

## London Frailty Clinical Leadership Group Terms of Reference

The London Frailty Clinical Leadership Group provides a forum for a multidisciplinary group of experts and key stakeholders with diverse perspectives on frailty care to share their expertise and experience in order to improve the quality of services across London.

### Role and responsibilities

- To support the implementation of NHS England, NICE, and other national policy and good practice guidance across all London boroughs, by working with London STPs/CCGs and networks of London services.
- To provide support and advice to STPs/CCGs on the development of services for people living with frailty and on how to meet national standards.
- To co-ordinate joint working between the voluntary sector, NHS Trusts, STPs/CCGs, local authorities, STPs and academic institutions on specific projects across London.
- To provide objective, evidence-based solutions to significant strategic issues that impact the quality and safety of frailty services in London
- To work with other regional Clinical Networks to share good local practice nationally.
- Give expert advice on best-practice pathways which cross organisational boundaries
- To provide a forum where clinical leaders can meet to share collective knowledge on clinical issues, free from organisational bias

### Clinical functions

#### Clinical 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 strategic recommendations in line with the NHS Long Term plan and other national / 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

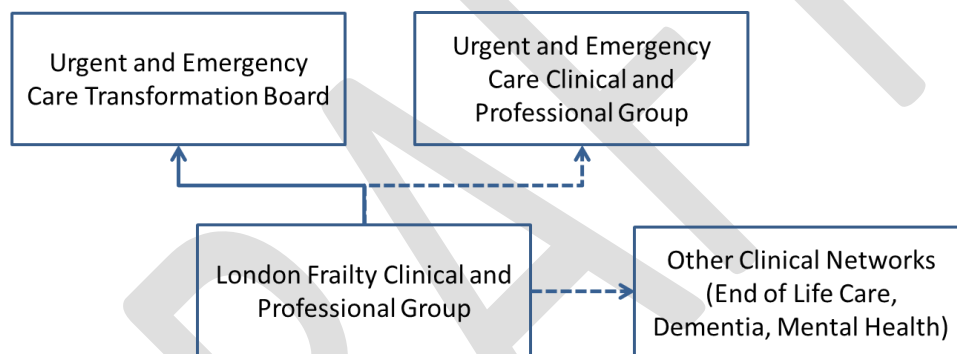
- Consider how quality and safety are maintained within commissioned services

#### 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.

### Governance

The London Frailty Clinical Leadership Group serves as a leadership committee that reports to the Urgent and Emergency Care Clinical and Professional Group and accountable to the Urgent and Emergency Care Transformation Board via the network's Senior Responsible Officer and Clinical Director.



### Membership

#### Chair

The chair of the Group will be the Frailty Clinical Director for the London Frailty network.

#### 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 frailty service experts.

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

Membership will include:

1. Chair
2. London Frailty Network programme team

3. Work stream leads
4. 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.

#### Service User involvement

People living with frailty will be involved in shaping network programmes through service user representative groups.

#### 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 monthly to establish the priorities and workstreams for the network. This will move to quarterly meetings.

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 work streams, 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.

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