NHS
Frimley
Integrated Care Board

NHS Frimley Integrated Care Board

CONSTITUTION

October 2022

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V1.0	1 July 2022	1 July 2022
V1.1 (as per NHSE national constitution amendments 15 September 2022)	5 October 2022	5 October 2022

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1. Introduction

1.1 Background/ Foreword

NHSE has set out the following as the four core purposes of ICSs:

a) improve outcomes in population health and healthcare
b) tackle inequalities in outcomes, experience and access
c) enhance productivity and value for money
d) help the NHS support broader social and economic development.

The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:

a) improving the health of children and young people
b) supporting people to stay well and independent
c) acting sooner to help those with preventable conditions
d) supporting those with long-term conditions or mental health issues
e) caring for those with multiple needs as populations age
f) getting the best from collective resources so people get care as quickly as possible.

1.2 Name

1.2.1 The name of this Integrated Care Board is NHS Frimley Integrated Care Board ("the ICB").

1.3 Area Covered by the Integrated Care Board

1.3.1 The area covered by the ICB is aligned to the Local Super Output Area (LSOA) codes shown in Appendix 4:

a) the whole of The Royal Borough of Windsor and Maidenhead;
b) the whole of the area covered by Slough Borough Council;
c) the whole of the area covered by Bracknell Forest Council;
d) area covered by Surrey Heath Borough Council with the exception of village of Chobham, Bisley and West End;
e) Part of Guildford Borough Council covering Ash and Ash Vale;
f) Waverley 013F. The area covered by the ICB is for Farnham Town;
g) the towns of Aldershot and Farnborough;
h) the towns of Fleet and Yateley.

As set out in the establishment order and in accordance with rules published by NHS England in this regard (new section 14Z31 of the 2006 Act).

1.4 Statutory Framework

1.4.1 The ICB is established by order made by NHS England under powers in the 2006 Act.

1.4.2 The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act.

1.4.3 The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

1.4.4 In accordance with section 14Z25(5) of, and paragraph 1 of Schedule 1B to, the 2006 Act the ICB must have a Constitution, which must comply with the requirements set out in that Schedule. The ICB is required to publish its Constitution (section 14Z29). This Constitution is published at http://www.frimley.icb.nhs.uk

1.4.5 The ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to ICBs. Examples include, but are not limited to, the Equality Act (2010) and the Children Act (2004). Some of the statutory functions that apply to ICBs take the form of general statutory duties, which the ICB must comply with when exercising its functions. These duties include but are not limited to:

a) Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 2009 and section 14Z32 of the 2006 Act);
b) Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);
c) Duties in relation children including safeguarding, promoting welfare etc (including the Children Acts 1989 and 2004, and the Children and Families Act 2014)
d) Adult safeguarding and carers (the Care Act 2014)
e) Equality, including the public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35); and
f) Information law, (for instance, data protection laws, such as the UK General Data Protection Regulation 2016/679 and Data Protection Act 2018, and the Freedom of Information Act 2000).
g) Provisions of the Civil Contingencies Act 2004

1.4.6 The ICB is subject to an annual assessment of its performance by NHS England which is also required to publish a report containing a summary of the results of its assessment.

1.4.7 The performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under —

i) section 14Z34 (improvement in quality of services),
j) section 14Z35 (reducing inequalities),
k) section 14Z38 (obtaining appropriate advice),
l) section 14Z40 (duty in respect of research)
m) section 14Z43 (duty to have regard to effect of decisions)
n) section 14Z45 (public involvement and consultation),
o) sections 223GB to 223N (financial duties), and
p) section 116B (1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

1.4.8 NHS England has powers to obtain information from the ICB (section 14Z60 of the 2006 Act) and to intervene where it is satisfied that the ICB 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 (section 14Z61).

1.5 Status of this Constitution

1.5.1 The ICB was established on 1 July 2022 by The Integrated Care Boards (Establishment) Order 2022, which made provision for its Constitution by reference to this document.

1.5.2 This Constitution must be reviewed and maintained in line with any agreements with, and requirements of, NHS England set out in writing at establishment.

1.5.3 Changes to this Constitution will not be implemented until, and are only effective from, the date of approval by NHS England.

1.6 Variation of this Constitution

1.6.1 In accordance with paragraph 15 of Schedule 1B to the 2006 Act this Constitution may be varied in accordance with the procedure set out in this paragraph. The Constitution can only be varied in two circumstances:

a) where the ICB applies to NHS England in accordance with NHS England's published procedure and that application is approved; and

b) where NHS England varies the Constitution of its own initiative, (other than on application by the ICB).

1.6.2 The procedure for proposal and agreement of variations to the Constitution is as follows:

a) Following an open and transparent engagement process with system partners, the ICB Board will approve variations to the Constitution subject to an application to NHS England in accordance with that body's published procedure.

b) Proposed amendments to this Constitution will not be implemented until an application to NHS England for variation has been approved.

1.7 Related Documents

1.7.1 This Constitution is also supported by a number of documents (as described below) which provide further details on how governance arrangements in the ICB will operate. All these documents are found on the ICB's website http://www.frimley.icb.nhs.uk

1.7.2 The following are appended to the Constitution and form part of it for the purpose of clause 1.6 and the ICB's legal duty to have a Constitution:

a) Standing orders– which set out the arrangements and procedures to be used for meetings and the processes to appoint the ICB committees.

1.7.3 The following do not form part of the Constitution but are required to be published.

a) The Scheme of Reservation and Delegation (SoRD) – sets out those decisions that are reserved to the board of the ICB and those decisions that have been delegated in accordance with the powers of the ICB and which must be agreed in accordance with and be consistent with the Constitution. The SoRD identifies where, or to whom, functions and decisions have been delegated to.

b) Functions and Decision map - a high level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. The Functions and Decision map also includes decision making responsibilities that are delegated to the ICB (for example, from NHS England).

c) Standing Financial Instructions – which set out the arrangements for managing the ICB's financial affairs.

d) The Governance Handbook – This brings together all the ICB's governance documents so it is easy for interested people to navigate. It includes:

- The above documents a) – c)

- Terms of reference for all committees and sub-committees of the board that exercise ICB functions.
- Delegation arrangements for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one of those organisations in accordance with section 65Z6 of the 2006 Act.
- Terms of reference of any joint committee of the ICB and another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act.
- The up-to-date list of eligible providers of primary medical services as described in Appendix 3 of the Constitution.

e) **Key policy documents -** which should also be included in the Governance Handbook or linked to it:
   - Standards of Business Conduct Policy
   - Conflicts of interest policy and procedures
   - Policy for public involvement and engagement

2 Composition of the Board of the ICB

2.1 Background

2.1.1 This part of the Constitution describes the membership of the board of the ICB. Further information about the criteria for the roles and how they are appointed is in section 3.

2.1.2 Further information about the individuals who fulfil these roles can be found on our website http://www.frimley.icb.nhs.uk

2.1.3 In accordance with paragraph 3 of Schedule 1B to the 2006 Act, the board of the ICB (referred to in this Constitution as "the board" and members of the ICB board are referred to as "board members") consists of:

a) a Chair
b) a Chief Executive
c) at least eight Ordinary members, a minimum of three of which are the mandatory roles defined in 2.1.4 below.

2.1.4 The membership of the ICB (the board) shall meet as a unitary board and shall be collectively accountable for the performance of the ICB's functions.

2.1.5 NHS England Policy, requires the ICB to appoint the following Ordinary Members:

a. three executive members, namely:
    - Chief Finance Officer
    - Chief Medical Officer
    - Chief Nursing Officer
b. At least two non-executive members.

2.1.6 The Ordinary Members include at least three members who will bring knowledge and a perspective from their sectors. These members (known as Partner Members) are nominated by the following and appointed in accordance with the procedures set out in Section 3 below**.** They will be derived from:

- NHS Trusts and Foundation Trusts who provide services within the ICB's area and are of a prescribed description
- the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description
- the local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.

While the Partner Members will bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the board, they are not to act as delegates of those sectors.

2.2 Board Membership

2.2.1 The ICB has 8 Partner Members.

- 3 partner member(s) from NHS Trusts or Foundation Trusts
- 2 partner member(s) from primary medical service providers
- 3 partner member(s) from Local Authorities

2.2.2 The ICB has also appointed the following further Ordinary Members to the board:

- Chief People Officer
- Chief Transformation and Digital Officer

2.2.3 The board is therefore comprised of the following members:

- Chair
- Chief Executive
- 3 partner member(s) from NHS Trusts or Foundation Trusts
- 2 partner member(s) from primary medical service providers
- 3 partner member(s) from Local Authorities
- 2 non-executive members
- Chief Finance Officer
- Chief Medical Officer
- Chief Nursing Officer
- Chief People Officer

- Chief Transformation Officer

2.2.4 The Chair will exercise their function to approve the appointment of the ordinary members with a view to ensuring that at least one of the Ordinary Members will have knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness.

2.2.5 The board will keep under review the skills, knowledge, and experience that it considers necessary for members of the board to possess (when taken together) in order for the board effectively to carry out its functions and will take such steps as it considers necessary to address or mitigate any shortcoming.

2.3 Regular Participants and Observers at Board Meetings

2.3.1 The board may invite specified individuals to be Participants or Observers at its meetings in order to inform its decision-making and the discharge of its functions as it sees fit.

2.3.2 Participants will receive advanced copies of the notice, agenda and papers for board meetings. They may be invited to attend any or all of the board meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote.

2.3.3 Observers will receive advanced copies of the notice, agenda and papers for board meetings. They may be invited to attend any or all of the board meetings, or part(s) of a meeting by the Chair. Any such person may not address the meeting and may not vote.

2.3.4 Participants and / or observers may be asked to leave the meeting by the Chair in the event that the board passes a resolution to exclude the public as per the Standing Orders.

3 Appointments Process for the Board

3.1 Eligibility Criteria for Board Membership

3.1.1 Each member of the ICB must:

a) Comply with the criteria of the “fit and proper person test”
b) Be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles)
c) Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.

3.2 Disqualification Criteria for Board Membership

3.2.1 A Member of Parliament.

3.2.2 A person whose appointment as a board member ("the candidate") is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

3.2.3 A person whose involvement with the private healthcare sector or otherwise could reasonably be deemed to risk undermining the independence of the NHS.

3.2.4 A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted —

a) in the United Kingdom of any offence, or
b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

3.2.5 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, Part 13 of the Bankruptcy (Scotland) Act 2016 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

3.2.6 A person who, has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.

3.2.7 A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:

a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office
b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings,
c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest, or
d) of misbehaviour, misconduct or failure to carry out the person's duties.

3.2.8 A Health and Care Professional or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the

profession concerned (“the regulatory body”), in connection with the person’s fitness to practise or any alleged fraud, the final outcome of which was—

a) the person’s suspension from a register held by the regulatory body, where that suspension has not been terminated
b) the person’s erasure from such a register, where the person has not been restored to the register
c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded, or
d) a decision by the regulatory body which had the effect of imposing conditions on the person’s practice of the profession in question, where those conditions have not been lifted.

3.2.9 A person who is subject to —

a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or
b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

3.2.10 A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

3.2.11 A person who has at any time been removed, or is suspended, from the management or control of any body under—

a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or
b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

3.3 Chair

3.3.1 The ICB Chair is to be appointed by NHS England, with the approval of the Secretary of State for Health and Social Care.

3.3.2 In addition to the criteria specified at 3.1, this member must fulfil the following additional eligibility criteria

a) The Chair will be independent.
b) Able to demonstrate the requirements of the fit and proper person test, with no substantial conflicts of interests that would interfere with their ability to be independent and offer an impartial perspective. This will be defined in the ICB Standards of Business Conduct which can be found in the Governance Handbook.

3.3.3 Individuals will not be eligible if:

a) They hold a role in another health and care organisation within the ICB area.
b) Any of the disqualification criteria set out in 3.2 apply.

3.3.4 The term of office for the Chair will be 3 years and the total number of terms a Chair may serve is 3 terms.

3.4 Chief Executive

3.4.1 The Chief Executive will be appointed by the Chair of the ICB in accordance with any guidance issued by NHS England.

3.4.2 The appointment will be subject to approval of NHS England in accordance with any procedure published by NHS England

3.4.3 The Chief executive must fulfil the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act.
b) Meets the requirements as set out in the Chief Executive Person Specification.

3.4.4 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) Subject to clause 3.4.3(a), they hold any other employment or executive role.

3.5 Partner Members - NHS Trusts and Foundation Trusts

3.5.1 These Partner Members are jointly nominated by the NHS trusts and/or FTs Partners which provide services for the purposes of the health service within

the ICB's area and meet the forward plan condition or (if the forward plan condition is not met) the level of services provided condition. They include:

a) NHS Frimley Health Foundation Trust;
b) NHS Berkshire Healthcare Foundation Trust;
c) NHS Surrey and Borders Foundation Trust;
d) NHS South East Coast Ambulance Service Foundation Trust;
e) NHS South Central Ambulance Service Foundation Trust.

3.5.2 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an Executive or Director of one of the NHS Trusts or FTs within the ICB's area.
b) One shall have knowledge, skills and experience of the provision of acute hospital services.
c) One shall have knowledge, skills and experience of the provision of community health services.
d) Another should have knowledge, skills and experience of the provision of mental health services.

3.5.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) A conflict of interest is evident, as determined by the Chair or the ICB board appointment panel, which results in the individual being unable to fulfil the role as per the Standards of Business Conduct.

3.5.4 The appointment process will be as follows

a) Joint Nomination:

- When a vacancy arises, each eligible organisation listed at 3.5.1. will be invited to make nominations.
- Eligible organisations may nominate individuals from their own organisation or another organisation.
- All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 5 working days being deemed to constitute agreement. If they reach collective agreement, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until collective agreement is reached on the nominations put forward.
- Collective agreement will be deemed to have been reached should 75% of the eligible organisations listed at 3.5.1 confirm their approval of the whole list of nominated individuals.

b) Assessment, selection, and appointment subject to approval of the Chair under c)

- The full list of nominees will be considered by a panel convened by the Chief Executive.
- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.5.2 and 3.5.3.
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.5.5 The term of office for these Partner Members will be 3 years and the total number of terms they may serve is 3 terms.

3.5.6 The board may consider extending the term for 6-12 months in order to avoid all partner members leaving their board at the same time. Thereafter, new appointees will ordinarily leave the board on the date that their term expires.

3.6 Partner Member(s) - Providers of Primary Medical Services.

3.6.1 These Partner Members are jointly nominated by providers of primary medical services for the purposes of the health service within the ICB area, and that are primary medical services contract holders responsible for the provision of essential services, within core hours to a list of registered persons for whom the ICB has core responsibility.

3.6.2 Two Partner Members will be drawn from the primary medical service providers within the ICB area (as defined in Appendix 3) and appointed to bring the perspective of their sector to the discussions and decisions made by the ICB. They are not appointed as representatives of the interests of any particular organisation or sector.

3.6.3 The list of relevant providers of primary medical services for this purpose is published as part of the Governance Handbook. The list will be kept up to date but does not form part of this Constitution.

3.6.4 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be individuals drawn from the primary medical services (general practice) providers within the area of the ICB.

b) Individuals must be able to demonstrate the requirements of the fit and proper person test, with no substantial conflicts of interests

that would interfere with their ability to be a member of the board. This will be defined in the ICB Standards of Business Conduct which can be found in the Governance Handbook.

c) One of these Partner Members shall have knowledge and recent relevant experience of acting as a Primary Care Network Clinical Director

d) One of these Partner Members shall have knowledge and recent relevant experience of working in a system leadership role.

3.6.5 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

b) A conflict of interest is evident, as determined by the Chair or the ICB board appointment panel, which results in the individual being unable to fulfil the role. This will be defined in the ICB Standards of Business Conduct which can be found in the Governance Handbook.

3.6.6 The appointment process will be as follows

a) Joint Nomination:

- When a vacancy arises, each eligible organisation listed at 3.6.1. will be invited to make nominations.
- Eligible organisations may nominate individuals from their own organisation or another organisation.
- All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 5 working days being deemed to constitute agreement. If they reach collective agreement, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until collective agreement is reached on the nominations put forward.
- Collective agreement will be deemed to have been reached should 75% of the eligible organisations listed at 3.6.1 confirm their approval of the whole list of nominated individuals.

b) Assessment, selection, and appointment subject to approval of the Chair under c)

- The full list of nominees will be considered by a panel convened by the Chief Executive.
- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.6.2 and 3.6.3.

- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.6.7 The term of office for these Partner Members will be 3 years and the total number of terms they may serve is 3 terms.

3.6.8 The board may consider extending the term for 6-12 months in order to avoid all partner members leaving their board at the same time. Thereafter, new appointees will ordinarily leave the board on the date that their term expires.

3.7 Partner Member(s) - local authorities

3.7.1 Three Partner Members will be drawn from local authorities whose areas coincide with, or include the whole or any part of, the ICB area. They will be appointed to bring the perspective of their sector to the discussions and decisions made by the ICB. They are not appointed as representatives of the interests of any particular organisation or sector.

3.7.2 These local authorities are:

a) Bracknell Forest Council
b) Hampshire County Council
c) Surrey County Council
d) Slough Borough Council
e) Royal Borough of Windsor and Maidenhead
f) Surrey Heath Borough Council
g) Rushmoor District Council
h) Hart District Council
i) Waverley Borough Council

3.7.3 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Individuals will be drawn from the local authority, or authorities, whose area falls wholly or partly within the area of the ICS NHS body (listed at 3.7.1).
b) One shall have knowledge, skills and experience of being an executive or director in a unitary council.
c) One shall have knowledge, skills and experience of being an executive or director in a county council.
d) Another should have knowledge, skills and experience of being an executive or director in a district or borough council.

e) Individuals must be able to demonstrate the requirements of the fit and proper person test, with no substantial conflicts of interests that would interfere with their ability to be a member of the board.

3.7.4 The additional selection criteria are intentionally prescriptive so as to ensure that a broad range of Local Authority skills and experience is present within the decision making process of the board. The inclusion of an individual with specific experience of working in a district or borough council is intended to assist the board with its obligations around promotion of social and economic development.

3.7.5 The appointment process will be as follows

a) Joint Nomination:

- When a vacancy arises, each eligible organisation listed at 3.7.1. will be invited to make nominations.
- Eligible organisations may nominate individuals from their own organisation or another organisation.
- All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 5 working days being deemed to constitute agreement. If they do reach collective agreement, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until collective agreement is reached on the nominations put forward.
- Collective agreement will be deemed to have been reached should 75% of the eligible organisations listed at 3.7.1 confirm their approval of the whole list of nominated individuals.

b) Assessment, selection, and appointment subject to approval of the Chair under c)

- The full list of nominees will be considered by a panel convened by the Chief Executive.
- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.7.2 and 3.7.3.
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.7.6 The term of office for these Partner Members will be 3 years and the total number of terms they may serve is 3 terms.

3.7.7 The board may consider extending the term for 6-12 months in order to avoid all partner members leaving their board at the same time. Thereafter, new appointees will ordinarily leave the board on the date that their term expires.

3.8 Chief Medical Officer

3.8.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19 (4)(b) of Schedule 1B to the 2006 Act
b) Be a registered Medical Practitioner.
c) Meets the requirements as set out in the Chief Medical Officer person specification.

3.8.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply
b) A conflict of interest is evident, as determined by the Chair or the ICB board appointment panel, which results in the individual being unable to fulfil the role.

3.8.3 This member will be appointed by The Chief Executive subject to the approval of the Chair.

3.9 Chief Nursing Officer

3.9.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
b) Be a Registered Nurse
c) Meets the requirements as set out in the Chief Nursing Officer person specification

3.9.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply
b) A conflict of interest is evident, as determined by the Chair or the ICB board appointment panel, which results in the individual being unable to fulfil the role.

3.9.3 This member will be appointed by The Chief Executive subject to the approval of the Chair.

3.10 Chief Finance Officer

3.10.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
b) Be a qualified accountant.
c) Meets the requirements as set out in the Chief Finance Officer Person Specification

3.10.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply
b) A conflict of interest is evident, as determined by the Chair or the ICB board appointment panel, which results in the individual being unable to fulfil the role.

3.10.3 This member will be appointed by The Chief Executive subject to the approval of the Chair.

3.11 Chief People Officer

3.11.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
b) Meets the requirements as set out in the Chief People Officer Person Specification.

3.11.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply
b) A conflict of interest is evident, as determined by the Chair or the ICB board appointment panel, which results in the individual being unable to fulfil the role.

3.11.3 This member will be appointed by The Chief Executive subject to the approval of the Chair.

3.12 Chief Transformation Officer

3.12.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act

b) Meets the requirements as set out in the Chief Transformation Officer People Person Specification.

3.12.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply
b) A conflict of interest is evident, as determined by the Chair or the ICB board appointment panel, which results in the individual being unable to fulfil the role.

3.12.3 This member will be appointed by The Chief Executive subject to the approval of the Chair.

3.13 Two Non-Executive Members

3.13.1 The ICB will appoint two Non-Executive Members

3.13.2 These members will be appointed by an appointment panel subject to the approval of the Chair.

3.13.3 These members will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Not be an employee of the ICB or a person seconded to the ICB
b) Not hold a role in another health and care organisation in the ICB area
c) One shall have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Audit Committee
d) Another should have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Remuneration Committee
e) Meet the requirements as set out in the Non-Executive Member Person Specification

3.13.4 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) They hold a role in another health and care organisation within the ICB area
c) A conflict of interest is evident, as determined by the Chair or the ICB board appointment panel, which results in the individual being unable to fulfil the role.

3.13.5 The term of office for an non-executive member will be 3 years and the total number of terms an individual may serve is 3 terms; after which they will no longer be eligible for re-appointment.

3.13.6 The board may consider extending the appointments for 6-12 months in order to avoid all non-executive members retiring at once. Thereafter, new

appointees will ordinarily retire on the date that the individual they replaced was due to retire in order to provide continuity.

3.13.7 Subject to a satisfactory appraisal, the Chair may approve the re-appointment of a non-executive member up to the maximum number of terms permitted for their role.

3.14 Board Members: Removal from Office.

3.14.1 Arrangements for the removal from office of board members is subject to the term of appointment, and application of the relevant ICB policies and procedures, as defined in the Governance Handbook.

3.14.2 With the exception of the Chair, board members shall be removed from office if any of the following occurs:

a) If they no longer fulfil the requirements of their role or become ineligible for their role as set out in this Constitution, regulations or guidance
b) If they fail to attend a minimum of 50% of the meetings to which they are invited over a six-month period unless agreed with the Chair in extenuating circumstances
c) If they are deemed to not meet the expected standards of performance at their annual appraisal
d) If they have behaved in a manner or exhibited conduct which has or is likely to be detrimental to the honour and interest of the ICB and is likely to bring the ICB into disrepute. This includes but it is not limited to dishonesty; misrepresentation (either knowingly or fraudulently); defamation of any member of the ICB (being slander or libel); abuse of position; non-declaration of a known conflict of interest; seeking to manipulate a decision of the ICB in a manner that would ultimately be in favour of that member whether financially or otherwise
e) If they are deemed to have failed to uphold the Nolan Principles of Public Life
f) If they are subject to disciplinary action by a regulator or professional body.

3.14.3 Members may be suspended pending the outcome of an investigation into whether any of the matters in 3.14.2 apply.

3.14.4 Chief Officers (including the Chief Executive) will cease to be board members if their employment in their specified role ceases, regardless of the reason for termination of the employment.

3.14.5 The Chair of the ICB may be removed by NHS England, subject to the approval of the Secretary of State.

3.14.6 If NHS England is satisfied that the ICB is failing or has failed to discharge any of its functions or that there is a significant risk that the ICB will fail to do so, it may:

a) terminate the appointment of the ICB's chief executive; and

b) direct the chair of the ICB as to which individual to appoint as a replacement and on what terms.

3.15 Terms of Appointment of Board Members

3.15.1 With the exception of the Chair and non-executive members, arrangements for remuneration and any allowances will be agreed by the Remuneration Committee in line with the ICB remuneration policy and any other relevant policies published on the ICB's website http://www.frimley.icb.nhs.uk and any guidance issued by NHS England or other relevant body. Remuneration for Chairs will be set by NHS England. Remuneration for non-executive members will be set by an independent panel that will include the Chair, the Chief Executive and Chief Finance Officer.

3.15.2 Other terms of appointment will be determined by the Remuneration Committee.

3.15.3 Terms of appointment of the Chair will be determined by NHS England.

3.16 Specific arrangements for appointment of Ordinary Members made at establishment

3.16.1 Individuals may be identified as "designate ordinary members" prior to the ICB being established.

3.16.2 Relevant nomination procedures for partner members in advance of establishment are deemed to be valid so long as they are undertaken in full and in accordance with the provisions of 3.5-3.7.

3.16.3 Any appointment and assessment processes undertaken in advance of establishment to identify designate ordinary members should follow, as far as possible, the processes set out in section 3.5-3.12 of this Constitution. However, a modified process, agreed by the Chair, will be considered valid.

3.16.4 On the day of establishment, a committee consisting of the Chair, Chief Executive and one other will appoint the ordinary members who are expected to be all individuals who have been identified as designate appointees pre ICB establishment and the Chair will approve those appointments.

3.16.5 For the avoidance of doubt, this clause is valid only in relation to the appointments of the initial ordinary members and all appointments post establishment will be made in accordance with clauses 3.5 to 3.12.

4 Arrangements for the Exercise of our Functions.

4.1 Good Governance

4.1.1 The ICB will, at all times, observe generally accepted principles of good governance. This includes the Nolan Principles of Public Life and any governance guidance issued by NHS England.

4.1.2 The ICB has agreed a code of conduct and behaviours which sets out the expected behaviours that members of the board and its committees will uphold whilst undertaking ICB business. It also includes a set of principles that will guide decision making in the ICB. The ICB code of conduct and behaviours is published in the Governance Handbook.

4.2 General

4.2.1 The ICB will:

a) comply with all relevant laws including but not limited to the 2006 Act and the duties prescribed within it and any relevant regulations;
b) comply with directions issued by the Secretary of State for Health and Social Care;
c) comply with directions issued by NHS England;
d) have regard to statutory guidance including that issued by NHS England; and
e) take account, as appropriate, of other documents, advice and guidance issued by relevant authorities, including that issued by NHS England.
f) respond to reports and recommendations made by local Healthwatch organisations within the ICB area

4.2.2 The ICB will develop and implement the necessary systems and processes to comply with (a)-(f) above, documenting them as necessary in this Constitution, its governance handbook and other relevant policies and procedures as appropriate.

4.3 Authority to Act

4.3.1 The ICB is accountable for exercising its statutory functions and may grant authority to act on its behalf to:

a) any of its members or employees
b) a committee or sub-committee of the ICB

4.3.2 Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB. Where the ICB and other body enters such arrangements, they may also arrange for the functions in question to be exercised by a joint committee of theirs and/or for the establishment of a pooled fund to fund those functions (section 65Z6). In addition, under section 75 of the 2006 Act, the ICB may enter partnership arrangements with a local authority under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund.

4.3.3 Where arrangements are made under section 65Z5 or section 75 of the 2006 Act the board must authorise the arrangement, which must be described as appropriate in the SoRD.

4.4 Scheme of Reservation and Delegation

4.4.1 The ICB has agreed a scheme of reservation and delegation (SoRD) which is published in full on the ICBs' website.

4.4.2 Only the board may agree the SoRD and amendments to the SoRD may only be approved by the board

4.4.3 The SoRD sets out:

a) those functions that are reserved to the board;
b) those functions that have been delegated to an individual or to committees and sub committees;
c) those functions delegated to another body or to be exercised jointly with another body, under section 65Z5 and 65Z6 of the 2006 Act

4.4.4 The ICB remains accountable for all of its functions, including those that it has delegated. All those with delegated authority are accountable to the board for the exercise of their delegated functions.

4.5 Functions and Decision Map

4.5.1 The ICB has prepared a Functions and Decision Map which sets out at a high level its key functions and how it exercises them in accordance with the SoRD.

4.5.2 The Functions and Decision Map is published on the ICB's website http://www.frimley.icb.nhs.uk

4.5.3 The map includes:

a) Key functions reserved to the board of the ICB
b) Commissioning functions delegated to committees and individuals.
c) Commissioning functions delegated under section 65Z5 and 65Z6 of the 2006 Act to be exercised by, or with, another ICB, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body;
d) functions delegated to the ICB (for example, from NHS England).

4.6 Committees and Sub-Committees

4.6.1 The ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may appoint sub-committees and arrange for the functions exercisable by the committee to be exercised by those sub-committees.

4.6.2 All committees and sub-committees are listed in the SoRD.

4.6.3 Each committee and sub-committee established by the ICB operates under terms of reference agreed by the board. All terms of reference are published in the Governance Handbook.

4.6.4 The board remains accountable for all functions, including those that it has delegated to committees and subcommittees and therefore, appropriate reporting and assurance arrangements are in place and documented in terms of reference. All committees and sub committees that fulfil delegated functions of the ICB will be set out in the Scheme of Reservation and Delegation and described in detail within the Governance Handbook.

4.6.5 Any committee or sub-committee established in accordance with clause 4.6 may consist of, or include, persons who are not ICB Members or employees.

4.6.6 All members of committees and sub-committees that exercise the ICB commissioning functions will be approved by the Chair. The Chair will not appoint an individual to such a committee or sub-committee if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

4.6.7 All members of committees and sub-committees are required to act in accordance with this Constitution, including the standing orders as well as the SFIs and any other relevant ICB policy.

4.6.8 The following committees will be maintained:

a) **Audit Committee:** This committee is accountable to the board and provides an independent and objective view of the ICB's

compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit.

The Audit Committee will be chaired by a non-executive member (other than the Chair of the ICB) who has the qualifications, expertise or experience to enable them to express credible opinions on finance and audit matters.

b) **Remuneration Committee:** This committee is accountable to the board for matters relating to remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the ICB.

The Remuneration Committee will be chaired by a non-executive member other than the Chair or the Chair of Audit Committee.

4.6.9 The terms of reference for each of the above committees are published in the governance handbook.

4.6.10 The board has also established a number of other committees to assist it with the discharge of its functions. These committees are set out in the Scheme of Reservation and Delegation and further information about these committees, including terms of reference, are published in the Governance Handbook.

4.7 Delegations made under section 65Z5 of the 2006 Act

4.7.1 As per 4.3.2 The ICB may arrange for any functions exercisable by it to be exercised by or jointly with any one or more other relevant bodies (another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body).

4.7.2 All delegations made under these arrangements are set out in the ICB Scheme of Reservation and Delegation and included in the Functions and Decision Map.

4.7.3 Each delegation made under section 65Z5 of the Act will be set out in a delegation arrangement which sets out the terms of the delegation. This may, for joint arrangements, include establishing and maintaining a pooled fund. The power to approve delegation arrangements made under this provision will be reserved to the board.

4.7.4 The board remains accountable for all the ICB's functions, including those that it has delegated and therefore, appropriate reporting and assurance mechanisms are in place as part of agreeing terms of a delegation and these are detailed in the delegation arrangements, summaries of which will be published in the governance handbook.

4.7.5 In addition to any formal joint working mechanisms, the ICB may enter into strategic or other transformation discussions with its partner organisations on an informal basis.

5 Procedures for Making Decisions

5.1 Standing Orders

5.1.1 The ICB has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:

a) conducting the business of the ICB
b) the procedures to be followed during meetings; and
c) the process to delegate functions.

5.1.2 The Standing Orders apply to all committees and sub-committees of the ICB unless specified otherwise in terms of reference which have been agreed by the board.

5.1.3 A full copy of the Standing Orders is included in Appendix 2 and form part of this Constitution.

5.2 Standing Financial Instructions (SFIs)

5.2.1 The ICB has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.

5.2.2 A copy of the SFIs published on the ICB's website http://www.frimley.icb.nhs.uk

6 Arrangements for Conflict of Interest Management and Standards of Business Conduct

6.1 Conflicts of Interest

6.1.1 As required by section 14Z30 of the 2006 Act, the ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of the ICB's decision-making processes.

6.1.2 The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the website http://www.frimley.icb.nhs.uk

6.1.3 All board, committee and sub-committee members, and employees of the ICB, will comply with the ICB policy on conflicts of interest in line with their terms of office and/ or employment. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.

6.1.4 All delegation arrangements made by the ICB under Section 65Z5 of the 2006 Act will include a requirement for transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures comparable with those of the ICB.

6.1.5 Where an individual, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution, the Conflicts of interest Policy and the Standards of Business Conduct Policy.

6.1.6 The ICB has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the ICB's governance lead, their role is to:

a) Act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest;
b) Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
c) Support the rigorous application of conflict of interest principles and policies;
d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
e) Provide advice on minimising the risks of conflicts of interest.

6.2 Principles

6.2.1 In discharging its functions the ICB will abide by the following principles:

a) Doing business properly – ensuring the rationale for decision making is transparent and clear and will withstand scrutiny.
b) Being proactive not reactive – set out in advance what is acceptable and what is not and upon induction be clear with members about their obligations to declare conflicts of interests and handling should they occur.
c) Assume that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest - ensure there are prompts and checks to identify when conflicts occur and individuals exclude themselves appropriately from decision making.

d) Being balanced and proportionate – identify and manage conflicts but do not expect to eliminate them or become a constraint to undertaking the business and making decisions.
e) Openness - ensuring early engagement with patients, the public, clinicians and other stakeholders, including local Healthwatch and Health and Wellbeing Boards, in relation to the work of the ICB.
f) Responsiveness and best practice - ensuring that the work of the ICB is based on local health needs and reflect evidence of best practice – securing 'buy in' from local stakeholders to the clinical case for change.
g) Transparency - documenting clearly the approach taken at every stage of the ICB's work so that a clear audit trail is evident.
h) Securing expert advice - ensuring that plans take into account advice from appropriate health and social care professionals, e.g. through clinical senates and networks, and draw on expert support, for instance around formal consultations and for provider selection processes;
i) Engaging with providers - early engagement with both incumbent and potential new providers over potential changes to the services commissioned for a local population;
j) Creating clear and transparent specifications of work - that reflect the depth of engagement and set out the basis on which any work will be progressed;
k) Following proper provider selection processes and legal arrangements - including even-handed approaches to providers;
l) Ensuring sound record-keeping, including up to date registers of interests.
m) A clear, recognised and easily enacted system for dispute resolution.

Where appropriate, further detail on the above will be published in the Governance Handbook.

6.3 Declaring and Registering Interests

6.3.1 The ICB maintains registers of the interests of:
a) Members of the ICB
b) Members of the board's committees and sub-committees
c) Its employees

6.3.2 In accordance with section 14Z30(2) of the 2006 Act registers of interest are published on the ICB website http://www.frimley.icb.nhs.uk

6.3.3 All relevant persons as per 6.1.3 and 6.1.5 must declare any conflict or potential conflict of interest relating to decisions to be made in the exercise of the ICB's commissioning functions.

6.3.4 Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict or potential conflict and in any event within 28 days. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

6.3.5 All declarations will be entered in the registers as per 6.3.1

6.3.6 The ICB will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually.

6.3.7 Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the ICB will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The ICB's published register of interests states that historic interests are retained by the ICB for the specified timeframe and details of whom to contact to submit a request for this information.

6.3.8 Activities funded in whole or in part by third parties who may have an interest in ICB business such as sponsored events, posts and research will be managed in accordance with the ICB policy to ensure transparency and that any potential for conflicts of interest are well-managed. Further detail can be found in the Standards of Business Conduct policy.

6.4 Standards of Business Conduct

6.4.1 Board members, employees, committee and sub-committee members of the ICB will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:

a) act in good faith and in the interests of the ICB;

b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);

c) comply with the ICB Standards of Business Conduct Policy, and any requirements set out in the policy for managing conflicts of interest.

6.4.2 Individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB will be made aware of their obligation to declare conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the ICB's Standards of Business Conduct policy.

6.4.3 The Standards of Business Conduct policy can be found in the Governance Handbook.

7 Arrangements for ensuring Accountability and Transparency

7.1.1 The ICB will demonstrate its accountability to local people, stakeholders and NHS England in a number of ways, including by upholding the requirement for transparency in accordance with paragraph 12(2) of Schedule 1B to the 2006 Act.

7.2 Principles

The ICB will, at all times, observe generally accepted principles of good governance. These include the:

7.2.1 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;

7.2.2 Good Governance Standard for Public Services;

7.2.3 Standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles';

7.2.4 Seven key principles of the NHS Constitution;

7.2.5 Equality Act 2010; and

7.2.6 Managing Conflicts of Interest: Statutory Guidance for ICBs, NHS England.

7.3 Meetings and publications

7.3.1 Board meetings, and committees composed entirely of board members or which include all board members will be held in public except where a resolution is agreed to exclude the public on the grounds that it is believed to not be in the public interest.

7.3.2 Papers and minutes of all meetings held in public will be published.

7.3.3 Annual accounts will be externally audited and published.

7.3.4 A clear complaints process will be published.

7.3.5 The ICB will comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the ICB.

7.3.6 Information will be provided to NHS England as required.

7.3.7 The Constitution and governance handbook will be published as well as other key documents including but not limited to:

a) Standards of Business Conduct
b) Registers of interests
c) Risk Management Framework

7.3.8 The ICB will publish, with our partner NHS trusts and NHS foundation trusts, a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years. The plan will explain how the ICB proposes to discharge its duties under:

- sections 14Z34 to 14Z45 (general duties of integrated care boards), and
- sections 223GB and 223N (financial duties).

And proposed steps to give regard to the health and wellbeing strategies from the organisations below, following consideration by the Integrated Care Partnership.

a) Bracknell Forest Council
b) Hampshire County Council
c) Surrey County Council
d) Slough Borough Council
e) Royal Borough of Windsor and Maidenhead

7.4 Scrutiny and Decision Making

7.4.1 At least three non-executive members will be appointed to the board including the Chair; and all of the board and committee members will comply with the Nolan Principles of Public Life and meet the criteria described in the Fit and Proper Person Test.

7.4.2 Healthcare services will be arranged in a transparent way, and decisions around who provides services will be made in the best interests of patients, taxpayers and the population, in line with the rules set out in the NHS Provider Selection Regime.

7.4.3 The ICB will comply with the requirements of the NHS Provider Selection Regime including: complying with existing procurement rules until the provider selection regime comes into effect.. While competitive tendering will remain an important tool for arranging high quality services, the ICB will also be able to direct award under the following circumstances:

a) where there is the absence of competition, such as urgent and emergency care provision;
b) alternative provision is already available to patients through other means (competition within the market rather than competition for the market) for example, primary care contracts;

c) when the ICB wants to extend an existing contract where the incumbent is doing a sufficiently good job and the service is not changing; and
d) where there are reasonable grounds to believe that one provider or group of providers is the most suitable provider.

7.4.4 Decisions would have to be clearly justified based on the decision-making criteria:

a) quality and innovation
b) value integration and collaboration
c) access
d) inequalities and choice
e) service sustainability
f) social value
g) And be subject to appropriate transparency and scrutiny requirements.

7.4.5 The ICB will comply with local authority health overview and scrutiny requirements.

7.5 Annual Report

7.5.1 The ICB will publish an annual report in accordance with any guidance published by NHS England and which sets out how it has discharged its functions and fulfilled its duties in the previous financial year. An annual report must in particular:

a) explain how the ICB has discharged its duties under section 14Z34 to 14Z45 and 14Z49 (general duties of integrated care boards)
b) review the extent to which the ICB has exercised its functions in accordance with the plans published under section 14Z52 (forward plan) and section 14Z56 (capital resource use plan)
c) review the extent to which the ICB has exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised), and
d) review any steps that the ICB has taken to implement any joint local health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.

8 Arrangements for Determining the Terms and Conditions of Employees.

8.1.1 The ICB may appoint employees, pay them remuneration and allowances as it determines and appoint staff on such terms and conditions as it determines.

8.1.2 The board has established a Remuneration Committee which is chaired by a non-executive member other than the Chair or Audit Chair.

8.1.3 The membership of the Remuneration Committee is determined by the board. No employees may be a member of the Remuneration Committee but the board ensures that the Remuneration Committee has access to appropriate advice by:

a) Investigating any activity within its terms of reference. It may seek any information it requires from employees and all employees are directed to co-operate with any request made by the Committee.
b) Commissioning any reports it deems necessary to help fulfil its obligations;
c) Obtaining legal or other professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB and Governing Body for obtaining legal or professional advice; and
d) Creating task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's membership. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's Constitution, standing orders and Scheme of Reservation and Delegation.

8.1.4 The board may appoint members or advisers to the Remuneration Committee who are not members of the board.

8.1.5 The main purpose of the Remuneration Committee is to exercise the functions of the ICB regarding remuneration included in paragraphs 18 to 20 of Schedule 1B to the 2006 Act. The terms of reference agreed by the board are published on the ICB's website http://www.frimley.icb.nhs.uk

8.1.6 The duties of the Remuneration Committee include:

a) Setting the ICB pay policy and standard terms and conditions
b) Making arrangements to pay employees such remuneration and allowances as it may determine
c) Set remuneration and allowances for members of the board
d) Set any allowances for members of committees or sub-committees of the ICB who are not members of the board

e) Any other relevant duties

8.1.7 The ICB may make arrangements for a person to be seconded to serve as a member of the ICB's staff.

9 Arrangements for Public Involvement

9.1.1 In line with section 14Z454(2) of the 2006 Act the ICB has made arrangements to secure that individuals to whom services which are, or are to be, provided pursuant to arrangements made by the ICB in the exercise of its functions, and their carers and representatives, are involved (whether by eing consulted or provided with information or in other ways) in:

a) the planning of the commissioning arrangements by the Integrated Care Board
b) the development and consideration of proposals by the ICB
c) for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals (at the point when the service is received by them), or the range of health services available to them, and
d) decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

9.1.2 In line with section 14Z54 of the 2006 Act the ICB will consult with the local population in line with its Communications and Engagement Strategy. This is published on the ICB website.

9.1.3 The ICB has adopted the ten principles set out by NHS England for working with people and communities.

a) Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
b) Start engagement early when developing plans and feed back to people and communities how it has influenced activities and decisions.
c) Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
d) Build relationships with excluded groups – especially those affected by inequalities.
e) Work with Healthwatch and the voluntary, community and social enterpri`se sector as key partners.
f) Provide clear and accessible public information about vision, plans and progress to build understanding and trust.
g) Use community development approaches that empower people and communities, making connections to social action.

h) Use co-production, insight and engagement to achieve accountable health and care services.
i) Co-produce and redesign services and tackle system priorities in partnership with people and communities.
j) Learn from what works and build on the assets of all partners in the ICS – networks, relationships, activity in local places.

9.1.4 These principles will be used when developing and maintaining arrangements for engaging with people and communities. The Communications and Engagement Strategy reflects these principles and describe local arrangements. This is published on the ICB website http://www.frimley.icb.nhs.uk

Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022
ICB board	Members of the ICB
Area	The geographical area that the ICB has responsibility for, as defined in part 2 of this Constitution
Committee	A committee created and appointed by the ICB board.
Sub-Committee	A committee created and appointed by and reporting to a committee.
Integrated Care Partnership	The joint committee for the ICB's area established by the ICB and each responsible local authority whose area coincides with or falls wholly or partly within the ICB's area.
Place-Based Partnership	Place-based partnerships are collaborative arrangements responsible for arranging and delivering health and care services in a locality or community. They involve the Integrated Care Board, local government and providers of health and care services, including the voluntary, community and social enterprise sector, people and communities, as well as primary care provider leadership, represented by Primary Care Network clinical directors or other relevant primary care leaders.
Ordinary Member	The board of the ICB will have a Chair and a Chief Executive plus other members. All other members of the board are referred to as Ordinary Members.
Partner Members	Some of the Ordinary Members will also be Partner Members. Partner Members bring knowledge and a perspective from their sectors and are and appointed in accordance with the procedures set out in Section 3 having been nominated by the following**:** • NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description

	• the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description • the local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.
Health Service Body	Health service body as defined by section 9(4) of the NHS Act 2006 or (b) NHS Foundation Trusts.
Health Care Professional	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.

Appendix 2: Standing Orders

1. Introduction

1.1. These Standing Orders have been drawn up to regulate the proceedings of NHS Frimley Integrated Care Board (the ICB) so that the ICB can fulfil its obligations as set out largely in the 2006 Act (as amended). They form part of the ICB's Constitution.

2. Amendment and review

2.1. The Standing Orders are effective from 1 July 2022.

2.2. Standing Orders will be reviewed on an annual basis or sooner if required.

2.3. Amendments to these Standing Orders will be made as per 1.6.2 of the Constitution.

2.4. All changes to these Standing Orders will require an application to NHS England for variation to the ICB Constitution and will not be implemented until the Constitution has been approved.

3. Interpretation, application, and compliance

3.1. Except as otherwise provided, words and expressions used in these Standing Orders shall have the same meaning as those in the main body of the ICB Constitution and as per the definitions in Appendix 1.

3.2. These standing orders apply to all meetings of the board, including its committees and sub-committees unless otherwise stated. All references to board are inclusive of committees and sub-committees unless otherwise stated.

3.3. All members of the board, members of committees and sub-committees and all employees, should be aware of the Standing Orders and comply with them. Failure to comply may be regarded as a disciplinary matter.

3.4. In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from the Chief Executive will provide a settled view which shall be final.

3.5. All members of the board, its committees and sub-committees and all employees have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

3.6. If, for any reason, these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next

formal meeting of the board for action or ratification and the Audit Committee for review.

4. Meetings of the Integrated Care Board

4.1. Calling Board Meetings

4.1.1. Meetings of the board of the ICB shall be held at regular intervals at such times and places as the ICB may determine.

4.1.2. In normal circumstances, each member of the board will be given not less than one month's notice in writing of any meeting to be held. However:

a) The Chair may call a meeting at any time by giving not less than 14 calendar days' notice in writing.

b) One third of the members of the board may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the board members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the board specifying the matters to be considered at the meeting.

c) In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

4.1.3. A public notice of the time and place of meetings to be held in public and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least three clear days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

4.1.4. The agenda and papers for meetings to be held in public will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

4.2. Chair of a meeting

4.2.1. The Chair of the ICB shall preside over meetings of the board.

4.2.2. If the Chair is absent or is disqualified from participating by a conflict of interest the appointed Vice Chair will preside for that meeting or part of, as required.

4.2.3. The board shall appoint a Chair to all committees and sub-committees that it has established. The appointed committee or sub-

committee Chair will preside over the relevant meeting. Terms of reference for committees and sub-committees will specify arrangements for occasions when the appointed Chair is absent.

4.3. Agenda, supporting papers and business to be transacted

4.3.1. The agenda for each meeting will be drawn up and agreed by the Chair of the meeting.

4.3.2. Except where the emergency provisions apply, supporting papers for all items must be submitted at least seven calendar days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the board at least five calendar days before the meeting.

4.3.3. Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the ICB's website http://www.frimley.icb.nhs.uk

4.4. Petitions

4.4.1. Where a valid petition has been received by the ICB it shall be included as an item for the agenda of the next meeting of the board in accordance with the ICB policy as published in the Governance Handbook.

4.5. Nominated Deputies

4.5.1. With the permission of the person presiding over the meeting, the Chief Officers and the Partner Members of the board may nominate a deputy to attend a meeting of the board that they are unable to attend. The deputy may speak but not vote on their behalf. The deputy will not count for the purposes of the quorum.

4.5.2. The decision of person presiding over the meeting regarding authorisation of nominated deputies is final.

4.6. Virtual attendance at meetings

4.6.1. The board of the ICB and its committees and sub-committees may meet virtually using telephone, video and other electronic means when necessary, unless the terms of reference prohibit this.

4.7. Quorum

4.7.1. The quorum for meetings of the board will be seven members, including:

a) Either the Chair or Vice Chair
b) Either the Chief Executive or Chief Finance Officer
c) Either the Chief Medical Officer or the Chief Nursing Officer
d) At least one non-executive member
e) At least one Provider Member
f) At least one Practice Member
g) At least one Local Authority Member

4.7.2. For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.7.3. For all committees and sub-committees, the details of the quorum for these meetings and status of deputies are set out in the appropriate terms of reference.

4.8. Vacancies and defects in appointments

4.8.1. The validity of any act of the ICB is not affected by any vacancy among members or by any defect in the appointment of any member.

4.8.2. In the event of vacancy or defect in appointment the following temporary arrangement for quorum will apply:

a) Deputies will be allowed, with prior approval by the Chair for a period of no more than six months.

4.9. Decision making

4.9.1. The ICB has agreed to use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working though difficult issues where appropriate.

4.9.2. Generally it is expected that decisions of the ICB will be reached by consensus. Should this not be possible then a vote will be required. The process for voting, which should be considered as last resort, is set out below:

a) All members of the board who are present at the meeting will be eligible to cast one vote each.

b) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from participating in the meeting, including exercising their right to vote if eligible to do so.

c) For the sake of clarity, any additional Participants and Observers (as detailed within paragraph 5.6. of the Constitution) will not have voting rights.

d) A resolution will be passed if more votes are cast for the resolution than against it.

e) If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.

f) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

Disputes

4.9.3. Where helpful, the board may draw on third party support to assist them in resolving any disputes, such as peer review or support from NHS England.

Urgent decisions

4.9.4. In the case urgent decisions and extraordinary circumstances, every attempt will be made for the board to meet virtually. Where this is not possible the following will apply:

a) The powers which are reserved or delegated to the board, may for an urgent decision be exercised by the Chair and Chief Executive (or relevant lead director in the case of committees) subject to every effort having made to consult with as many members as possible in the given circumstances.

b) The exercise of such powers shall be reported to the next formal meeting of the board for formal ratification and the Audit Committee for oversight.

4.10. Minutes

4.10.1. The names and roles of all members present shall be recorded in the minutes of the meetings.

4.10.2. The minutes of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be signed by the person presiding at it.

4.10.3. No discussion shall take place upon the minutes except upon their accuracy or where the person presiding over the meeting considers discussion appropriate.

4.10.4. Where providing a record of a meeting held in public, the minutes shall be made available to the public.

4.11. Admission of public and the press

4.11.1. In accordance with Public Bodies (Admission to Meetings) Act 1960 All meetings of the board and all meetings of committees which are comprised of entirely board members or all board members, at which public functions are exercised will be open to the public.

4.11.2. The board may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

4.11.3. The person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the board's business shall be conducted without interruption and disruption.

4.11.4. As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.

4.11.5. Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the board.

5. Suspension of Standing Orders

5.1. In exceptional circumstances, except where it would contravene any statutory provision or any direction made by the Secretary of State for Health and Social Care or NHS England, any part of these Standing Orders may be suspended by the Chair in discussion with at least 2 other members,

5.2. A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

5.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

6. Use of seal and authorisation of documents.

6.1. The ICB's seal

6.1.1. The ICB shall have a seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature:

a) Chief Executive;
b) Chair;
c) Chief Finance Officer.

6.1.2. The ICB may authorise such other persons as it considers appropriate to authenticate the use of the seal either generally or in specific circumstances.

6.1.3. The Audit Committee shall be informed on any occasion the Seal has been used.

6.2. Execution of a document by signature

6.2.1. The following individuals are authorised to execute a document on behalf of the ICB by their signature:

a) Chief Executive;
b) Chair;
c) Chief Finance Officer.

6.2.2. The Chief Executive may delegate power to execute documents under hand in the detailed Scheme of Delegation.

Appendix 3: List of Practices

Practice Name	Address
Bracknell	
The Waterfield Practice	Ralphs Ride, Bracknell, RG12 9LH
The Sandhurst Group Practice	1 Cambridge Road, Sandhurst, GU47 0UB
Binfield Surgery	Terrace Road North, Bracknell, RG42 5JG
The Easthampstead Practice	23 Rectory Lane, Bracknell RG12 7BB
Forest Health Group,	Ringmead, Birch Hill, Bracknell RG12 7PG
The Gainsborough Practice	Warfield Green Medical Centre, 1 County Lane, Bracknell, RG42 3JP
The Great Hollands Practice	Great Hollands Health Centre, Great Hollands Square, Bracknell, RG12 8WY
The Ringmead Practice	Leppington, Bracknell, Berkshire, RG12 7WW
The Crown Wood Medical Centre	4A Crown Row, Bracknell, RG12 0TH
The Evergreen Practice	Skimped Hill Health Centre, Bracknell, RG12 1LH
Slough	
Kumar Medical Centre	59 Grasmere Avenue, Slough, SL2 5JE
Wexham Road Surgery	242 Wexham Road, Slough, SL2 5JP
The Avenue Medical Centre	Wentworth Avenue, Britwell Estate, Slough, SL2 2DG
Farnham Road Surgery	301 Farnham Road, Slough, Berkshire, SL2 1HD
Upton Medical Partnership	The Village Medical Centre, 45 Mercian Way, Cippenham, SL1 5ND
Bharani Medical Centre	16-18 Lansdowne Avenue, Slough, SL1 3SJ
Ragstone Road Surgery	40 Ragstone Road, Slough, SL1 2PY
Dr Sharma Surgery	The Surgery, 240 Wexham Road, Slough, SL2 5JP
Shreeji Medical Centre	22 Whitby Road, Slough, SL1 3DQ
Manor Park Medical Centre	2 Lerwick Drive, Slough, SL1 3XU
Herschel Medical Centre	45 Osborne Street, Slough, SL1 1TT

Crosby House Surgery	91 Stoke Poges Lane, Slough, SL1 3NY
Langley Health Centre	Common Road, Slough, SL3 8LE
The Orchard Practice	Willow Parade, 276 High Street, Slough, SL3 8HD
Cippenham Surgery	261 Bath Road, Slough, SL1 5PP
Chapel Medical Centre	Upton Hospital, Albert Street, Slough, SL1 2BJ
Windsor and Maidenhead	
Woodlands Park Surgery	15 Woodlands Park Rd, Maidenhead SL6 3NW
Linden Medical Centre	9A Linden Ave, Maidenhead SL6 6JJ
Ross Road	85 Ross Rd, Maidenhead SL6 2SR
Claremont and Holyport Practice	2 Cookham Rd, Maidenhead SL6 8AN
The Cedars Surgery	8 Cookham Road, Maidenhead SL6 8AJ
Cookham Medical Centre	Lower Rd, Cookham, Maidenhead SL6 9HX
Rosemead Surgery	8A Ray Park Ave, Maidenhead SL6 8DS
Redwood House Surgery	Redwood House, Cannon Ln, Maidenhead SL6 3PH
Cordwallis Road Surgery	1 Cordwallis Rd, Maidenhead SL6 7DQ
Symons Medical Centre	25 All Saints Ave, Maidenhead SL6 6EL
Green Meadows Partnership	Winkfield Road, Ascot, Berkshire, SL5 7LS
Kings Corner Surgery	Kings Road, Sunninghill, Ascot, Berkshire, SL5 0AE
Magnolia House	15 Station Road, Sunningdale, Ascot, SL5 0QJ
Ascot Medical Centre	Forest Lodge, Gate 3 Heatherwood Hospital, King's Ride, Ascot, SL5 8AA
Lee House Surgery	84 Osborne Road, Windsor, SL4 3EW
Sheet Street Surgery	21 Sheet Street, Windsor, SL4 1BZ
Clarence Medical Centre	Vansittart Road, Windsor, SL4 5AS
Datchet Health Centre	Green Lane, Slough, SL3 9EX
Runnymede Medical Practice,	Newton Court Medical Centre, Burfield Road, Old Windsor, Berkshire, SL4 2QF
South Meadow Surgery	3 Church Close, Eton, SL4 6AP
North East Hampshire and Farnham	

Princes Gardens Surgery	2A High Street, Aldershot, Hampshire, GU11 1BJ
The Cambridge Practice	Aldershot Centre for Health, Hospital Hill, Aldershot, Hampshire, GU11 1AY
The Wellington Practice	Aldershot Centre for Health, Hospital Hill, Aldershot, Hampshire, GU11 1AY
Giffard Drive Surgery	68 Giffard Drive, Cove, Farnborough, Hampshire, GU14 8QB
Voyager Family Health	Farnborough Centre for Health, Apollo Rise, Southwood Business Park, Farnborough, Hampshire GU14 0NP
Alexander House Surgery	Alexander House, 2 Salisbury Road, Farnborough, Hampshire, GU14 7AW
Jenner House Surgery	159 Cove Road, Farnborough, Hampshire, GU14 0HQ
Mayfield Medical Centre	Croyde Close, Farnborough, Hampshire GU14 8UE
North Camp Surgery	2 Queens Road, Farnborough, Hampshire, GU14 6DH
Farnham Park Health Group	Farnham Centre for Health, Hale Road, Farnham, Surrey, GU9 9QS
Downing Street Group Practice	4 Downing Street, Farnham, Surrey, GU9 7PA
Holly Tree Surgery	42 Boundstone Road, Wrecclesham, Farnham, Surrey, GU10 4TG
Farnham Dene Medical Practice	Farnham Centre for Health, Hale Road, Farnham, GU9 9QS
Richmond Surgery	Richmond Close, Fleet, Hampshire, GU52 7US
Fleet Medical Centre	Church Road, Fleet, Hampshire, GU51 4PE
Branksomewood Healthcare Centre	Branksomewood Road, Fleet, Hampshire, GU51 4JX
Crondall New Surgery	Redlands Lane, Crondall, Farnham, Surrey, GU10 5RF
Oakley Health Group	51 Frogmore Road, Blackwater Camberley, Surrey, GU17 0DB
The Border Practice	Blackwater Way, Aldershot, Hampshire, GU12 4DN
Surrey Heath	
Bartlett Group	Frimley Green Medical Centre, 1 Beech Road, Frimley Green, Surrey, GU16 6QQ

Camberley Health Centre	159 Frimley Road, Camberley, Surrey, GU15 1PZ
Lightwater Surgery	39 All Saints Road, Lightwater, Surrey, GU18 5SQ
Park House Surgery	Park Street, Bagshot, Surrey, GU19 5AQ
Park Road Group Practice	143 Park Road, Camberley, Surrey, GU15 2NN
Station Road Surgery	4 Station Road, Frimley, Surrey, GU16 7HG
Upper Gordon Road Surgery	37 Upper Gordon Road, Camberley, Surrey, GU15 2HJ

Appendix 4: Local Super Output Area (LSOA) Codes

Source: https://geoportal.statistics.gov.uk/datasets

STP19CD E54000034

STP19NM Frimley Health

FID	LSOA11NM	LSOA11CD
23679	Bracknell Forest 001C	E01016252
23680	Bracknell Forest 001D	E01016253
23972	Bracknell Forest 001E	E01032727
23723	Bracknell Forest 002A	E01016184
23724	Bracknell Forest 002B	E01016185
23725	Bracknell Forest 002C	E01016186
23726	Bracknell Forest 002D	E01016187
23727	Bracknell Forest 002E	E01016188
23728	Bracknell Forest 003A	E01016190
23667	Bracknell Forest 003B	E01016238
23672	Bracknell Forest 003C	E01016243
23673	Bracknell Forest 003D	E01016245
23674	Bracknell Forest 003E	E01016246
23675	Bracknell Forest 003F	E01016247
23668	Bracknell Forest 004A	E01016239
23669	Bracknell Forest 004B	E01016240
23670	Bracknell Forest 004C	E01016241
23671	Bracknell Forest 004D	E01016242
23719	Bracknell Forest 005A	E01016180
23720	Bracknell Forest 005B	E01016181
23721	Bracknell Forest 005C	E01016182
23722	Bracknell Forest 005D	E01016183
23651	Bracknell Forest 005E	E01016222

23729	Bracknell Forest 006B	E01016191
23652	Bracknell Forest 006C	E01016223
23653	Bracknell Forest 006D	E01016224
23655	Bracknell Forest 006E	E01016226
23969	Bracknell Forest 006F	E01032724
23973	Bracknell Forest 006G	E01032728
23654	Bracknell Forest 007A	E01016225
23662	Bracknell Forest 007B	E01016233
23676	Bracknell Forest 007C	E01016248
23677	Bracknell Forest 007D	E01016249
23678	Bracknell Forest 007E	E01016250
23740	Bracknell Forest 008A	E01016200
23741	Bracknell Forest 008B	E01016201
23617	Bracknell Forest 008C	E01016202
23623	Bracknell Forest 008D	E01016203
23629	Bracknell Forest 008E	E01016204
23639	Bracknell Forest 009A	E01016209
23640	Bracknell Forest 009B	E01016210
23642	Bracknell Forest 009D	E01016213
23643	Bracknell Forest 009E	E01016214
23644	Bracknell Forest 009F	E01016215
23970	Bracknell Forest 009G	E01032725
23971	Bracknell Forest 009H	E01032726
23635	Bracknell Forest 010A	E01016205
23646	Bracknell Forest 010B	E01016217
23647	Bracknell Forest 010C	E01016218
23660	Bracknell Forest 010D	E01016231
23661	Bracknell Forest 010E	E01016232
23641	Bracknell Forest 011A	E01016212
23645	Bracknell Forest 011B	E01016216

23648	Bracknell Forest 011C	E01016219
23649	Bracknell Forest 011D	E01016220
23650	Bracknell Forest 011E	E01016221
23636	Bracknell Forest 012A	E01016206
23638	Bracknell Forest 012B	E01016208
23658	Bracknell Forest 012C	E01016229
23659	Bracknell Forest 012D	E01016230
23637	Bracknell Forest 013A	E01016207
23663	Bracknell Forest 013B	E01016234
23664	Bracknell Forest 013C	E01016235
23665	Bracknell Forest 013D	E01016236
23666	Bracknell Forest 013E	E01016237
23730	Bracknell Forest 014A	E01016192
23734	Bracknell Forest 014B	E01016194
23735	Bracknell Forest 014C	E01016195
23656	Bracknell Forest 014D	E01016227
23657	Bracknell Forest 014E	E01016228
23733	Bracknell Forest 015A	E01016193
23736	Bracknell Forest 015B	E01016196
23737	Bracknell Forest 015C	E01016197
23738	Bracknell Forest 015D	E01016198
23739	Bracknell Forest 015E	E01016199

23866	Guildford 004A	E01030426
23867	Guildford 004B	E01030427
23869	Guildford 004C	E01030428
23871	Guildford 004D	E01030429
23873	Guildford 004E	E01030430
23863	Guildford 010A	E01030424
23875	Guildford 010B	E01030431

23877	Guildford 010C	E01030432
23879	Guildford 010D	E01030433
23817	Guildford 014A	E01030421
23822	Guildford 014B	E01030422
23828	Guildford 014C	E01030423
23864	Guildford 014D	E01030425

23366	Hart 001A	E01022890
23367	Hart 001B	E01022891
23368	Hart 001C	E01022892
23369	Hart 001D	E01022893
23370	Hart 001E	E01022894
23322	Hart 002A	E01022859
23371	Hart 002B	E01022895
23372	Hart 002C	E01022896
23373	Hart 002D	E01022897
23374	Hart 002E	E01022898
23498	Hart 003A	E01022846
23499	Hart 003B	E01022847
23500	Hart 003C	E01022848
23362	Hart 003D	E01022874
23363	Hart 003E	E01022875
23364	Hart 003F	E01022876
23365	Hart 003G	E01022877
23327	Hart 005A	E01022860
23336	Hart 005B	E01022862
23355	Hart 005D	E01022867
23752	Hart 005E	E01032852
23758	Hart 005F	E01032853

23764	Hart 005G	E01032854
23808	Hart 005H	E01032857
23333	Hart 007A	E01022861
23342	Hart 007B	E01022863
23354	Hart 007C	E01022865
23356	Hart 007D	E01022868
23358	Hart 007E	E01022870
23348	Hart 008A	E01022864
23359	Hart 008B	E01022871
23360	Hart 008C	E01022872
23361	Hart 008D	E01022873
23501	Hart 009A	E01022849
23502	Hart 009B	E01022850
23503	Hart 009C	E01022851
23505	Hart 009D	E01022853
23357	Hart 009E	E01022869
23504	Hart 010A	E01022852
23506	Hart 010B	E01022854
23507	Hart 010C	E01022855
23508	Hart 010D	E01022856
23314	Hart 010E	E01022857

23925	**Runnymede 002A**	E01030671
23964	**Runnymede 002B**	E01030672
23965	**Runnymede 002C**	E01030673
23966	**Runnymede 002D**	E01030674
23967	**Runnymede 002E**	E01030675
23968	**Runnymede 002F**	E01030676

23383	**Rushmoor 001A**	E01023099

23388	**Rushmoor 001B**	E01023104
23390	**Rushmoor 001C**	E01023106
23398	**Rushmoor 001D**	E01023121
23389	**Rushmoor 002A**	E01023105
23344	**Rushmoor 002B**	E01023119
23350	**Rushmoor 002C**	E01023120
23402	**Rushmoor 002D**	E01023122
23537	**Rushmoor 002E**	E01023146
23384	**Rushmoor 003A**	E01023100
23385	**Rushmoor 003B**	E01023101
23386	**Rushmoor 003C**	E01023102
23515	**Rushmoor 003D**	E01023134
23538	**Rushmoor 003E**	E01023147
23380	**Rushmoor 004A**	E01023096
23381	**Rushmoor 004B**	E01023097
23387	**Rushmoor 004C**	E01023103
23395	**Rushmoor 004D**	E01023111
23396	**Rushmoor 004E**	E01023112
23376	**Rushmoor 005A**	E01023092
23377	**Rushmoor 005B**	E01023093
23509	**Rushmoor 005C**	E01023132
23512	**Rushmoor 005D**	E01023133
23518	**Rushmoor 005E**	E01023135
23375	**Rushmoor 006A**	E01023091
23378	**Rushmoor 006B**	E01023094
23379	**Rushmoor 006C**	E01023095
23382	**Rushmoor 006D**	E01023098
23539	**Rushmoor 006E**	E01023148
23540	**Rushmoor 006F**	E01023149
23251	**Rushmoor 007A**	E01023113

23315	**Rushmoor 007B**	E01023114
23521	**Rushmoor 007C**	E01023136
23524	**Rushmoor 007D**	E01023137
23527	**Rushmoor 007E**	E01023138
23530	**Rushmoor 007F**	E01023139
23531	**Rushmoor 007G**	E01023140
23532	**Rushmoor 008A**	E01023141
23533	**Rushmoor 008B**	E01023142
23534	**Rushmoor 008C**	E01023143
23535	**Rushmoor 008D**	E01023144
23338	**Rushmoor 009A**	E01023118
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23393	**Rushmoor 011A**	E01023109
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