



TERMS OF REFERENCE

London Adult Social Care Nursing Advisory Council (SCNACs)

1. Purpose

The primary role of these councils is to provide information and guidance to the regions regarding Adult Social Care Nursing. They serve as a reference point or a reliable source of advice for matters related to Adult Social Care Nursing within their respective regions.

2. Aims and Responsibilities

- Our aim is to foster collaboration and partnership with ICBs, NHS, Social Care Providers, Local Authorities, and other stakeholders.
- We will engage with ICB Chief Nursing Officers (CNOs) and Nursing Leads to advocate for the inclusion of Adult Social Care Nursing perspectives at strategic and operational levels.
- Define the three adult social care priorities for the region, linking with both national and local considerations.
- Stakeholders to share learning, new ideas and celebrate best practices.
- To identify representatives to attend stakeholder meetings on behalf of the SCNACs and the Chief Nurse for Adult Social Care and feedback on the outcomes to the Council.
- Review progress, key risks and challenges relating to nursing in Adult Social Care.
- Identify the priorities and champion best practice related to education and research within Adult Social Care.

3. Reporting Responsibility and Accountability

- The Regional SCNACs will update the Chief Nurse for Adult Social Care at the Monthly Chair's Support Meeting.
- Provide quarterly progress reports to the contracted organisation for submission to the DHSC (Department for Health and Social Care).
- Key meeting points will be recorded and made available on the relevant webpage.
- Reporting arrangements may change and will be updated to reflect the changes.
- Information Facilitation: Managing the flow of information to and from regional meetings, ensuring effective communication and dissemination of relevant information within the council.

4. Membership

The core membership of the SCNACs shall comprise of 20-30 representatives for Adult Social Care Nursing:

- SCNAC – Regional Chair
- SCNAC – Regional Co-Chair
- CNO or deputy – Each ICB



- Learning Disabilities (LD) and Autism Services
- Nursing Care Homes
- Domiciliary Care Services
- Nurse Education
- Student/Early Career Nurse / Nurse associates
- Skills for Care
- Nursing and Midwifery Council (NMC)
- Royal College of Nursing (RCN) Regional Lead Nurse for Independent Health and Social Care
- Florence Nightingale Foundation (FNF) Global Majority Cohort
- National Institute for Health and Care Research (NIHR)
- 'Specialism' Nurses - including but not limited to Hospice, Mental Health, LD, and Complex Care
- Admiral Nurses
- Universities delivering nursing studies
- Association of Directors of Adult Social Services (ADASS)
- Local / National Charities and organisations
- Internationally educated nurses.

When considering membership, the council should also review geographic location to ensure effective representation across the region.

Non-members can attend the meeting as the Council considers necessary. e.g. 'observer'

The organisation contracted with the DHSC will provide administration for the meetings.

Members are required to participate in all scheduled council meetings annually. If a Regional Member is absent from two out of four meetings, the Chair will contact the Member to discuss their membership.

Where you cannot attend a planned meeting, a suitable representative can be identified to attend on the Member's behalf.

5. Quoracy

To be fully quorate:

- At least ten members must be present.

In the event of a quorum not being achieved, decisions deemed by the Chair to be 'urgent' can be taken outside of the meeting via email communication and with the agreement of a quorum number of members.



6. Working Arrangements

- The SCNACs will meet quarterly via Teams, hybrid or face to face.
- Duration up to two hours – where additional time may be required, this should be identified, and the diary appointment adjusted in the meeting before allowing for notice of the change.
- Extraordinary meetings may be called at the discretion of the Chair.
- Agenda – to be distributed 14 days before the SCNAC meeting.
- The contracted organisation will be responsible for:
 - providing administration support to the SCNACs, including drafting agendas and minutes.
 - minutes – to be distributed within 14 days following the SCNAC meeting.
 - meeting minutes will be confirmed and agreed upon by Council Members recorded as present at the meeting, following this, minutes will then be shared publicly on the regional SCNAC webpage.
- Formal records are required to be kept.

7. Conflicts of Interest

- Members will be required to declare any interests that may conflict with the SCNACs before or at the meeting.
- The Chair will be required to ensure that any interest is recorded in the meeting minutes and managed accordingly within the meeting.

8. Sharing of Information

- Council members will give due regard to their responsibilities to comply with GDPR legislation.
- The SCNACs may receive sensitive information that should not be shared with a wider audience.
- The SCNACs will be a safe space to share information and respect everyone's views.
- Communication will be via email, in meetings and on the webpage.
- If the Chair or a Member of SCNAC suspects that adults may be at risk based on discussions during a meeting, it is the Chair's responsibility to investigate further.

9. Core Values by Which We Work:

Council members are expected to:

- actively engage in the Council.
- be respectful of all colleagues and the contribution they make.
- be positive and work collaboratively.
- work in a way that empowers nursing in the sector, demonstrating respect and dignity.
- avoid behaviour which may bring the Council, the sector and/or region into disrepute.
- respect principles of diversity and inclusion.
- be a positive ambassador for the Adult Social Care sector.
- respect and understand our approach of collaboration and support for all colleagues.