

# Norfolk and Waveney Integrated Care Board

## Clinical and Care Professional Council

### Terms of Reference

#### Revision History

Revision Date	Summary of changes	Author(s)	Version Number
7 Aug 2023	Originate document	A Griffiths	1
27 Sept 2023	Addition of Social care representative	A Griffiths	1.1

#### Approvals

This document has been approved by:

Approval Date	Approval Body	Author(s)	Version Number

## **1. CONSTITUTION**

The Clinical and Care Professional Council (“CCP Council”) is established by the Integrated Care Board (the Board or ICB) as a subgroup of the People Board in accordance with its Constitution.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the CCP Council and may only be changed with the approval of the Board.

The CCP Council is a Subgroup of the People Board, and its members are bound by the Standing Orders and other policies of the ICB.

## **2. PURPOSE OF THE COUNCIL**

The N&W ICS wishes to develop, manage and retain a cohesive, distinctive and localised concept of leadership fit for the development of its communities. At the heart of this are its Clinical and Care Professional Leaders (CCPL). To function effectively and develop in role these leaders require clearly defined and visible support including support to develop the leadership skills required to work effectively across organisational and professional boundaries. It is the role of the council to construct and deliver a more consistent and visible approach across the ICS with emphasis upon on the job learning, secondments, shadowing, and stretch assignments and reach widely across all corners of the system to support those who wish to understand and practice system leadership.

## **3. DELEGATED AUTHORITY**

The Council has no formal delegated authority outside that held by its constituent members.

## **4. MEMBERSHIP AND ATTENDANCE**

The Council members shall be appointed by the ICB Medical Director and Director of Nursing in accordance with the ICB Constitution.

When determining the membership of the Council, active consideration will be made to equality, diversity and inclusion.

### **Conflicts of Interest**

The Council shall satisfy itself that the ICB’s policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

## **Chair and Deputy chair**

If a Chair has a conflict of interest, then the co-chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

## **Members**

- ICB Deputy Medical Director (Chair)
- ICB Medical Director (Deputy Chair)
- ICB Director of Nursing
- Associate Medical Director for Primary Care
- System AHP Lead
- Associate Director of Workforce Transformation
- Social Care Representative

## **Other attendees will vary from time to time and may include:**

- ICB Equality Diversity Inclusion Lead
- Local University Representative
- Community Provider Representative
- Voluntary Sector Representative
- Secondary Care Representative

## **5. MEETING QUORACY AND DECISIONS**

The Council shall meet **monthly**.

### **Quoracy**

The quorum for the meeting will be three members, one of which must be the Chair or Deputy Chair.

Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf. For the avoidance of doubt the deputy will be counted as part of the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. If an urgent decision is required, the process set out at 5.10 and 5.11 may be followed.

### **Decision making and voting**

Decisions will be taken in accordance with the Standing Orders. The Council will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Council or their nominated deputy may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Council will hold the casting vote. The result of the vote will be recorded in the minutes.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication.

### **Urgent decisions**

If an urgent decision is required, if it is not possible for the Council to meet virtually an urgent decision may be exercised by the Council Chair and relevant lead director subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum one other member).

The exercise of such powers shall be reported to the next formal meeting of the Council for formal ratification and noted in the actions and decisions log.

## **6. RESPONSIBILITIES OF THE COUNCIL**

The responsibilities of the Council will be authorised by the People Board. It is expected that the Council will:

- a) Be the custodians of the 5 guiding principles of Clinical and Care leadership namely:
  - i. That there be effective structures and communication mechanisms to connect CCPLs at each level of the system.
  - ii. That a culture is created which systematically embraces shared learning, supporting CCPLs to collaborate and innovate with a wide range of partners, including residents and local communities.
  - iii. That there is protected time, support, and infrastructure available for CCPLs to carry out their system leadership roles.
  - iv. That there is clearly defined and visible support for CCPLs to develop the leadership skills required to work effectively across organisational and professional boundaries.
  - v. That there are transparent approaches in place to identify and recruit leaders, which promote equity of opportunity and the development of a professionally and demographically diverse talent pipeline which reflects the community it serves.
- b) Facilitate the connection of CCP leaders that encourages distributed leadership, learning and shared understanding, collaboration and innovation and that engages a wide range of partners, including patients and local communities across the system.

- c) Foster a culture of psychological safety across the system to share ideas and innovate.
- d) Establish system thinking as a norm and co-production (including with the public) at the heart of transformation.
- e) Ensure that CCPLs have all the necessary data and SME support to inform action and decision making.
- f) Provide learning and development opportunities for CCPLs enabling clinical and non-clinical colleagues to learn from each other.
- g) Create a leadership skills development programme that is fit for purpose and includes the skills needed for a future ICS and those required for system leadership.
- h) Create a mechanism to identify and develop future leaders earlier in their career, with transparent recruitment based on skills and attributes required for system leadership.
- i) Create professionally agnostic job descriptions that focus on skills rather than speciality or registration.
- j) Commission and review an annual survey on the effectiveness of this approach across the system.

## **7. ACCOUNTABILITY and REPORTING ARRANGEMENTS**

The CCP Council is directly accountable to the People Board. An actions and decisions log shall be formally recorded after each meeting. The Chair of the Council shall report to the People Board four times per year and raise any concerns where necessary.

## **8. BEHAVIOURS AND CONDUCT**

### **ICB values**

Council members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Council shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

### **Equality and diversity**

Members must demonstrably consider the equality and diversity implications of decisions they make.

## **9. DECLARATIONS OF INTEREST**

All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Council Chair.

## **10. SECRETARIAT AND ADMINISTRATION**

The Council shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Council lead;
- Attendance of those invited to each meeting is monitored highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Council is prompted to renew membership and identify new members where necessary;
- Good quality action and decisions logs are kept in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the People Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

## **11. REVIEW**

The Council will review its effectiveness at least annually and complete an annual report submitted to the People Board.

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the People Board for approval.

The Council will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval: xxx 2023

Version 1