalf of its members; or
 - d) any other relevant matter that the Governing Body or in the event that the grievance or dispute is about the Governing Body or its committees, appears fair and equitable to be the subject of a complaint or grievance; it may follow the dispute resolution procedure outlined in 11.4.3.
- 11.4.3. If the member practice wishes to raise an issue with Islington CCG as a whole:
- a) In the first instance, the member practice may if they wish, raise such issue in writing through their Governing Body GP Link, or their locality representative on the Governing Body, as soon as reasonably practical.
 - b) The Governing Body GP link or locality GP representative on the Governing Body will respond to the member practice in writing as soon as reasonably practical. In the event of a conflict of interest the Chair will decide how the matter will be handled in

line with paragraph 8.4.2 and this includes directing any other elected board member to receive and resolve the issue.

- c) If the Governing Body GP Link or the locality GP representative is unable to resolve the issue, the member practice may write formally to the Chair. The Chair, in conjunction with the Chief Officer where appropriate, will contact the member practice through the practice representative to resolve the dispute.
- d) Where the dispute is unable to be resolved as above in (c), parties may refer to mediation.

11.5. Where a member practice wishes to make a complaint about the conduct of a member of the Governing Body, accountability is detailed under Standing Orders section 2.3.3 and the Code of Conduct.

Appendix A – Definitions of key descriptions used in this constitution

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
Chief Officer	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by NHS England, with responsibility for ensuring Islington CCG complies with its obligations under:</p> <ul style="list-style-type: none"> • sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act); • sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act); • paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and • any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; • and exercises its functions in a way which provides good value for money.
Area	the geographical area that Islington CCG has responsibility for, as defined in Chapter 2 of this Constitution
Chair of the Governing Body	the individual appointed by Islington CCG to act as chair of the Governing Body
Chief Finance Officer	the qualified accountant employed by Islington CCG with responsibility for

	financial strategy, financial management and financial governance
Clinical commissioning group	a body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Chair of the Governing Body	the individual appointed by Islington CCG to act as chair of the Governing Body
Chief Finance Officer	the qualified accountant employed by Islington CCG with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	a body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	a committee or sub-committee created and appointed by: the membership of Islington CCG a committee / sub-committee created by a committee created / appointed by the membership of Islington CCG a committee / sub-committee created / appointed by the Governing Body
Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March
Governing Body	the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with: <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.

<i>Governing Body member</i>	any member appointed to the Governing Body of Islington CCG
<i>Islington CCG</i>	NHS Islington Clinical Commissioning Group, which is a body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
<i>Lay member</i>	a lay member of the Governing Body, appointed by Islington CCG. A lay member is an individual who is not a member of Islington CCG or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
<i>Member</i>	a provider of primary medical services to a registered patient list, who is a members of Islington CCG (see tables in Chapter 3 and Appendix B)
<i>Member Practice representatives</i>	an individual appointed by a practice (who is a member of Islington CCG) to act on its behalf in the dealings between it and Islington CCG, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
<i>NHS Commissioning Board</i>	The Board as set up under the 2012 Act, existing as NHS England Authority until such time that it is established as a statutory organisation in October 2012
<i>NHS England</i>	See NHS Commissioning Board
<i>Registers of interests</i>	registers which Islington CCG is required to maintain and make publicly available under section 140 of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: <ul style="list-style-type: none"> • the members of Islington CCG; • the members of its Governing Body; • the members of its committees or sub-committees and committees or sub-committees of its Governing Body

Appendix B – List of member practice and signatures to this constitution

Practice Name	Locality	Address	Practice Representative's Signature & Date Signed
Andover Medical Centre	North	270-282 Hornsey Road, N7 7QZ	
Archway Medical Centre	North	652 Holloway Road, N19 3NK	
Dartmouth Park Practice	North	18 Dartmouth Park Hill, NW5 1HL	
Hanley Primary Care Centre	North	52 Hanley Road, N4 3DU	
St John's Way Medical Centre	North	96 St John's Way, N19 3RN	
Stroud Green Medical Clinic	North	181 Stroud Green Road, N4 3PZ	
The Beaumont Practice	North	Hornsey Rise Health Centre, Hornsey Rise, N19 3XU	
The Northern Medical Centre	North	580 Holloway Road, N7 6LB	
The Rise Group Practice	North	Hornsey Rise Health Centre, Hornsey Rise, N19 3XU	
The Village Practice	North	115 Isledon Road, N7 7JJ	
Dr Ko's Surgery	Central	244 Tufnell Park Road, N19 5EW	
Goodinge Group Practice	Central	20 North Road, N7 9EW	
Highbury Grange Medical Centre	Central	1-5 Highbury Grange, N5 2QB	
Mildmay Medical Centre	Central	2a Green Lanes, N16 9NF	
Sobell Medical Centre	Central	272 Holloway Road N7 6NE	
The Medical Centre	Central	140 Holloway Road, N7 8DD	
The Miller Practice	Central	49 Highbury New Park, N5 2ET	
The Partnership Primary Care Centre	Central	331 Camden Road, N7 0SL	
The Tufnell Surgery	Central	244 Tufnell Park Road, N19 5EW	
Islington Central Medical Centre	South East	28 Laycock Street, N1 1SW	
Mitchison Road Surgery	South East	2 Mitchison Road, N1 3NG	

New North Health Centre	South East	287-293 New North Road, N1 7AA	
River Place Health Centre	South East	River Place, Essex Road, N1 2SE	
Roman Way Medical Centre	South East	58 Roman Way, N7 8XF	
St Peter's Street Medical Practice	South East	16 ½ St Peter's Street, N1 8JG	
The Family Practice	South East	117 Holloway Road, N7 8LT	
Barnsbury Medical Practice	South West	Bingfield Primary Care Centre, 8 Bingfield Street, N1 0AL	
City Road Medical Centre	South West	Unit 1-3 Ground Floor City House, 190-196 City Road, EC1V 2QH	
Clerkenwell Medical Practice	South West	Finsbury Health Centre, Pine Street, EC1R 2QH	
Elizabeth Avenue Group Practice	South West	2 Elizabeth Avenue, N1 3BS	
Killick Street Health Centre	South West	75 Killick Street, N1 9RH	
Pine Street Medical Practice	South West	Finsbury Health Centre, 4 Pine Street, EC1R 2QH	
Ritchie Street Group Practice	South West	34 Ritchie Street, N1 0DG	
Amwell Group Practice	South West	4 Naoroji Street, WC1X 0GB	

Appendix C – Functions and general duties of Islington CCG

1. Functions and General Duties

1.1. Functions

1.1.1. The functions that Islington CCG is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. They relate to:

a) commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:

- I. all people registered with member GP practices; and
- II. people who are usually resident within the area and are not registered with a member of any clinical commissioning group.

b) commissioning emergency care for anyone present in Islington CCG's area

c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of Islington CCG's employees

d) determining the remuneration and travelling or other allowances of members of its Governing Body.

1.1.2. In discharging its functions Islington CCG will:

a) act²³, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to **promote a comprehensive health service**²⁴ and with the objectives and requirements placed on NHS England through the mandate²⁵ published by the Secretary of State before the start of each financial year by:

- I. delegating overall decision making responsibility to its Governing Body
- II. carrying out its duties as per Islington CCG's governance arrangements.

b) **meet the public sector equality duty** by²⁶:

- I. eliminating unlawful discrimination harassment and victimisation and other conduct prohibited by the Equality Act 2010
- II. advancing equality of opportunity between people who share a protected characteristic and those who do not
- III. fostering good relations between people who share one of the nine protected characteristics and those who do not

²³ See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act.

²⁴ See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act.

²⁵ See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act.

²⁶ See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act.

- IV. by entrenching notions of equality in all aspects of Islington CCG's work and functions, including those relating to commissioning on behalf of its population and also as a model employer towards its staff
 - V. by implementing the Equality Delivery System, as agreed by the NHS Equality and Diversity Council (EDC) and the Department of Health to ensure that not only do we meet the legal requirements under the Equality Act 2010, but got further to make equality, diversity and human rights integral in all of its decisions
 - VI. by carrying out Equality Impact Analysis on all proposals, i.e. policies, procedures and strategies where and to the extent appropriate
 - VII. ensuring areas of equality and diversity are overseen by the Patient and Public Participation Committee, which is a committee of the Governing Body, and addressed under the Patient and Public Participation, Equality and Diversity Strategy;
 - VIII. annually publishing sufficient information to demonstrate compliance with this general duty across all their functions
 - IX. preparing and publishing specific and measurable equality objectives, revising these at least every four years.
- c) work in partnership with its local authority to develop **joint strategic needs assessments**²⁷ and **joint health and wellbeing strategies**²⁸ by:
- I. identifying local health needs and feeding them into Islington CCG, which will work jointly with the Islington Health and Wellbeing Board
 - II. supporting design and implementation of public health and wellbeing initiatives
 - III. continuing and strengthening relationships with the Local Authority and its social services colleagues
 - IV. establishing relationships with bordering clinical commissioning groups to develop joint approaches and deal with cross-border issues
 - V. supporting appropriate collaboration across providers
 - VI. establishing relationships with bordering clinical commissioning groups to develop joint approaches and deal with cross-border issues
 - VII. supporting appropriate collaboration across providers
 - VIII. supporting partnership-working with social care commissioners and providers (including local authority, voluntary sector and independent providers).

1.2. **General Duties** - in discharging its functions Islington CCG will:

1.2.1. Make arrangements to **secure public involvement** in the planning,

²⁷ See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act.

²⁸ See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act.

development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements²⁹ by:

- a) including two lay members and one Healthwatch observer in the membership of the Governing Body
- b) recruiting a minimum of one lay member to sit on relevant commissioning sub-committees of Islington CCG as detailed in the governance structures
- c) ensuring lay member involvement in other specific ad hoc steering groups and focus groups
- d) engaging with patient groups in each locality to ensure patient involvement across the borough, with appropriate feedback through commissioning teams
- e) holding wider public engagement around prioritisation, service re-design, setting commissioning intentions and commissioning strategies
- f) strengthening important connections with Islington's many local and national voluntary organisations
- g) ensuring close working with Healthwatch Islington
- h) holding regular meetings of the Patient and Public Participation Committee, which steers the overall Patient and Public Participation, Equality and Diversity Strategy for Islington. The group reviews and guides development of areas such as equality and diversity, increasing public awareness and engagement, improving communication between health services and the public, improving health literacy, monitoring of patient groups, engagement with wider groups such as voluntary organisations and seeking views from diverse groups within Islington CCG
- i) ensuring there is a wide range of methods by which residents can feedback their opinions about services in order to inform commissioning
- j) abiding by the duty of public involvement and consultation under Section 14Z2 of the 2006 Act, as amended by the 2012 Act and have regard to the obligations of providers under Section 242 of the 2006 Act.

1.2.2. Fulfil its obligations to:

- a) ***act with a view to securing that health services are provided in a way which promotes the NHS Constitution; and***
- b) ***promote awareness of the NHS Constitution among patients, staff and members of the public;***

by exercising this function through the Chief Officer and the Governing Body with the Quality & Performance Committee reviewing performance against the duties within the NHS Constitution.

1.2.3. Act ***effectively, efficiently and economically***³⁰ by:

²⁹ See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act.

³⁰ See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act.

- a) operating within the assurance framework in terms of accountability for financial management, Quality, Innovation, Prevention and Productivity (QIPP) delivery, and quality performance standards, through any established systems of performance management
- b) challenging inefficiency and championing innovative working via continuous monitoring of systems, processes, and services, and use of clinical input where necessary
- c) implementing the mobilisation / implementation plan which will drive and deliver QIPP intentions
- d) ensuring there is oversight of financial performance by the Chief Finance Officer and Audit Committee.

1.2.4. Act with a view to **securing continuous improvement to the quality of services**³¹ by:

- a) ensuring continuous and robust contract and performance management of all services for which it has commissioning responsibility, to be undertaken by the relevant committees in the governance structure, such as the Quality & Performance Committee and Strategy & Finance Committee and following agreed governance arrangements
- b) ensuring appropriate feedback mechanisms and engagement is available for service users
- c) ensuring arrangements for handling complaints raised with Islington CCG are compliant with the statutory framework for complaints handling, by following an agreed Complaints Procedure, and ensuring that we use this important feedback to improve the services Islington CCG commissions.

1.2.5. Assist and support NHS England in relation to the Governing Body's duty to **improve the quality of primary medical services**³² by:

- a) implementing a Governing Body GP link programme – each GP on the Governing Body is assigned to a group of practices across Islington and will act with a view to drive up quality in primary care by:
 - I. encouraging a sense of cohesiveness and linkages between the governing board and practices, and also between member practices, in order to foster a strong bottom-up approach to development, improve the ability of peer to peer developmental support, and importantly to provide a strong foundation for developing integrated care across the borough
 - II. helping practices to identify areas through use of performance data that could be further developed
 - III. supporting member practices to understand their own data and hence empowering them to drive their own development

³¹ See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act.

³² See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act.

- IV. ensuring that necessary information is readily available to practices to support their developmental needs
- V. helping the practice to develop action plans to deliver any changes where appropriate
- VI. providing mentorship as needed.
 - b) supporting practices to deliver the QIPP agenda at practice level, to achieve financial balance in delegated budgets
 - c) ensuring regular peer support and education sessions are made available to networks of practices and localities in a range of areas informed by practice need and performance information
 - d) assisting NHS England, where required, in conducting any investigations it considers appropriate in connection with its duties in relation to the performers list.

1.2.6. Have regard to the need to **reduce inequalities**³³ by:

- a) challenging inefficiency and championing innovation to drive up quality in primary, community and secondary care environments and improving health outcomes by commissioning high quality, value-for-money services that play a positive role in reducing the significant health inequalities that exist locally
- b) engaging with various groups of the population in line with the Patient and Public Participation, Equality and Diversity Strategy, and as per the Communications and Engagement Strategy
- c) working in partnership with strategic partners, such as Public Health and the Health and Wellbeing Board in delivering its vision for improving the health and reducing inequalities within the population of Islington, and commissioning in line with the Joint Strategic Needs Assessment, Joint Health and Wellbeing strategy, and other local strategies
- d) delivering services in line with the Equality Act 2010, and via the Equality Delivery System.

1.2.7. **Promote the involvement of patients, their carers and representatives in decisions about their healthcare**³⁴ by:

- a) recruiting a minimum of two lay members to sit on relevant commissioning sub-committees of Islington CCG as detailed in the governance structures
- b) ensuring lay member involvement in other specific ad hoc steering groups and focus groups
- c) engaging with locality patient groups in each locality to ensure patient involvement across the borough, and appropriate feedback through commissioning teams
- d) supporting practices to deliver highly effective and representative patient participation groups, ensuring patients are involved in practice- specific services and issues

³³ See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act.

³⁴ See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act.

- e) holding wider public consultation around prioritisation, service re-design, setting commissioning intentions and commissioning strategies including consultation on commissioning plans
- f) strengthening important connections with Islington's many local and national voluntary organisations who act on behalf of their users
- g) ensuring close working with Healthwatch
- h) ensuring there is a wide range of methods by which residents can feedback their opinions about services in order to inform commissioning
- i) providing good access to information about the local services available to Islington's population, including information about available self-management and peer support programmes
- j) ensuring that supported self-management is a high priority, so that patients are empowered to understand their own health, make informed decisions, and set their own personal goals, and that clinicians work in such a way as to support the patient to self-manage
- k) driving the above through the Patient and Public Participation Committee
- l) ensuring that carers are recognised as important stakeholders within the health system and ensuring that they are properly included, including working closely with voluntary carer organisations
- m) requiring all providers under contract to involve patients as appropriate.

1.2.8 Act with a view to ***enabling patients to make choices***³⁵ by:

- a) working towards improving general health literacy across Islington, through supporting good access to general health information, decision aids, and evidence based information
- b) providing good access to information about the services available locally, including information about available self-management and peer support programmes, voluntary sector support
- c) ensuring that supported self-management is a high priority, so that patients are empowered to understand their own health, make informed decisions, and set their own personal goals, and that clinicians work in such a way as to support the patient to self-manage
- d) providing information about Healthwatch, whose signposting function aims to assist patients to make choices
- e) ensuring that this is steered by the Patient and Public Participation Committee.

1.2.9. ***Obtain appropriate advice***³⁶ from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

³⁵ See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act.

³⁶ See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act.

- a) collaborative, multi-professional working through the development of integrated care models
- b) ensuring a clinical perspective is threaded through everything Islington CCG does
- c) working closely and fostering good relationships with partners, such as the Health and Wellbeing Board, Public Health, the Local Authority, Healthwatch, primary, secondary and community providers, voluntary organisations, the Local Medical Committee, and adjacent borough colleagues.

1.2.10. Promote innovation³⁷ by:

- a) collectively learning about what makes innovation work in commissioning and with Islington providers, and what does not
- b) working in a more integrated fashion to deliver more seamless innovative healthcare
- c) keeping abreast of guidance, research and projects in Islington and other boroughs across England
- d) ensuring there is robust evaluation of our own services and reporting as per governance arrangements in order to drive innovation where it is needed
- e) ensuring there is strong clinical involvement in planning services, including the use of Islington Clinical Commissioning Group's Partners
- f) continuing to work with partners to do this, lining up our future innovation work alongside the transition work underway to support our practices, and Governing Body as the leaders of commissioning.

1.2.11. **Promote research and the use of research**³⁸ by:

- a) abiding by Islington CCG's mission statement to provide the best evidence- based care possible
- b) keeping abreast of guidance, research, pilots, and innovative projects in Islington and other boroughs across England
- c) seeking to join the relevant Academic Health Science Network, and be involved to the extent in the activities of the network to the extent appropriate to the role of Islington CCG, as advised by any future regulation or guidance.

1.2.12. Have regard to the need to **promote education and training**³⁹ for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty⁴⁰ by:

³⁷ See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act.

³⁸ See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act.

³⁹ See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act.

⁴⁰ See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act.

- a) supporting the development of an ongoing educative process within integrated networks, within localities, and across Islington where appropriate, entrenching this within strategies such as the Islington Primary Care Strategy
 - b) taking collective responsibility for educational opportunities and continuous learning across the locality, including the use of peer support learning.
- 1.2.13. **Promote integration** of *both* health services with other health services and health services with health-related and social care services where Islington CCG considers that this would improve the quality of services or reduce inequalities⁴¹ by:
- a) implementing system wide integrated care across health and social care in Islington, including:
 - I. implementation of geographical networks of practices across Islington, who will work closely with other teams such as community teams, acute specialists, voluntary groups, non-traditional providers and other key stakeholders for those patients within the network who need it
 - II. implementation of risk profiling to identify complex patients requiring integrated care
 - III. support for the development of multi-disciplinary meetings and peer support to discuss such complex patients
 - IV. the use of care service managers to coordinate patient care for each network
 - V. aiming to implement timely sharing of information through shared information systems as far as possible
 - VI. ensuring appropriate patients have robust care plans to empower them to understand and take better control over their health and overall living
 - VII. ensuring non-traditional providers and voluntary groups are kept engaged where appropriate
 - VIII. ensuring there is cross-working with neighbouring CCGs where appropriate, especially where there are cross border flows and shared providers
 - IX. overseeing the development, implementation, and monitoring of integrated care via the Integrated Care Programme Board.
- 1.3. **General Financial Duties** – Islington CCG will perform its functions to:
- 1.3.1. **Ensure its expenditure does not exceed the aggregate of its allocations for the financial year.**⁴²
 - 1.3.2. **Ensure its use of resources** (both its capital resource use and revenue resource use) **does not exceed the amount specified by NHS England for the financial year.**⁴³

⁴¹ See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act.

⁴² See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act.

⁴³ See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act.

1.3.3. **Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure Islington CCG does not exceed an amount specified by NHS England.**⁴⁴

1.3.4. **Publish an explanation of how Islington CCG spent any payment in respect of quality made to it by NHS England**⁴⁵ by:

- a) the Chief Finance Officer reporting to the Strategy and Finance Committee on all payments for quality and how they are spent. This in turn will be reported to the Governing Body and then published at www.Islingtonccg.nhs.uk

1.4. **Discharge of functions 1.1 to 1.3.**

1.4.1. Islington CCG will discharge its functions laid out under 1.1 to 1.3 through:

- a) strong financial control overseen by the Chief Finance Officer, and through the Strategy & Finance Committee which has the delegated responsibility of overseeing monitoring against budgets
- b) regular updates of the risk register and QIPP delivery at the Executive Management Team Meetings
- c) appropriate monthly monitoring and reporting to the Strategy & Finance Committee from any other relevant committees, subcommittees or advisory groups
- d) where financial risks of exceeding allocations are identified, immediate remedial action is recommended by the Strategy & Finance Committee to the Governing Body for decision
- e) delegating appropriate responsibility to its Governing Body or its Chief Officer or a committee or a member with lead responsibility to oversee how it/they discharge the duty
- f) specifying a policy which sets out how they intend to discharge this duty requiring progress of delivery of the duty to be monitored through performance monitoring; and / or
- g) general reporting mechanism.

Appendix D – Joint commissioning arrangements

1. Joint commissioning arrangements with other Clinical Commissioning Groups

1.1 The Islington Clinical Commissioning Group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.

1.2 The CCG may make arrangements with one or more CCG in respect of:

1.2.1 delegating any of the CCG's commissioning functions to another CCG;

⁴⁴ See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act.

⁴⁵ See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act.

- 1.2.2 exercising any of the commissioning functions of another CCG; or
- 1.2.3 exercising jointly the commissioning functions of the CCG and another CCG
- 1.3 For the purposes of the arrangements described at paragraph 1.2, the CCG may:
- 1.3.1 make payments to another CCG
- 1.3.2 receive payments from another CCG
- 1.3.3 make the services of its employees or any other resources available to another CCG.
- or
- 1.3.4 receive the services of the employees or the resources available to another CCG.
- 1.4 Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.
- 1.5 For the purposes of the arrangements described at paragraph 1.2 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 1.2.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 1.6 Where the CCG makes arrangements with another CCG as described at paragraph 1.2 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:
- how the parties will work together to carry out their commissioning functions
 - the duties and responsibilities of the parties
 - how risk will be managed and apportioned between the parties
 - financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund
 - contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 1.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 1.2 above.
- 1.8 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- 1.9 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead clinician and lead manager of the lead CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 1.10 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

2. Joint commissioning arrangements with NHS England for the exercise of CCG functions

- 2.1 The CCG may wish to work together with NHS England in the exercise of its commissioning functions.
- 2.2 The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.
- 2.3 The arrangements referred to in paragraph 2.2 above may include other CCGs.
- 2.4 Where joint commissioning arrangements pursuant to 2.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.
- 2.5 Arrangements made pursuant to 2.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 2.6 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 2.2 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- how the parties will work together to carry out their commissioning functions
 - the duties and responsibilities of the parties
 - how risk will be managed and apportioned between the parties
 - financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund
 - contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements; and
- 2.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 2.2 above.
- 2.8 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- 2.9 The Governing Body of the CCG shall require, in all joint commissioning arrangements a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 2.10 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

3. Joint commissioning arrangements with NHS England for the exercise of NHS England's functions

- 3.1 The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.

- 3.2 The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:
- exercise such functions as specified by NHS England under delegated arrangements
 - jointly exercise such functions as specified with NHS England.
- 3.3 Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.
- 3.4 Arrangements made between NHS England and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.
- 3.5 For the purposes of the arrangements described at paragraph 3.2 above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 3.6 Where the CCG enters into arrangements with NHS England as described at paragraph 3.2 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:
- how the parties will work together to carry out their commissioning functions
 - the duties and responsibilities of the parties
 - how risk will be managed and apportioned between the parties
 - financial arrangements, including payments towards a pooled fund and management of that fund
 - contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 3.7 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph 3.2 above.
- 3.8 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.
- 3.9 The Governing Body of the CCG shall require, in all joint commissioning arrangements a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives
- 3.10 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.