

## ICS People and Culture Committee of North East London ICB

### TERMS OF REFERENCE

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| <b>Status</b>    | <ol style="list-style-type: none"><li>1. The ICS People and Culture Committee (“the Committee”) is established by the Integrated Care Board (“the ICB”) as a Committee of the Board of the ICB (“the Board”) in accordance with its Constitution.</li><li>2. These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board. Additionally, the membership of the Committee must be approved by the Chair of the Board.</li><li>3. The Committee and all its members are bound by the ICB’s Constitution, Standing Orders, Standing Financial Instructions, policies and procedures of the ICB.</li></ol>  |
| <b>Authority</b> | <ol style="list-style-type: none"><li>4. The Committee is authorised by the Board to take all necessary actions to fulfil the remit described within these terms of reference, including obtaining professional (including legal) advice, commissioning reports and creating groups. The Committee will follow the processes described by the Board for commissioning any professional advice. The Committee may establish groups to assist the committee to undertake its functions, but it cannot delegate decisions to such groups.</li></ol>  |
| <b>Purpose</b>   | <ol style="list-style-type: none"><li>5. Our Integrated Care Partnership’s ambition is to “work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity.”</li><li>6. The Committee is responsible for overseeing the delivery of the ICS People and Culture Strategy. In so doing, it will:<ul style="list-style-type: none"><li>• Seek to deliver collaborative partnership working, with a committed approach to integration, innovation, and transformation where it leads to improvements in quality of patient care and support for our staff.</li><li>• Support our workforce, enabling them to study, work and live in a welcoming, healthy, and compassionate workplace.</li><li>• Develop a clear understanding of the current and future workforce challenges, through robust service, workforce, and skills intelligence.</li><li>• Build and develop workforce capacity and capability to meet the system’s population health needs.</li></ul></li></ol> |

## Responsibilities of the Committee

- Develop innovative ways to ensure the supply of the right workforce, with the right skills and knowledge at the right time to deliver high quality patient care.
  - Support implementation of the priorities set out in system, regional and national strategies, and work streams.
7. The Committee will receive assurance on the ICS Employment Flagship Priority, ensuring that we utilise the ICS' ability to provide meaningful and positive employment opportunities for local residents.
  8. The Committee will set the framework and direction to develop and implement the ICS People and Culture Strategy for the system, assuring that ICS partners as employers meet the objectives of the national NHS People Plan and operates within its agreed ICS values.
  9. The Committee will receive assurance that the ICS is delivering its responsibilities to deliver the ten outcome-based people functions, including receiving an assessment of its readiness, capacity and capability and an update on progress against plans.
  10. The Committee will receive regular progress reports on the Strategy and implementation, ensuring that the ICS fully utilises its ability to provide meaningful, inclusive, and positive employment opportunities for local residents.
  11. The Committee will be responsible for recommending the People and Culture Strategy to the Board.
12. The Committee will have responsibility for the workforce priority on behalf of the ICS including the delivery of the Long-Term Workforce Plan. This will include creating meaningful employment for the local population across north East London. Creating a 'One NEL' workforce across Health and Social Care which contributes to creating a healthy community across NEL and creates a set of working environments in which a diverse and inclusive workforce can work and develop their careers.
  13. The Committee should consider how it will ensure the voice of people and communities within all aspects of its work.
  14. The Committee will have responsibility for strategic workforce leadership, supporting care and health service delivery and transformation and developing innovative new working practices and meeting workforce challenges within the system and the emerging Integrated Care Partnership.
  15. The Committee will be responsible for seeking assurance that the system is working together to address common people challenges, joint ambition, and regional and national expectations. It will play a key role in future-proofing workforce challenges and ensuring plans are developed to minimise future stresses.

### **Other Strategic Priorities**

- (a) The Committee will be responsible for seeking assurance in relation to the ICS's commitment to the priorities set out in the People and Culture Strategy.
- (b) The Committee will receive reports on ICS workforce indicators, the nature and scope of these will be agreed by the committee each year as part of an annual committee work plan and aligned with the People and Culture Strategy.
- (c) The Committee will be responsible for reviewing relevant ICS workforce risks.
- (d) The Committee will receive regular reports on new and emerging risks and monitor the risks on the committee's risk register.
- (e) The Committee will support the development of the health and social care sector as anchor institutions, supporting the economic and social development of our community.
- (f) Effective workforce planning at an ICS and ICP level.
- (g) Ensuring a truly equal, diverse, and inclusive approach to attracting, supporting and developing the health and care workforce across the system.
- (h) Ensuring effective cross-organisational, multi-disciplinary working is enabled across the health and social care system, and incorporates wider stakeholders such as Education, Housing, and the Voluntary, Community and Social Enterprise sectors.
- (i) Overseeing the workforce transformation programme with specific responsibility for effective delivery of system-wide initiatives and the broader People and Culture Strategy, including task and finish groups to oversee the four pillars of the Strategy: Attract (the offer), Retain (best place to work), Innovate (new ways of working), and Lead (leadership orientation).

### **Chairing arrangements**

- 16. The Committee will be chaired by a Non-Executive Member of the Board, appointed on account of their specific knowledge, skills and experiences making them suitable to chair the Committee.
- 17. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.
- 18. Committee members may appoint a Vice Chair from its members. If a Chair has a conflict of interest, then the Vice Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

## Membership

19. The Committee members will be appointed by the Board in accordance with the ICB Constitution and the Chair of the ICB will approve the membership of the Committee.

20. The Committee shall have 13 members as follows:

- (a) Non-Executive Member for Workforce and Remuneration (Chair)
- (b) ICB Officer with responsibility for People and Culture
- (c) Primary Care representative
- (d) Trust Chief People Officers x 5
- (e) Local Authority representative
- (f) VCSE representative
- (g) Place representative
- (h) Social Care representative
- (i) ICS Trade Union Representative

## Participants

21. The following individuals who are participants of the Committee, will also be invited to attend meetings:

Representation from wider constituents and key stakeholders, including:

- Allied Health Professionals Council
  - Integrated Care Partnership leadership
  - Higher/Further Education
  - EDI/BAME network
  - Patient/Carer
- (a) There will be additional ad hoc representatives invited to attend for discussion on key topics of interest/relevance.
  - (b) When determining the membership of the Committee, active consideration will be made to diversity and equality.

## Operating Principles

22. Each task and finish group established to support the delivery of the Strategy by the People and Culture Committee will include a Senior Responsible Officer (SRO) to support programme delivery. The SRO for each task and finish group will be a member of the People and Culture Committee, responsible for the delivery of the element of the People and Culture Strategy and needs to be clear on the time commitments necessary to fulfil the position.

The focus and commissioning of work from the task and finish groups will be driven by the People and Culture Committee and will be in line with ICS priorities.

## Meetings, Quoracy and Decisions

The membership of each task and finish group will comprise of subject matter experts relating to the functions outlined in the People Strategy.

The task and finish groups will need to agree how they function, not necessarily meeting regularly as they may operate as a virtual forum.

23. The Committee will operate in accordance with the ICB's governance framework, as set out in its Constitution and Handbook and wider ICB policies and procedures, except as otherwise provided below:

### Scheduling meetings

24. The Committee will meet bi monthly and will meet in private. Additional meetings may be convened on an exceptional basis at the discretion of the Chair.
25. The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

### Quoracy

26. For a meeting to be quorate 6 of the 13 members must be present.
27. If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
28. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

### Voting

29. Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote. Only members of the Committee may vote. Each member is allowed one vote, and a simple majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

### Papers and notice

30. A minimum of seven clear working days' notice is required of the date and time of a meeting. Notice of all meetings will comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed no less than five clear working days ahead of the meeting.
31. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

32. It is for the Chair to decide whether or not the Committee will meet virtually by means of telephone, video, or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes.

Recordings of meetings and publication

33. Except with the permission of the Chair, no person admitted to a meeting of the Committee will be permitted to record the proceedings in any manner whatsoever, other than in writing.

Confidential information

34. Where confidential information is presented to the Committee, all those who are present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.

Meeting minutes

35. The minutes of a meeting will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the Chair within 5 working days after the meeting. The minutes will be submitted for agreement at the next meeting where they will be signed by the Chair.
36. Exception reports will be presented to the ICB Board by the Chair of the committee. The minutes of the committee will be presented to the ICB Board once approved by the committee.

Governance support

37. Governance support to the Committee will be provided by the ICB's governance team.

Conflicts of interest

38. Conflicts of interest will be managed in accordance with the policies and procedures of the ICB and those contained in the Handbook and shall be consistent with the statutory duties contained in the National Health Service Act 2006 and any statutory guidance issued by NHS England.

39. Members will be expected to behave and conduct business in accordance with:
- (a) The ICB's policies and procedures including its Constitution, Standing Orders and Standards of Business Conduct Policy which includes the Code of Conduct which sets out the expected behaviours that all members of the Board and its committees will uphold whilst undertaking ICB business.

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| <b>Accountability and Reporting</b> | (b) The NHS Constitution.   |
|                                     | (c) The Nolan Principles.   |
|                                     | 40. Members must demonstrably consider equality diversity and inclusion implications of the decisions they make.  |
|                                     | 41. The Committee is accountable to the Board and will report to the Board on how it discharges its responsibilities.   |
| <b>Review</b>                       | 42. Exception reports will be presented to the ICB Board by the Chair of the committee.   |
|                                     | 43. The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.              |
|                                     | 44. The Committee will review its effectiveness at least annually.  |
|                                     | 45. These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to the Board for approval. |

**Date of approval:** September 2024

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