

TERMS OF REFERENCE FOR NEL CLINICAL ADVISORY GROUP

Status	<ol style="list-style-type: none">1. The Clinical Advisory Group ('CAG') is formally established as a sub-committee of the Executive Committee of the North East London ICB.2. These terms of reference set out the membership, the remit, responsibilities and reporting arrangements of the CAG and may only be changed with the approval of the Board of the ICB ('the Board'). Additionally, the membership of the CAG must be approved by the Chair of the Board.
Authority	<ol style="list-style-type: none">3. The CAG 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 CAG will follow the processes described by the Board for commissioning any professional advice. The CAG may establish groups to assist it to undertake its functions but it cannot delegate decisions to such groups.4. The CAG has established the North East London Clinical Senate ('the Senate') which is a broadly constituted advisory group and forum for discussion. The Senate supports, and may make recommendations to, the CAG.
Purpose	<ol style="list-style-type: none">5. The CAG will provide strategic clinical leadership and guidance across the ICB, to inform the ICB's decisions. It may receive recommendations from the Senate to inform its work.6. Its key remit is to provide clinical and care professional evidence-based advice and make recommendations on service transformation for issues which impact across the ICB footprint.7. The CAG will not routinely be involved in issues which relate solely to individual Place-level transformation, which will be dealt with by the seven North East London ('NEL') Place-Based Partnerships as set out in their terms of reference and the ICB's scheme of reservation and delegation.
Responsibilities of the CAG	<ol style="list-style-type: none">8. The CAG's core responsibilities will include:<ol style="list-style-type: none">(a) Approving the work plans and priority setting for the pan-NEL Clinical Networks.(b) Making clinical recommendations on transformation proposals which have an impact across the ICB's area, defined as any proposal which has an impact on more than one Place.

- (c) Providing a clear interface between the London-wide clinical advisory arrangements and NEL-wide decision making.
- (d) Reviewing London Clinical Advisory Group ('LCAG') guidance and determining the implications for implementation across NEL.
- (e) Maintaining effective dialogue with LCAG, notifying them of any specific issues from national level guidance that may need further review at NEL level.

9. The CAG will:

- (a) Lead planned reviews of the implementation of normal operating processes in the post-Covid response phase (providing clinical advice and input to the relevant board /committees group(s) where necessary).
- (b) Support a two-way dialogue between LCAG and the CAG on relevant clinical service changes and sharing of good practice.
- (c) Seek alignment of communications and messaging with London-wide and national messaging, where appropriate.

10. Through its links to LCAG, the Senate and other ICB governance structures, the CAG will additionally have a horizon scanning role, identifying emerging clinical issues likely to have significant impact on the ICS.

11. Other responsibilities of the CAG are to:

- (a) Provide professional clinical and care leadership across NEL, leading engagement with health and care professionals within organisations and the Senate.
- (b) Provide strategic level clinical and care professional opinion on transformation proposals.
- (c) Develop clinical/care led solutions where appropriate and make recommendations to the ICB for consideration or when escalation is required.
- (d) Review the potential opportunities for improvement and rationalisation of health and care services in NEL based around the agreed principles of patient safety, improved outcomes for local people and better value for money.
- (e) Ensure the system develops robust proposals that are safe and effective and that the reasons underpinning financial assumptions are clinically sound.
- (f) Highlight risks regarding quality of care, safety and deliverability of plans, and support any mitigating actions which can be taken.
- (g) Identify opportunities for new clinical pathways.

Chairing Arrangements

(h) Ensure that health and care colleagues and the wider ICS are kept informed about the CAG's work and are engaged as appropriate.

12. The CAG will be chaired by the ICB's Chief Medical Officer, appointed on account of their specific knowledge, skills and experiences making them suitable to chair the CAG. The Chair will agree the CAG's agenda and ensure that its work and discussions meet the objectives set out in these terms of reference.

13. The ICB's Chief Nursing Officer will be the Vice Chair of the CAG.

14. If the Chair has a conflict of interest then the Vice Chair or, if necessary, another member of the CAG will be responsible for deciding the appropriate course of action.

Membership

15. The CAG shall be appointed by the Board in accordance with the ICB Constitution and the Chair of the ICB will approve the membership of the CAG.

16. The CAG will have the following membership:

ICB

- (a) Chief Medical Officer (Chair)
- (b) Chief Nursing Officer (Vice Chair)
- (c) Chief Pharmacist
- (d) Director of Allied Health Professionals
- (e) Director of Strategy

Place Based Partnerships

- (f) Clinical Directors x 7

NHS Trust/FTs

- (g) Chief Medical Officer and Chief Nurse/Director of Nursing for the six NHS provider organisations¹

Local Authorities

- (h) One Director of Adult Social Services drawn from inner North East London

¹ (i.e.) Barking, Havering and Redbridge University Hospitals NHS Trust; Barts Health NHS Trust; East London NHS Foundation Trust; Homerton University Hospital NHS Foundation Trust; North East London NHS Foundation Trust; London Ambulance Service NHS Trust.

- (i) One Director of Adult Social Services drawn from outer North East London
- (j) One Director of Children’s Social Services drawn from inner North East London
- (k) One Director of Children’s Social Services drawn from outer North East London.
- (l) One Director of Public Health

Mental Health and Allied Health Professionals

- (m) One individual drawn from across the provider organisations to bring their experience of psychological services
- (n) One individual drawn from Allied Health Professionals from inner North East London
- (o) One individual drawn from Allied Health Professionals from outer North East London

Participants

17. Only members of the CAG have the right to attend its meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the CAG.

**Meetings,
Quoracy and
Recommendations**

18. The CAG 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 of meetings

- 19. The CAG will meet at least once a month for one hour.
- 20. The Chair may call an extraordinary meeting of the group at any time.
- 21. The Board, the Executive Committee, the Chair of the Board or Chief Executive may ask the CAG to convene further meetings to discuss issues on which they want the CAG’s advice.

Quoracy

- 22. For a meeting to be quorate there must be 50% of members drawn from the five categories of membership at paragraph 16 above.
- 23. If any member of the CAG has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 24. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decision may be taken.

Voting

25. Decisions will be taken in accordance with the Standing Orders. The CAG will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote. Only members of the CAG 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 CAG will hold the casting vote. The result of the vote will be recorded in the minutes.

Papers and notice

26. A minimum of three clear working days' notice is required of the date and time of a meeting. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least three clear working days ahead of the meeting.

27. 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 shall be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

28. It is for the Chair to decide whether or not the CAG 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

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

Confidential information

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

Governance support

31. Governance support to the CAG will be provided by the ICB governance team.

Conflicts of Interest

32. 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.

	<p><u>Forward Plan</u></p> <p>33. The CAG will have a clear forward plan. Group members will be able to recommend additions to the work plan to reflect emerging issues from across the ICS partners. The plan will be maintained by the ICB governance team.</p>
<p>Behaviours and Conduct</p>	<p>34. Members will be expected to behave and conduct business in accordance with:</p> <ul style="list-style-type: none"> (a) The ICB’s policies and procedures including its Constitution, Standing Orders and Standards of Business Conduct Policy which sets out the expected behaviours that all members of the Board and its committees will uphold whilst undertaking ICB business; (b) The NHS Constitution; (c) The Nolan Principles; <p>35. Members must demonstrably consider equality, diversity and inclusion implications of the work they undertake on behalf of the CAG.</p>
<p>Accountability and Reporting</p>	<p>36. The ICB has established the Senate, which will report directly to the CAG.</p> <p>37. The CAG will report to the Executive Committee, usually via the Chief Medical Officer.</p> <p>38. The CAG will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.</p>
<p>Review</p>	<p>39. The CAG will review its effectiveness at least annually.</p> <p>40. 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 Executive Committee and the Board for approval.</p>

Date of approval: 31 May 2023

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