

## NHS Hertfordshire and West Essex Integrated Care Board

### Clinical Policies Group

#### Terms of Reference

### 1. Purpose of the Group

1.1 The Clinical Policies Group is established to ensure clinical policies support the delivery of evidence-based, high-value, safe, equitable, cost-effective and affordable care, in line with ICS strategic priorities and annual planning.

1.2 The Group will produce and maintain a set of Evidence Based Interventions (EBI) policies which describe procedures that are not routinely commissioned or are only routinely commissioned when certain clinical criteria (or thresholds) are met.

1.3 The group will not make recommendations or decisions about funding for individual patients; this is the responsibility of the Individual Funding Request panels. The group will not make recommendations or decisions about interventions which are the commissioning responsibility of NHSE.

### 2. Membership and Attendance

#### 2.1 Membership:

- Local Authority Public Health consultant (chair)
- Associate Medical Director for Prioritisation / ICB Public Health Consultant (deputy chair)
- GP IFR Clinical leads
- Clinical decisions manager
- Clinical decisions nurses
- IFR co-ordinator
- Clinical Fellow
- Commissioners for East and North Herts, West Essex and South-West Herts
- Quality representative
- Population Health Management representative
- Finance representative
- Lay members for East and North Herts, West Essex and South West Herts
- Pharmacy and Medicines Optimisation Team representative



- Secondary care clinical representatives from
  - Princess Alexandra Hospital
  - East and North Herts Hospital
  - West Herts Hospital Trust

2.2 In exceptional circumstances a nominated representative may attend instead of these members but the nominated representative must be delegated with full decision making powers.

2.3 The chair may in addition invite:

- Additional commissioners as members for relevant agenda items, including but not limited to: mental health commissioner, women children and young people commissioner, transformation managers.
- Any responsible Healthcare Professional with a relevant interest to attend the meeting.

### 3. Meetings Quoracy and Decisions

3.1 Meetings will be held every two months, and on an ad hoc basis if necessary to deal with urgent issues.

3.2 The Group will be considered quorate with attendance from:

- A Public Health Consultant
- A GP representative
- A secondary care clinical representative
- A lay representative
- A clinical commissioner
- A quality representative
- Pharmacy and Medicines Optimisation Team representative (for items relevant to medicines and prescribable devices)

3.3 Where a decision is required to be made on a 'virtual' basis, responses must be received from each of the list in 3.2 to be quorate.

3.4 Minor amendments to existing policies which do not change the meaning or interpretation of the policy, for example to correct a typographical error or add a clarifying statement, can be made at the discretion of the chair.

### 4. Decision Making and Voting

4.1 The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

4.2 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

4.3 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.

4.4 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.



## 5. Responsibilities of the Group

5.1 Develop a workplan for policy development that considers:

- Local strategic priorities
- Local population health needs
- Local service pressures
- Patient experience, complaints, safety and quality concerns
- Health inequalities
- Financial implications

5.2 Ensure that proposed clinical policies are:

- Supported by high quality evidence reviews of clinical effectiveness, cost-effectiveness and impact on inequalities;
- Evidence based, or clearly state where there is limited or no evidence available;
- Affordable;
- Feasible given local commissioned services, pathways, service pressures and workforce;
- In line with system priorities and strategy, including supporting planned care recovery;
- In line with the Ethical Framework;
- Co-produced with all relevant clinical teams and providers to ensure joint ownership and support compliance;
- Reduce inequalities where possible and avoid widening inequalities;
- Reviewed by a patient engagement group;
- Have an implementation plan
- Have an evaluation plan, including impact on activity, inequalities, quality of care and costs.

5.3 Evaluate impact of policies in line with policy evaluation plan.

5.4 Share learning from implementation and evaluation with the Commissioning Committee, and with the wider BLMK/HWE/MSE collaboration.

## 6. Behaviours and Conduct

### 6.1 ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Group shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

### 6.2 Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

## 7. Accountability and Reporting

7.1 The Clinical Policies Group is accountable to the Commissioning Committee.



7.2 Outputs of the Clinical Policies Group including clinical policy recommendations, with corresponding EqlAs and Prioritisation Frameworks, will be presented to the Commissioning Committee for ratification.

## 8. Declarations of interest

8.1 All members and those in attendance must declare any actual or potential conflicts of interest, which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from decision-making, and potentially also discussion, at the discretion of the Chair.

## 9. Secretariat and Administration

9.1 The Group will have admin support which will include ensuring that:

- The agenda and papers are prepared and distributed, having been agreed by the Chair with the support of the relevant lead;
- Good quality minutes are taken, agreed with the chair and relevant lead, and shared with Group members in a timely manner;
- A record of matters arising, action points and issues to be carried forward are kept;
- The relevant lead is supported to prepare and deliver reports and proposed policies to the Commissioning Committee;
- The Group is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

## 10. Review

10.1 The Group will review its effectiveness at least annually.

10.2 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 Commissioning Committee for approval.

10.3 The Group will utilise a continuous improvement approach and all members will be encouraged to review the effectiveness of the meeting at each sitting.

**Date of approval: 10 November 2022, by the HWE ICB Commissioning Committee**

**Date of review:**

