

Dementia Clinical Network Clinical Leadership Group Terms of Reference

The London Dementia Clinical Network Leadership Group provides a forum for a multidisciplinary group of experts with diverse perspectives to support the improvement of care of people with dementia and their carers in London.

Role

1. To support the implementation of NHS England, NICE, and other national policy and good practice guidance across all London boroughs, by working with London CCGs and networks of London services.
2. To provide support and advice to CCGs on the development of services for people with dementia and on how to meet national standards.
3. To co-ordinate joint working between the voluntary sector, NHS Trusts, CCGs, local authorities, STPs and academic institutions in specific projects across London.
4. To work with other London Clinical Networks and AHSNs to encourage a holistic approach to dementia care.
5. To work with other regional Clinical Networks to share good local practice nationally.
6. To provide fora for London dementia services to share practice, and work collaboratively to improve the quality of care for people with dementia and their carers.

Governance

The London Dementia Clinical Leadership Group serves as a leadership committee, accountable to the Parity of Esteem Board and aligned with the Mental Health Transformation Board.

Key functions:

Vision and strategy

- Direct clinical conversations on performance in the capital, providing expertise of key indicators and outcomes that measure improved patient care.
- Support health organisations across London to develop recommendations for strategy and vision for the future in alignment with national and local priorities.
- Supply clinical advice and ownership for future plans of care.

Clinical commissioning

- Collaboratively consider commissioning plans that support clinical vision and strategies.
- Provide expert input into key aspects of commissioning plans, including service changes.
- Consider how quality and safety are maintained within commissioned services.

Providing clinical leadership

- Determine and direct clear clinical recommendations on the most appropriate configuration and design of services.
- Serve as clinical champion to future service changes.

Membership

Chair

The chair of the Group will be the London Dementia Clinical Director for NHS England London Region.

Members

Members are selected as individuals who attend in their own right. Membership will be broad enough to reflect the range of views on significant clinical strategic issues encountered across the community of dementia experts.

The majority of the membership will be made up of experts who have regular, direct clinical duties, or have roles working with people with dementia or their carers.

Membership will include:

1. Chair
2. Deputy Chair
3. Dementia Clinical Network core team
4. Workstream leads
5. People from different professional backgrounds from a range of different organisations- such as NHS Trusts, primary care, commissioning, local authority, voluntary sector

These are key roles within the network and will be responsible for providing strong clinical and professional direction, essential to the network's role in supporting high quality commissioning.

People with dementia and their carers will also be supported to work with this group through appropriate engagement with them in individual workstreams.

Service User involvement

People living with dementia and their carers are actively involved in shaping the dementia programme through service user representative panels across London. Service user feedback is a standing agenda item at the clinical leadership group.

Membership process

Nomination

The Chair may approach nominating bodies, ask for expressions of interest or approach individuals directly and ask for nominations that match the skills, backgrounds and expertise needed to complement existing membership.

Appointment duration

Membership duration will be considered as part of the membership review process. (See below), this will include clinical priorities to ensure future alignment.

Ad hoc attendees

To ensure a broad range of clinical inputs and perspectives, other people with relevant expertise may be invited by the Chair to attend Group meetings to contribute to the discussion.

Declarations of interest

It is expected that all members declare interests and their applicability to the Group prior to appointment and/or relevant discussion.

Meetings frequency

The Group will meet four times a year.

If an interim meeting is required to address an urgent or pending issue, the Chair will call a meeting outside the usual cycle.

Group members, especially those who are leaders of individual workstreams, are expected to spend time developing the work outside of the formal meeting structure.

Quorum

A quorum for meetings will be 50 per cent plus one person for majority, including the Chair. As members attend as individuals in their own right, the use of nominated proxies is discouraged.

Participation

It is expected that members will commit the time necessary to understand the issues considered by the Group, participate vigorously and respectfully in debate and genuinely commit to identifying sustainable strategic decisions on behalf of Londoners. Members are expected to attend at least 50 per cent of meetings during the year.

Agenda and minutes

Agenda items will be agreed at the end of each prior meeting. The agenda and any supporting documents will be circulated by email in advance of the meeting. Papers may be tabled pending approval of the Chair.

Review

The Group will review its purpose, function, performance and terms of reference on an annual basis, next review being January 2019.