NHS West Yorkshire
Integrated Care Board

Part of the West Yorkshire Health and Care Partnership

CONSTITUTION
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1. Introduction

1.1 Background/ Foreword

1.1.1 NHS West Yorkshire Integrated Care Board is part of the West Yorkshire Integrated Care System (ICS), known as the West Yorkshire Health and Care Partnership. This Constitution builds on the Memorandum of Understanding (MoU) that the Partnership agreed in 2018. That MoU set out our commitment to work together in partnership to realise our shared ambitions to reduce health inequalities, improve the health of the 2.4 million people who live in our area and improve the quality of their health and care services.

1.1.2 The Integrated Care Board (ICB) will arrange the provision of a comprehensive universal health service for all residents, and those who reside elsewhere who need care while temporarily in the area; as well as those residents of the area who may need health care while temporarily elsewhere. NHS England has set out the following as the 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; and
   d) help the NHS support broader social and economic development.

1.1.3 The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:
   - improving the health of children and young people
   - supporting people to stay well and independent
   - acting sooner to help those with preventable conditions
   - supporting those with long-term conditions or mental health issues
   - caring for those with multiple needs as populations age
   - getting the best from collective resources so people get care as quickly as possible

1.1.4 The ICB will deliver the strategy set by our Integrated Care Partnership (ICP), which will be built from the health and wellbeing strategies agreed in each of our places. It will support the five place-based partnerships in West Yorkshire (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield) as part of a well-established way of working to meet the diverse needs of our citizens and communities. These place-based partnerships, overseen by Health and Wellbeing Boards, and including councils, health and care providers, the voluntary community and social enterprise sector and Healthwatch, are key to achieving the ambitious improvements we want to see. In 2019 we set out our ambitions in our five year plan.
1.1.5 This Constitution creates the framework for the ICB to delegate much decision-making authority and resources to our places. We recognise that there are also significant benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for West Yorkshire as a whole. We apply three tests to determine when to work at this level:

- to achieve a critical mass beyond local population level to achieve the best outcomes;
- to share best practice and reduce variation; and
- to achieve better outcomes for people overall by tackling ‘wicked issues’ (i.e., complex, intractable problems).

1.1.6 The West Yorkshire Health and Care Partnership (‘the Partnership’) includes eleven NHS providers, who come together in provider collaboratives to achieve better outcomes for people and ensure sustainable services in the future. These collaboratives are the West Yorkshire Association of Acute Trusts and the West Yorkshire Mental Health, Learning Disability and Autism Collaborative. These collaboratives are formal entities who may be delegated formal responsibilities from the ICB, but also play a recognised formal and informal system leadership role to help deliver operational support, deliver ‘at scale’ services and facilitate continuous development between partners. The community provider collaborative operates informally to ensure there is a strong community voice into the Partnership, as well as to lead specific projects ‘at scale’ across providers.

1.1.7 The Partnership includes seven local government partners. The five Metropolitan Councils in West Yorkshire and North Yorkshire County Council lead on public health, adult social care and children’s services, as well as statutory Health Overview and Scrutiny and the local Health and Wellbeing Boards. The Metropolitan Councils and Craven District Council lead on housing, licensing, planning, and environmental health which all influence the wider determinants of health. Together, they work with the NHS as commissioning and service delivery partners, as well as exercising formal powers to scrutinise NHS policy decisions.

1.1.8 The voluntary, community and social enterprise sector (VCSE), community interest companies, hospices, independent social care providers and other partners including the Academic Health Science Network also play a valuable role in the Partnership, working across all our places and programmes of work.
1.1.9 Healthwatch ensure that citizen voice is at the centre of the Partnership. We are committed to meaningful conversations with people and value highly the feedback that people share with us. Effective public involvement, particularly with those with lived experience and who are seldom heard, ensures that we make the right decisions together about our health and care services. Our approach to public involvement is set out in section 9.

1.1.10 Our ultimate goal is to put people at the heart of everything we do so that together, we meet the diverse needs of all communities. People from Black, Asian and minority ethnic communities continue to face health inequalities, discrimination in the workplace and are more likely to develop and die as a result of serious diseases. Effective equality, diversity and inclusion (EDI) leads to improved health delivery and greater staff and patient experiences of the NHS. We want to ensure that our workforce is diverse and that people working and learning in ICBs can develop and thrive in a compassionate and inclusive environment and an organisational culture that promotes inclusion and embraces diversity. This will support and strengthen our response to tackling health inequalities through a whole systems approach.

1.1.11 This Constitution sets out the role of the ICB in our partnership arrangements. It does not seek to introduce a hierarchical model; rather it supports a mutual accountability framework, based on principles of subsidiarity, to ensure we have collective ownership of delivery.

1.1.12 This Constitution is based on the ethos that the ICB and our partnership is a servant of the people of West Yorkshire and of its member organisations. The ICB is a statutory body charged with specific legal duties and functions and there is no legal connection between the ICB Constitution and the separate Constitutions of other organisations in the ICS. The Constitution does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

1.1.13 The Constitution is underpinned by the duty for NHS bodies and local authorities to co-operate and supports the triple aim that requires NHS bodies to consider the effects of their decisions on the health and wellbeing of the people of England, the quality of services and the sustainable and efficient use of resources.
Our approach to collaboration begins in each of the neighbourhoods which make up West Yorkshire, in which GP practices work together, with community and social care services in Primary Care Networks, to offer integrated health and care services for populations of 30-50,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.

Neighbourhood services sit within each of our five places. These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people’s health and improve the quality of their health and care services.

The focus for these partnerships is moving increasing away from simply treating ill health to preventing it, to reducing health inequalities, and tackling the wider determinants of health, such as poverty, housing, employment, social inclusion and the physical environment.

The arrangements described in this Constitution describe how we organise ourselves together to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve.

We have worked together as the Partnership to develop a shared vision for health and care services across West Yorkshire:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care at home through primary care social care and community health services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer and stroke
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example, community and hospital care working together.
• Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

1.1.19 We have agreed a set of guiding principles that shape everything we do through our Partnership:

• We will be ambitious for the people we serve and the staff we employ

• The Partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people’s health and wellbeing.

• We will do the work once – duplication of systems, processes and work should be avoided as wasteful and a potential source of conflict

• We will undertake shared analysis of problems and issues as the basis of taking action

• We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

1.1.20 We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

• We are leaders of our organisation, our place and of West Yorkshire;

• We support each other and work collaboratively;

• We act with honesty and integrity, and trust each other to do the same;

• We challenge constructively when we need to;

• We assume good intentions;

• We will implement our shared priorities and decisions, holding each other mutually accountable for delivery; and

• We will display the highest standards of inclusive behaviour and will be expected to adhere to expected competencies.

• We will treat all ICB partners and stakeholders equally and fairly because the outcomes for our communities are more important than organisational form.
1.2 Name

1.2.1 The name of this Integrated Care Board is NHS West Yorkshire ICB (“the ICB”).

1.3 Area Covered by the Integrated Care Board

1.3.1 The area covered by the ICB is City of Bradford, Borough of Calderdale, Borough of Kirklees, City of Leeds, City of Wakefield plus District of Craven EXCLUDING LSOAs: E01027558, E01027559, E01027570.

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 www.westyorkshire.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 Acts. 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);

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—

a) section 14Z34 (improvement in quality of services),

b) section 14Z35 (reducing-inequalities),

c) section 14Z38 (obtaining appropriate advice),

d) section 14Z40 (duty in respect of research)

e) section 14Z43 (duty to have regard to effect of decisions)

f) section 14Z44 (public involvement and consultation),

g) sections 223GB to 223N (financial duties), and

h) 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.

NHS West Yorkshire ICB Constitution 010722 FINAL
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) The Chair and/or Chief Executive may periodically propose amendments to the Constitution, which shall be submitted to the Board for approval. If the changes are material, there will be an engagement process with partners in the ICB. Material changes will include changes to the membership of the Board or to decision-making procedures. Proposed changes will be submitted to NHS England for approval.

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 which provide further details on how governance arrangements in the ICB will operate.

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 ICB 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 under clause 3.6.2

e) **Key policy documents** which should also be included in the Governance Handbook or linked to it - including:
   - 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 Integrated Care Board. 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 www.westyorkshire.icb.nhs.uk

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

   a) a Chair
   b) a Chief Executive
   c) at least three Ordinary members.

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 additional Ordinary Members:

   a) three executive members, namely
      • Director of Finance
      • Medical Director
      • Director of Nursing
   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:

   • 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.
2.1.7 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 four Partner Members.

   a) 2 partner members - NHS trusts and foundation trusts
   b) 1 partner member - primary medical services.
   c) 1 partner member - local authority

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

   a) 2 additional non-executive members
   b) 1 Bradford, District and Craven place member.
   c) 1 Calderdale place member.
   d) 1 Kirklees place member.
   e) 1 Leeds place member.
   f) 1 Wakefield place member.
   g) 1 community health services member
   h) 1 Director of Public Health member.
   i) 1 Healthwatch member.
   j) 1 Voluntary, Community and Social Enterprise sector member.
   k) 1 Director of People
   l) 1 Director of Strategy and Partnerships

2.2.3 The board is therefore composed of the following members:

   a) Chair
   b) Chief Executive
   c) 2 Partner members NHS and Foundation Trusts
   d) 1 Partner member Primary medical services
   e) 1 Partner member Local Authorities
   f) 4 non-executive members
   g) Director of Finance
   h) Medical Director
   i) Director of Nursing
   j) 1 member community health services
   k) 1 member Director of Public Health
   l) 1 member Healthwatch
   m) 1 member Voluntary Community and Social Enterprise
n) 5 members Place
o) Director of Strategy and Partnerships
p) Director of People

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 at Board Meetings**

2.3.1 The board may invite specified individuals to be Participants 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. The following may be invited as Participants:

- The Chair of the West Yorkshire Integrated Care Partnership
- A representative of the West Yorkshire Race Equality Network
- Subject matter experts as required
- Any other person that the Chair considers can contribute to the matter under discussion.

2.3.3 Participants 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.
   d) Commit to behave consistently as leaders and colleagues in ways which model and promote the shared values set out in paragraph 1.1.21.

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 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.

3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

3.2.5 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.
3.2.6 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;

3.2.7 A health care professional (within the meaning of section 14N of the 2006
Act) 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.

3.2.8 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).

3.2.9 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.
3.2.10 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.

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

a) The Chair will be independent.

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.

c) Any other criteria set out in NHS England guidance 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

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
c) Any other criteria set out in NHS England guidance apply

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 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:

a) Airedale NHS Foundation Trust
b) Bradford District Care NHS Foundation Trust
c) Bradford Teaching Hospitals NHS Foundation Trust
d) Calderdale and Huddersfield NHS Foundation Trust
e) Harrogate and District NHS Foundation Trust1
f) Leeds and York Partnership NHS Foundation Trust
g) Leeds Community Healthcare NHS Trust
h) The Leeds Teaching Hospitals NHS Trust
i) The Mid Yorkshire Hospitals NHS Trust
j) South West Yorkshire Partnership NHS Foundation Trust
k) Yorkshire Ambulance Service NHS 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 Director of one of the NHS Trusts or FTs within the ICB’s area as listed at 3.5.1.
b) Agree that they will bring knowledge and perspective from their sector but not be delegates or carry agreed mandates from any part of that sector.
c) Declare themselves willing to serve as a full member of a unitary board, inter alia responsible for stewardship of NHS funds and be bound by individual and collective accountability for decisions.
d) One shall bring the perspective of NHS Trusts or FTs providing acute services
e) One shall bring the perspective of NHS Trusts or FTs providing mental health, learning disability and autism services.

3.5.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) Any other criteria set out in NHS England guidance apply.
3.5.4 These members will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.5.5 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 1 nomination for a member to bring the perspective of NHS Trusts or FTs providing acute services and/or 1 nomination for a member to bring the perspective of NHS Trusts or FTs trusts providing mental health, learning disability and autism services.
   - Eligible organisations may nominate an individual 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 agree, the list will be put forward to step b) below. If they do not agree, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

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, which will include a representative of each place and the ICB Chair.
   - 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)
d) The nomination and appointment process shall take account of equality, diversity and inclusion at each stage and will have regard to the ICB’s commitment to improve the diversity of its leadership and to ensuring effective representation across its 5 places.

3.5.6 The term of office for this Partner Member will be 3 years and the total number of terms they may serve is 3 terms.

3.5.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the NHS trust and FT partner members up to the maximum number of terms permitted for their role.

3.6 Partner Member - Providers of Primary Medical Services.

3.6.1 This Partner Member is 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 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.

3.6.3 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria
   a) Be a general practitioner who provides primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in the ICB area.
   b) Agree that they will bring knowledge and perspective from their sector but not be delegates or carry agreed mandates from any part of that sector.
   c) Declare themselves willing to serve as a full member of a unitary board, inter alia responsible for stewardship of NHS funds and be bound by individual and collective accountability for decisions

3.6.4 Individuals will not be eligible if:
   a) Any of the disqualification criteria set out in 3.2 apply.
   b) Any other criteria set out in NHS England guidance apply.
3.6.5 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.6.6 The appointment process will be as follows:

a) Joint Nomination:
   - When a vacancy arises, each eligible organisation described at 3.6.1 and listed in the Governance Handbook will be invited to make 1 nomination.
   - The nomination of an individual must be seconded by 1 other eligible organisation.
   - Eligible organisations may nominate an individual 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 agree, the list will be put forward to step b) below. If they do not agree, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

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 and including a primary care Clinical Director from each of our 5 places and the ICB Chair.
   - 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 3.6.3 and 3.6.4
   - 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).

d) The nomination and appointment process shall take account of equality, diversity and inclusion at each stage and will have regard to the ICB’s commitment to improve the diversity of its leadership and to ensuring effective representation across its 5 places.
3.6.7 The term of office for this Partner Member will be 3 years and the total number of terms they may serve is 3 terms.

3.6.8 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the primary medical services partner member up to the maximum number of terms permitted for their role.

3.7 Partner Member - local authorities

3.7.1 This Partner Member is jointly nominated by the local authorities which are responsible for providing Social Care and whose areas coincide with, or include the whole or any part of, the ICB’s area. Those local authorities are:

a) City of Bradford Metropolitan District Council
b) Calderdale Council
c) Kirklees Council
d) Leeds City Council
e) North Yorkshire County Council
f) Wakefield Council

3.7.2 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria
a) Be the Chief Executive or hold a relevant Executive level role of one of the bodies listed at 3.7.1
b) Agree that they will bring knowledge and perspective from their sector but not be delegates or carry agreed mandates from any part of that sector.
c) Declare themselves willing to serve as a full member of a unitary board, inter alia responsible for stewardship of NHS funds and be bound by individual and collective accountability for decisions

3.7.3 Individuals will not be eligible if
a) Any of the disqualification criteria set out in 3.2 apply
b) Any other criteria set out in NHS England guidance apply

3.7.4 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be in accordance with agreed ICB policies and national regulations and will take into account national guidance.

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 1 nomination.
• 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 agree, the list will be put forward to step b) below. If they do not agree, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

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 and including a representative from each place and the ICB Chair.
• 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).

d) The nomination and appointment process shall take account of equality, diversity and inclusion at each stage and will have regard to the ICB’s commitment to improve the diversity of its leadership and to ensuring effective representation across its 5 places.

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

3.7.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the local authority partner up to the maximum number of terms permitted for their role.
3.8 Medical Director

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

3.8.2 Individuals will not be eligible if:

   a) Any of the disqualification criteria set out in 3.2 apply
   b) Any other criteria set out in NHS England guidance apply.

3.8.3 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be in accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.8.4 The appointment process will be as follows:

   a) Nominations – shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel convened by the Chief Executive.
   b) Appointment - all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB’s commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.9 Director of Nursing

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
3.9.2 Individuals will not be eligible if:
   a) Any of the disqualification criteria set out in 3.2 apply
   b) Any other criteria set out in NHS England guidance apply.

3.9.3 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.9.4 The appointment process will be as follows:
   a) **Nominations** – shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel convened by the Chief Executive.
   b) **Appointment** - all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB’s commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.10 **Director of Finance**

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.

3.10.2 Individuals will not be eligible if:
   a) Any of the disqualification criteria set out in 3.2 apply
   b) Any other criteria set out in NHS England guidance apply.

3.10.3 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.
3.10.4 The appointment process will be as follows:

a) **Nominations** – shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel convened by the Chief Executive.

b) **Appointment** - all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB’s commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.11 **Four Non-Executive Members**

3.11.1 The ICB will appoint four Non-Executive Members. One of these members shall be appointed by the Chair as the senior Non-executive member.

3.11.2 These members will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

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

   a) Not be employee of the ICB or a person seconded to the ICB
   b) Not hold a role in another health and care organisation in the ICS 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 and Nomination Committee

3.11.4 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) Any other criteria set out in NHS England guidance apply.

3.11.5 The appointment process will be as follows:
a) **Nominations** – shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel convened by the Chief Executive.

b) **Appointment** – all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive and include a representative from each place. The process shall assess candidates against the eligibility criteria set out in para 3.1.1 and shall have regard to the ICB’s commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.11.6 The term of office for a 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.

3.11.7 Initial appointments may be for a shorter period 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.

3.11.8 Subject to 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.

**Other Board members**

**3.12 Five Members – Place**

3.12.1 These Members will bring the perspective of the place-based partnerships in:
   a) Bradford District and Craven
   b) Calderdale
   c) Kirklees
   d) Leeds
   e) Wakefield

3.12.2 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

   a) Be a senior leader of a partner organisation in one of the place-based partnerships at 3.12.1.
3.12.3 Individuals will not be eligible if

   a) Any of the disqualification criteria set out in 3.2 apply
   b) Any other criteria set out in NHS England guidance apply.

3.12.4 Initially, these members shall either be those senior leaders from each place who have been appointed as Place Accountable Officers through an agreed organisational change process or through nomination by the place.

3.12.5 Subsequently, when a vacancy arises, these members will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.12.6 The appointment process will be as follows:

   a) Nominations – the place-based partnerships set out at 3.12.1 shall nominate eligible candidates to the Chief Executive, having regard to the ICB’s commitment to improving the diversity of its leadership.

   b) Appointment – all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive. The process shall assess candidates against the eligibility criteria set out in para 3.1.1 and shall have regard to the ICB’s commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.13 Member - Director of Public Health

3.13.1 This member is jointly nominated by the local authorities with responsibility for public health whose areas coincide with, or include the whole or any part of the ICB’s area. Those local authorities are:

   a) City of Bradford Metropolitan District Council
   b) Calderdale Council
   c) Kirklees Council
   d) Leeds City Council
   e) North Yorkshire County Council
   f) Wakefield Council

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

   a) Be the Director of Public Health of one of the bodies listed at 3.13.1
   b) Agree that they will bring knowledge and perspective from their sector but not be delegates or carry agreed mandates from any part of that sector.
c) Declare themselves willing to serve as a full member of a unitary board, inter alia responsible for stewardship of NHS funds and be bound by individual and collective accountability for decisions

3.13.3 Individuals will not be eligible if
   a) Any of the disqualification criteria set out in 3.2 apply
   b) Any other criteria set out in NHS England guidance apply.

3.13.4 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.13.5 The appointment process will be as follows:
   a) Joint Nomination:
      • When a vacancy arises, each eligible organisation listed at 3.13.1 will be invited to make 1 nomination.
      • 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 agree, the list will be put forward to step b) below. If they do not agree, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.
   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 and including a representative from each place and the ICB Chair.
      • 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 3.14.2 and 3.14.3
      • 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).
d) The nomination and appointment process shall take account of equality, diversity and inclusion at each stage and will have regard to the ICB’s commitment to improve the diversity of its leadership and to ensuring effective representation across its 5 places.

3.13.6 The term of office for this Member will be 3 years and the total number of terms they may serve is 3 terms.

3.13.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the local authority partner up to the maximum number of terms permitted for their role.

3.14 Member – community health services

3.14.1 This member is jointly nominated by the organisations which provide community health services within the ICB area and which the ICB considers essential to the development and delivery of the five year joint forward plan. Those organisations are:

a) Airedale NHS Foundation Trust
b) Bradford District Care NHS Foundation Trust
c) Calderdale and Huddersfield NHS Foundation Trust
d) Leeds Community Healthcare NHS Trust
e) Locala Partnerships Community Interest Company
f) The Mid Yorkshire Hospitals NHS Trust

3.14.2 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be an Executive Director of one of the organisations listed at 3.14.1, which derives the majority of its income from the provision of community health services to people with physical health needs within the ICB’s area.

b) Agree that they will bring knowledge and perspective from their sector but not be delegates or carry agreed mandates from any part of that sector.

c) Declare themselves willing to serve as a full member of a unitary board, inter alia responsible for stewardship of NHS funds and be bound by individual and collective accountability for decisions.

3.14.3 Individuals will not be eligible if

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

b) Any other criteria set out in NHS England guidance apply.
3.14.4 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be in accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.14.5 The appointment process will be as follows:

a) Joint Nomination:
   - When a vacancy arises, each eligible organisation listed at 3.14.1 will be invited to make 1 nomination.
   - 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 agree, the list will be put forward to step b) below. If they do not agree, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

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 and including a representative from each place and the ICB Chair.
   - 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 3.15.2 and 3.15.3.
   - 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).

d) The nomination and appointment process shall take account of equality, diversity and inclusion at each stage and will have regard to the ICB’s commitment to improve the diversity of its leadership and to ensuring effective representation across its 5 places.

3.14.6 The term of office for this Member will be 3 years and the total number of terms they may serve is 3 terms.
3.14.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the community health services member up to the maximum number of terms permitted for their role.

3.15 **Member - Voluntary, community and social enterprise sector**

3.15.1 This Member will bring the perspective of the voluntary, community and social enterprise sector (VCSE) and specifically those organisations which contribute to the health, social care and wellbeing of people in the ICB area.

3.15.2 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be a person currently working in a senior leadership role in the VCSE sector (paid or unpaid) in West Yorkshire with extensive experience and knowledge of the wider sector, and a good understanding of the current context of health and care across West Yorkshire.
b) Agree that they will bring knowledge and perspective from their sector but not be delegates or carry agreed mandates from any part of that sector.
c) Declare themselves willing to serve as a full member of a unitary board, inter alia responsible for stewardship of NHS funds and be bound by individual and collective accountability for decisions.

3.15.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply.
b) Any other criteria set out in NHS England guidance apply.

3.15.4 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.15.5 The appointment process will be as follows:

a) **Nominations** shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel including a VCSE representative from each of the places set out at 3.12.1 and shall have regard to the ICB’s commitment to improve the diversity of its leadership.
b) **Appointment** – all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive and include a representative from each place. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB’s commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.15.6 The term of office for this Member will be 3 years and the total number of terms they may serve is 3 terms.

3.15.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the VCSE partner member up to the maximum number of terms permitted for their role.

### 3.16 Member - Healthwatch

3.16.1 This Member is jointly nominated by the Healthwatch organisations whose areas coincide with, or include the whole or any part of the ICB’s area. These organisations are:

- a) Healthwatch Bradford and District
- b) Healthwatch Calderdale
- c) Healthwatch Kirklees
- d) Healthwatch Leeds
- e) Healthwatch North Yorkshire
- f) Healthwatch Wakefield

3.16.2 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

- a) Be a senior leader of a Healthwatch organisation in the ICB area.
- b) Agree that they will bring knowledge and perspective from their sector but not be delegates or carry agreed mandates from any part of that sector.
- c) Declare themselves willing to serve as a full member of a unitary board, inter alia responsible for stewardship of NHS funds and be bound by individual and collective accountability for decisions

3.16.3 Individuals will not be eligible if

- a) Any of the disqualification criteria set out in 3.2 apply
- b) Any other criteria set out in NHS England guidance apply.
3.16.4 This member will be appointed by a process arranged by the Chief Executive, subject to the approval of the Chair. All appointments will be in accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.16.5 The appointment process will be as follows:

a) Joint Nomination:
   - When a vacancy arises, each eligible organisation listed at 3.16.1 will be invited to make 1 nomination.
   - 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 agree, the list will be put forward to step b) below. If they do not agree, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

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 and including a representative from each place and the ICB Chair.
   - 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 3.17.2 and 3.17.3
   - 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).

d) The nomination and appointment process shall take account of equality, diversity and inclusion at each stage and will have regard to the ICB’s commitment to improve the diversity of its leadership and to ensuring effective representation across its 5 places

3.16.6 The term of office for this Member will be 3 years and the total number of terms they may serve is 3 terms.
3.16.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the Healthwatch Member up to the maximum number of terms permitted for their role.

3.17 **Director of People**

3.17.1 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 18(4)(b) of Schedule 1B to the 2006 Act

3.17.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply
b) Any other criteria set out in NHS England guidance apply.

3.17.3 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be in accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.17.4 The appointment process will be as follows:

a) **Nominations** – shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel convened by the Chief Executive.

b) **Appointment** - all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB’s commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.18 **Director of Strategy and Partnerships**

3.18.1 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 18(4)(b) of Schedule 1B to the 2006 Act.
3.18.2 Individuals will not be eligible if:
   a) Any of the disqualification criteria set out in 3.2 apply
   b) Any other criteria set out in NHS England guidance apply.

3.18.3 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be in accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.18.4 The appointment process will be as follows:
   a) **Nominations** – shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel convened by the Chief Executive.

   b) **Appointment** - all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB’s commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.19 **Board Members: Removal from Office.**

3.19.1 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.

3.19.2 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 three consecutive meetings 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 failing to meet the ICB standards of business conduct; 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: gross misconduct.

e) Are deemed to have failed to uphold the Nolan Principles of Public Life

f) Are subject to disciplinary proceedings by a regulator or professional body

3.19.3 Members may be suspended pending the outcome of an investigation arranged by the Chief Executive into whether any of the matters in 3.19.2 apply.

3.19.4 Executive Directors (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.

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

3.19.6 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.

3.20 Terms of Appointment of Board Members

3.20.1 With the exception of the Chair, arrangements for remuneration and any allowances will be agreed by the Remuneration and Nomination Committee in line with the ICB remuneration policy and any other relevant policies published here [www.westyorkshire.icb.nhs.uk](http://www.westyorkshire.icb.nhs.uk) and any guidance issued by NHS England or other relevant body. Remuneration for Chairs will be set by NHS England.

3.20.2 Other terms of appointment will be determined by the Remuneration and Nomination Committee.
3.20.3 Terms of appointment of the Chair will be determined by NHS England.

3.21 Specific arrangements for appointment of Ordinary Members made at establishment

3.21.1 Individuals may be identified as “designate ordinary members” prior to the ICB being established.

3.21.2 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.

3.21.3 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 3.5-3.18 of this Constitution. However, a modified process, agreed by the Chair, will be considered valid.

3.21.4 On the day of establishment, a committee consisting of the Chair and Chief Executive 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.

3.21.5 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 3.18.

3.22 Review of board size and composition

3.22.1 In view of the appointment of additional board members to address the size and complexity of the ICS, an annual review of board size and composition will be carried out to ensure that the board is fit for purpose and meets good governance standards. Any necessary changes will be proposed thereafter.
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 Standards of Business Conduct policy 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 governance standards and principles that will guide decision making in the ICB. The ICB code of conduct, governance standards and behaviours are published in the Governance Handbook.

4.1.3 There will be a formal and rigorous annual evaluation of the performance of the board, its Committees, the Chair and individual members. The annual evaluation of the board will consider its composition, diversity and how effectively members work together to achieve objectives. Individual evaluation will demonstrate whether each member continues to contribute effectively.

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 at www.westyorkshire.icb.nhs.uk

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 Decisions 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 www.westyorkshire.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 In line with the ICB’s principles of subsidiarity, the ICB has established committees in each of its places (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield. These committee have delegated authority from the board to make decisions about ICB functions and resources at place level as set out in the SoRD. All committees and sub-committees are listed in the SoRD.

4.6.3 Each 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 sub-committees 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 required to:

   a) operate within its terms of reference. For committees, these will be approved by the board and for sub-committees these will be approved by the parent committee.

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b) have due regard to and operate within the constitution, standing orders, standing financial instructions and other financial procedures of the ICB.

c) submit their minutes to each formal board meeting or, in the case of sub committees, to its parent committee.

d) publish their minutes on the ICB website once ratified.

e) draw to the attention of the board or parent committee any significant risks.

f) undertake an annual self-assessment of their own performance. This self-assessment shall form the basis of the annual report from the committee or sub committee.

g) submit an annual report to the board or parent Committee.

h) members will abide by the ‘Principles of Public Life’ (The Nolan Principles) and the NHS Code of Conduct

i) demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity

j) commit to behave consistently as leaders and colleagues in ways which model and promote the shared values set out in paragraph 1.1.21.

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 approve 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 at 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 and Nomination 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 and Nomination 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 SoRD 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 Decisions 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:
- conducting the business of the ICB
- the procedures to be followed during meetings; and
- 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 forms 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 is published in the governance handbook.
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 www.westyorkshire.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;

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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) Recognising that the perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring. If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it. For a conflict of interest to exist, financial gain is not necessary.

b) Doing business appropriately – conflicts of interest become much easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny.

c) Being proactive, not reactive – the ICB will seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity for instance by considering potential conflicts of interest when appointing individuals to join the board or other decision-making bodies, and by ensuring individuals receive proper induction and understand their obligations to declare conflicts of interest.

d) Being balanced, appropriate and proportionate to the circumstances and context – rules will be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making processes are transparent and fair whilst not being overly constraining, complex or cumbersome.

e) Being transparent – the ICB will document the approach and decisions taken at every stage in the decision-making process so that a clear audit trail is evident.

f) Creating an environment and culture where individuals feel supported and confident in declaring relevant information and raising any concerns.

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 www.westyorkshire.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 and discussed 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.

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.
7. **Arrangements for ensuring Accountability and Transparency**

7.0 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 11(2) of Schedule 1B to the 2006 Act.

7.1 **Principles**

7.1.1 We will

a) provide information that is clear and easy to understand, free of jargon and in plain language;

b) be timely, targeted and proportionate in how we communicate and engage;

c) foster good relationships and trust by being open, honest and accountable;

d) ask people what they think and listen to their views;

e) talk to our communities including those most likely to be affected by any change;

f) provide feedback about decisions and explain how public and stakeholder views have had an impact;

g) work in partnership with other organisations in West Yorkshire;

h) use resources well to make sure we get the most out of what we have;

i) review and evaluate our work, using learning to make improvements.

7.2 **Meetings and publications**

7.2.1 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.

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

7.2.3 Annual accounts will be externally audited and published.

7.2.4 A clear complaints process will be published.

7.2.5 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.

7.2.6 Information will be provided to NHS England as required.
7.2.7 The Constitution and governance handbook will be published as well as other key documents including but not limited to:
   a) Conflicts of interest policy and procedures
   b) Registers of interests
   c) Standards of Business Conduct

7.2.8 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 implement the joint local health and wellbeing strategies of the Health and Wellbeing Boards in Bradford District and Craven, Calderdale, Kirklees, Leeds, North Yorkshire and Wakefield.

7.3 Scrutiny and Decision Making

7.3.1 At least five 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.

7.3.2 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.

7.3.3 The ICB will comply with the requirements of the NHS Provider Selection Regime including:
   a) complying with existing procurement rules until the provider selection regime comes into effect.

7.3.4 The ICB will comply with local authority health overview and scrutiny requirements, including joint overview and scrutiny arrangements.

7.4 Annual Report

7.4.1 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. The 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 and Nomination Committee which is chaired by a Non-Executive member other than the Chair or Audit Chair.

8.1.3 The membership of the Remuneration and Nomination Committee is determined by the board. No employees may be a member of the Remuneration and Nomination Committee but the board ensures that the Committee has access to appropriate advice by ensuring that human resource advisers are in attendance and that the Committee has access to appropriate expertise.

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

8.1.5 The main purpose of the Remuneration and Nomination Committee is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the 2006 Act. The terms of reference agreed by the board are published say where.

8.1.6 The duties of the Remuneration and Nomination Committee include:

a) Setting the ICB pay policy (or equivalent) and standard terms and conditions

b) Making arrangements to pay employees such remuneration and allowances as it may determine, aligning ICB remuneration with that of NHS partners in the West Yorkshire Integrated Care System

c) Setting remuneration and allowances for members of the board

d) Setting any allowances for members of committees or sub-committees of the ICB who are not members of the board

e) Ensuring that there is a formal, rigorous and transparent procedure for the recruitment and appointment of employees and members of the Integrated Care Board including effective succession planning.

f) 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 14Z45(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 being 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 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
c) 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 has made the following arrangements to consult its population on its system plan:

a) To ensure that the plan reflects the views of local people we will carry out engagement and involvement activities which may include surveys and focus groups.
b) This will sit alongside an engagement and consultation mapping report which will set out the work that has taken place in our local places and at West Yorkshire level.
c) We will have regard to NHS Guidance on consultation and engagement. The ten principles set out by NHS England and our local principles will also apply.

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 enterprise 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 In addition, the ICB has agreed the following communication and involvement principles. All such activity carried out by and on behalf of the ICB will be:

a) Accessible and inclusive – to all our audiences. For example, involving people at a time and place that is convenient to them, and establishing environments and methods that make it easy for people to be open with their input.

b) Informed by data – we will use insight and evidence to target and inform Involvement work to develop plans.

c) Clear and concise – allowing messages to be easily understood by all

d) Communications will be available in different formats - not everyone has the digital skills or confidence to access online information so information in other formats must be available if preferred. We will always communicate in Plain English. Acronyms will be clearly explained, we will reduce the use of jargon and we will write in clear and concise terms so that everyone can understand what we are saying.

e) Consistent and accountable – in line with our vision, messages, and purpose

f) Flexible – ensuring communications and involvement activity follows a variety of formats, tailored to and appropriate for each audience

g) Open, honest, and transparent – we will be clear from the start of the conversations what our plans are, what is and what isn’t negotiable, the reasons why and ultimately, how decisions will be made

h) Targeted – making sure we get messages to the right people and in the right way
i) Timely – making sure people have enough time to respond and are kept updated

j) Two-way – we will listen and respond accordingly, letting people know the outcome of all conversations.

k) Value for money – we will use our available resources and skills creatively and effectively

9.1.5 These principles will be used when developing and maintaining arrangements for engaging with people and communities.

9.1.6 The ICB has agreed a set of arrangements for engaging with people and communities which are set out in the Communication and Involvement Framework www.westyorkshire.icb.nhs.uk
## Appendix 1: Definitions of Terms Used in This Constitution

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area</td>
<td>The geographical area that the ICB has responsibility for, as defined in part 2 of this Constitution</td>
</tr>
<tr>
<td>ICB board</td>
<td>Members of the ICB</td>
</tr>
<tr>
<td>Committee</td>
<td>A committee created and appointed by the ICB board.</td>
</tr>
<tr>
<td>Health and Wellbeing Board</td>
<td>A statutory committee of a local authority (at place level) which brings together leaders from the local health and care system. Responsible for producing a joint strategic needs assessment and a joint health and wellbeing strategy.</td>
</tr>
<tr>
<td>Health Overview and Scrutiny Committee</td>
<td>A statutory committee of a local authority that undertakes in-depth reviews of health and care issues for local people. There are overview and scrutiny committees at place and West Yorkshire level.</td>
</tr>
<tr>
<td>Health Service Body</td>
<td>Health service body as defined by section 9(4) of the NHS Act 2006 or (b) NHS Foundation Trusts.</td>
</tr>
<tr>
<td>Integrated Care Partnership (ICP)</td>
<td>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.</td>
</tr>
<tr>
<td>Integrated Care System (ICS)</td>
<td>The whole health and care system across West Yorkshire known as the West Yorkshire Health and Care Partnership. The ICS is made up of the NHS, councils, Healthwatch and the voluntary, community and social enterprise sector (VCSE) partners in each of our places (Bradford District and Craven; Calderdale, Kirklees, Leeds and Wakefield) and across West Yorkshire.</td>
</tr>
<tr>
<td>Ordinary Member</td>
<td>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.</td>
</tr>
<tr>
<td>Partner Members</td>
<td>Some of the Ordinary Members will also be Partner Members. Partner Members bring knowledge and a perspective from their sectors and are appointed in accordance with the procedures set out in Section 3 having been nominated by the following:</td>
</tr>
<tr>
<td></td>
<td>• NHS trusts and foundation trusts who provide services within the ICB’s area and are of a prescribed description</td>
</tr>
<tr>
<td></td>
<td>• the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description</td>
</tr>
<tr>
<td></td>
<td>• 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</td>
</tr>
<tr>
<td>Partnership</td>
<td>The West Yorkshire Health &amp; Care Partnership (the ICS).</td>
</tr>
<tr>
<td>Place-based Integrated Care Board Committee (Place ICB Committee)</td>
<td>The formal decision-making committee which brings together health, care, VSCE and Healthwatch partners to make decisions about ICB functions and resources at place level.</td>
</tr>
<tr>
<td></td>
<td>Formally established by the ICB, with delegated authority to make decisions in accordance with the SoRD.</td>
</tr>
<tr>
<td>Place</td>
<td>The geographical level at which most of the work to join up health and care services happens. Our places are: Bradford District and Craven; Calderdale, Kirklees, Leeds, and Wakefield,</td>
</tr>
<tr>
<td>Place-Based Partnership</td>
<td>Collaborative arrangements formed by organisations responsible for arranging and delivering health and care services in our places. They involve the ICB, local authorities and providers of health and care services, including the voluntary, community and social enterprise sector, people and communities.</td>
</tr>
<tr>
<td><strong>Provider collaborative</strong></td>
<td>NHS trusts working together to achieve better outcomes for people and ensure sustainable services in the future. Provider collaboratives work at both place and West Yorkshire level</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Sub-Committee</strong></td>
<td>A committee created and appointed by and reporting to a committee.</td>
</tr>
</tbody>
</table>
Appendix 2: Standing Orders

1. Introduction

1.1 These Standing Orders have been drawn up to regulate the proceedings of NHS West Yorkshire Integrated Care Board 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 clause 1.6 in this 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 the 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 Head of Corporate Governance, 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 seven 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 Deputy Chair will chair the meeting. The Deputy Chair will be
the senior non-executive member. In the absence of the Chair and the Deputy Chair, the Chair will be a non-executive member, appointed by the assembled members.

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 at www.westyorkshire.icb.nhs.uk

4.4 Petitions

4.4.1 Where a 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 Ordinary Members of the board, with the exception of the non-executive members may nominate a deputy to attend a meeting of the board that they are unable to attend. Members should inform the Chair of their intention to nominate a deputy and should ensure that any such deputy is suitable briefed and qualified to act in that capacity. The deputy may speak and vote on their behalf.

4.5.2 The decision of the person presiding over the meeting regarding authorisation of nominated deputies is final.
4.6 Virtual attendance at meetings

4.6.1 The board 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. Arrangements for virtual meetings will comply with the ICBs transparency principles, including requirements for meetings to be held in public.

4.7 Quorum

4.7.1 The quorum for meetings of the board will be 12 members, including:
   a) The Chair or Deputy Chair
   b) The Chief Executive or Director of Finance
   c) Either the Medical Director or the Director of Nursing
   d) At least one non executive member
   e) At least one Partner member
   f) At least one Place 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: where temporary arrangements have been put in place to fill the vacancy or defect, then this individual will count towards the quoracy, including if they are temporarily acting in the roles of those members specifically listed in quoracy requirements (e.g. Director of Nursing, Director of Finance). Where temporary arrangements have not been put in place, a reduced quoracy will be proposed to the board by the Chair and Chief Executive in conjunction with the Chair of the Audit Committee.
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 through 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 a 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 (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.

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.

4.9.4 In the case of 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.

4.9.5 The powers which are reserved or delegated to the board, may for an urgent decision be exercised by the Chair (or Deputy Chair if necessary) and Chief Executive (or relevant lead director in the case of committees). This is subject to every effort having made to consult with as many board members as possible in the given circumstances. This will include the relevant Executive Director and at least one non-executive member.
4.9.6 The exercise of such powers including details of board members consulted shall be reported to the next formal meeting of the board for formal ratification, the Audit Committee for oversight and if required, the relevant ICB Committee.

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. Other ICB meetings at which public functions are exercised may also 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 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 may have a seal for executing documents where necessary. The seal will be kept securely in a locked facility. The following are authorised to authenticate its use by their signature:

- The Chief Executive
- The Chair of the ICB
- The Director of Finance