

## DRAFT Terms of Reference South Yorkshire and Bassetlaw (SYB) Allied Health Professions (AHP) Council

### Introduction

As part of the Five Year Forward View and the Sustainability and Transformation Plan (STP) process, South Yorkshire and Bassetlaw Integrated Care System (ICS) partners are creating an Allied Health Professions (AHPs) Council to ensure the expertise and potential of this diverse group of professions is fully maximised in transforming Health and Care at local, Place and ICS level.

It will drive delivery of the AHP Strategy for SYB focusing on key themes of:

- ❖ Workforce of the Future
- ❖ Excellence through Leadership
- ❖ Value and Innovation
- ❖ Quality Evidence Based Care
- ❖ Health and Well being

### Purpose and content

The purpose is drive the AHP strategy, develop the AHP workforce and support the new integrated care system by

- Providing a hub of AHP expertise and advice
- Developing an AHP workforce development programme and plan
- Raising the profile of the AHP to maximise their contribution to transformed health and care service

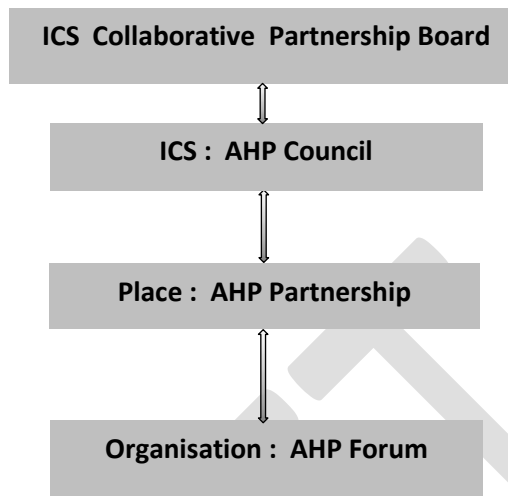
The AHP Council is supported by the NHS England Chief Allied Health Professions Officer (England) and associated NHS Improvement AHP Leads. The members will be expected to participate in national work relevant to SYB alongside responsibility for sharing national work within the ICS.

The council will operate by:

- Facilitating a framework for AHP engagement at local, PLACE and ICS level
- Being active members of key ICS related groups e.g. LWAB, Primary Care Workforce Hub, South Yorkshire Regional Excellence Centre (SYREC), Advanced Clinical Practise Faculty
- Sharing and facilitating excellence, innovation and use of technology in AHP practise across the ICS
- Engaging with local and national stakeholders demonstrating where AHPs can make a positive impact
- Bridging the health, social care and wider care system to provide co-ordinated solutions
- Working closely with a range of Education providers to ensure development of a sustainable and skilled workforce
- Facilitating benchmarking of services on quality, efficiency, cost and outcomes
- Utilising a range of engagement and communication methods including at least an annual AHP event at ICS and Place level.



## Structure and Governance



The SYB AHP Council:

The council will be accountable to the ICS Collaborative Partnership Board.

Place AHP Structure:

Council members will have a key role in facilitating AHP collaboration and partnership working with accountability to the ACP Boards.

Organisation AHP Forum:

Council members will ensure an AHP Forum is established (if not already in place) engaging representatives from all AHP services within the organisation. This will be a mechanism for two way communication from ICS and Place level to ensure all the AHP workforce is engaged and has opportunity for influence and involvement.

## Intended outcomes

The AHP Council intended outcomes are that, in 2 years' time, AHPs across SYB will have achieved the following:

- Stronger partnerships across all key stakeholders and a strengthened profile, influence and involvement in national, ICS, PLACE and local level for AHPs.
- A robust workforce plan for AHPs addressing demand supply and development of AHP workforce including career pathways, continuing professional development, research and innovation.
- AHPs leading transformation of care pathways particularly delivering more services in community settings.
- More consistent and robust evidence and benchmarking that better demonstrate the value and impact of AHP services for meeting population and provider needs.



## **Membership of Council**

### **Chair:**

The council will be co-chaired by a senior ICS representative and a Senior AHP Leader. Meetings will be co-chaired or chaired by only one of the nominated Chairs in the absence of the other.

### **The Council Membership:**

- Chief Executive / Chief Nurse to nominate a Senior AHP leader from each organisation and an alternate.
- The membership should be of sufficient size and range to enable it to carry out all its functions effectively with an appropriate balance of AHP professions, skills, knowledge and experience.
- Members should be of sufficient seniority to engage with, represent and make decisions on behalf of their organisation with credibility and authority.

The Council will make co-options to secure specific, additional expertise as required.

Members or alternate will be expected to attend all the meetings and actively contribute to the work of the Council.

### **Nomination Criteria**

For Council representative and alternate fulfilment of the following criteria;

- Professional registration with Health and Care Professions Council (HCPC) or General Osteopathic Council (GOC).
- A strong understanding of current issues for AHP professions.
- Strategic vision and collaborative approach to drive the work of the council.
- Ability to represent AHP professions within their organisation and practical ability to act as a conduit between the Council and AHPs in the organisation they represent to facilitate two way engagement.
- Capacity for attendance and undertaking work of the council and developing Place based AHP partnerships.

### **Chair and Vice-Chair**

The Chair and Vice-chair of the Committee should be from different AHP professions.

The role of the Chair (or the Vice-chair in the Chair's absence) is as follows:

- To set the agenda, for each council meeting.
- To chair each meeting, including to ensure the management of discussion in line with the agenda and to achieve clear outcomes for follow-on activity and reporting.
- To approve the minutes of each meeting for circulation, for formal sign-off at the next subsequent meeting by all members.

### **Engagement and communication strategy**

Council members will facilitate communication within partnership organisations and with AHPs at their Place and local level.



### **Quorum**

A meeting is quorate if:

A simple majority (50% and over) of Council members are present, and of this:

At least one of the Chairs or nominated deputy is present.

### **Frequency and attendance at meetings**

- It is anticipated that the Council will meet at least on a quarterly basis.
- The co-Chairs may convene additional meetings of the Council to consider urgent business.
- If members are unable to attend they must advise the Chairs and request attendance of their alternate.

### **Notice of meetings**

Ordinarily notice of meetings confirming the venue, time, date and agenda shall be forwarded to members and any other person required to attend, no later than five working days before the date of the meeting.

Members and others present should report any conflicts of interest in relation to agenda items to the co-Chair or secretary prior to the meeting. Where there is a conflict of interest the Chair will notify the member whether they should withdraw from the meeting and/or discussion. The minutes should record any conflicts of interest accordingly.

### **Administration**

Administration will be provided by the ICS.

### **Review**

The terms of reference and membership for the AHP Council will be reviewed after 12 months to ensure that they continue to meet the needs of the SYB ICS and its member organisations.

### **Establishment of AHP Council - Time line to be agreed**

Key milestones:

#### **March 2018:**

- ICS Partnership Board Approval for developing the AHP Council and Strategy for SYB.

#### **April - June 2018:**

- Consultation on AHP Strategy.

#### **July - August 2018:**

- Chair and membership established.
- Meeting dates and draft programme of business to be confirmed.

#### **September 2018:**

- AHP Council operational.

**Date: July 2018. Review Date: July 2019.**

