



North Central London Integrated Care Board NCL ICS Data Access Committee

Terms of Reference

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Version number	V04.00

Document Version Control Record

Version	Reason for changes, approval and publication history	Date	Author
V04.00	Approved by NCL DAC meeting	16 th Oct. 2025	DAC Secretariat
V03.02	Circulation to DAC. Additional clause to set out role of DAC to review all new use cases and Chair's review.	8 th Oct. 2025	Tony Haworth/ Steve Durbin
V03.00	Chair approved	1 st Sept. 2025	Tony Haworth
V02.01	To reflect recommendations of NCL Information Governance Advisory Group, 27 th August 2025: amended Scope of terms: DAC does not need to approve use cases that are already approved by Controllers via the Data Sharing Agreement (DSA); new use cases should be considered for approval. DAC to receive regular summary reports of data use cases that are included in the DSA and amended Frequency of Meetings: changed to Monthly NCL DAC meetings.	28 th Aug. 2025	Tony Haworth
V02.00	Approved for Publication	15/7/2025	Tony Haworth
V01.03	Secretariat review and file name change to "NCL ICS Data Access Committee"	11/7/2025	Tony Haworth
V01.02	Changes to Data Access Committee terminology, minor corrections	July 2025	Steve Durbin
V01.01	Updated to support access to the OneLondon SubNational Secure Data Environment (SDE) and decommissioning of HealthIntent (NCL's Population Health Management System) and to support consistent Terms with our partner ICS Data Access Committees	July 2025	Tony Haworth
V01.00	Preparation of approved version for publication	Nov/Dec. 2024	DAGr Secretariat
V00.04	Approved by Digital Board	October 2024	Tony Haworth
V00.04	Amended to remove Chair's casting vote to enable appointment of NCL GP Data Protection Officer as Chair. Prepared for Digital Board Approval.	September / Oct. 2024	DAGr Secretariat
V00.03	Prepared for publication and approved by Digital Board	Dec. 2023	Tony Haworth

<p>Purpose</p>	<p>The North Central London Data Access Committee, abbreviated to NCL DAC is established to provide advice, guidance and decision-making on uses of data held jointly by the North Central London Integrated Care System (ICS) members. It will ensure that uses of health and care data have a legal basis, are for the purposes of improving the health and wellbeing of persons in the area, match the ambitions of the partners, are not to the detriment of any partner and are fully documented and informed to the partners following decisions.</p> <p>NCL DAC acts on behalf of and through the authorisation of the corresponding data controllers and members of the OneLondon Data Sharing Framework.</p> <p>It has been delegated responsibility by the data controllers within the ICS to make decisions regarding “Data Access Requests” that set out “use cases” for data processed in the OneLondon SDE and will have oversight of requests to access data for research and non-research purposes.</p> <p>The non-research purposes of the OneLondon SDE comprise the following:</p> <ul style="list-style-type: none"> • Supporting the provision of proactive health care via a wide array of population health management programmes • The commissioning of health and care services and • Assessing and improving health and care services. <p>DAC shall support data controllers to ensure that access to data is legal, safe, time-limited, well-monitored, with a clear purpose for public good and that the group providing this oversight is diverse and equal with transparent and well-informed decision-making.</p> <p>DAC is required by our legal Section 251 support¹ to review all new use cases.</p> <p>The purpose of DAC will be to</p> <ul style="list-style-type: none"> • Encourage a culture of safe and appropriate data access • Review all new “Data Access Requests” (NCL DARs) • Taking into the account the advice of the Chair or Deputy Chair: to Approve or Decline NCL DARs that will grant and deny access for the purposes set out in an NCL DAR Form. • Assess the value of the available datasets and their suitability as to what the intended application is trying to achieve • Scrutinise information governance arrangements, to identify potential loopholes and resisting any external pressure to make decisions quickly if this in any way compromises scrutiny and the setting of appropriate controls • Take assurances, in relation to research applications, that the application has been approved by other parties involved in the research process. For example, as far as possible, the group should rely on relevant ethics committee approval (for ethics) if applicable, any sponsor's and/or funder's confirmation (that peer review is in place and therefore the study is scientifically sound), and, where applicable, relevant ICS research network portfolio inclusion (therefore the
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¹ [Confidential patient information - Health Research Authority](#)

	<p>study reflecting the needs of the NHS, health and social care).</p> <p>In scrutinising data access requests, the DAC will:</p> <ul style="list-style-type: none"> • Ensure research applications utilise rigorous scientific methods and have appropriate controls for Article 89 of the UK GDPR. • Consider the key criterion of data minimisation • Conduct a public benefit evaluation, whereby it only approves requests that support the delivery of public good in the areas of proactive care, improvement, assessment, and the commissioning of health and care and research¹ • Confirm that the Six Safes are met (safe data, safe projects, safe people, safe settings, safe outputs, safe return) • Provide an assessment of the risks associated with the application.
Scope	<p>A key element of integrated working between Health and Care organisations is to enable health and care professionals to share information to make the best informed decisions about individuals and populations in their care, and at the core of any information sharing there needs to be a robust mechanism for ensuring only relevant information is shared between the relevant parties, for the right purposes, at the right time and in a manner which ensures confidentiality and security of the information at all times.</p> <p>The majority of purposes for which data is used is direct care. This has clear legal basis and has generally been reviewed by the NCL IG Advisory Group. However, that body is only advisory, and as more data use, both for direct care and secondary use, is needed to manage future health needs, a body with decision-making powers is required.</p> <p>NCL DAC will review new “Data Access Requests” and have delegated authority to approve or otherwise decline approval and recommend amendments to requests also known as “Use Cases”.</p> <p>The NCL DAC Secretariat will review DARs in advance of DAC meetings to ensure that all DARs fall within one of the agreed “Data Sharing Agreements”.</p> <p>DARs must fall within the scope of the defined agreed Purposes that are included in either the North Central London Joint Controller’s “Direct Care and Population Health Management Data Sharing Agreement (DSA) Purpose Specific ” or the “OneLondon SDE DSA”..</p> <p>The Secretariat will provide DARs Applications and the DAR Register of applications to members and will publish the DAR Register online. The Register will summarise approved DARs along with a description of benefits.</p> <p>In the interests of transparency the DSA Purpose Specific Schedule of controller pre-approved use cases and the DAC Register of reviewed use cases will be published on the DAC website.</p>

	<p>DAC is required to include community champions (or lay members) to ensure that the public are proactively informed and are involved in the review of use cases and to comply with a condition of our legal support provided by the Secretary of State for Health and Social Care, also known as Section 251 support.</p> <p>The OneLondon programme received legal Section 251 support to process data for purposes beyond direct care, that is for analysis to support services and for research on condition that use cases are approved by the relevant controller appointed Data Access Committees.</p> <p>These Terms of Reference have been updated in July 2025 to support the London Health Data Strategy: further information including Privacy Notices are available here:</p> <p><u>OneLondon Health Data Strategy Linktree</u></p> <p>The Key Responsibilities are:</p> <ul style="list-style-type: none"> • Ensure that all stakeholders – data controllers, data subjects and other relevant parties – are able to express their views on data use and take these into account in decision making. • Develop, review and maintain the data use and access to ensure that it reflects any legal and statutory obligations. • Ensure that all data use follows current best practice, and review / revise previous decisions when practice changes. • Review and approve / reject data uses on behalf of data controllers. • Communicate new or changed data uses to data controllers.
<p>Governance: Accountability and Reporting</p>	<p>The NCL DAC forms part of a collaborative between key stakeholders across London. It will provide input and/or inform other associated Groups operating locally and regionally, as deemed appropriate.</p> <p>Requests to access NCL data can be directed to the NCL ICS DAC via the London Independent Information Access Group (LIAG) which can support requests and recommend requests to the relevant ICS Data Access Committee of which currently there are 5 across London, mapped to each of the ICSs.</p> <p>It is a requirement that all data processors provide suitable participants, and delegate the ability to make decisions to their participants.</p> <p>The Chair, or Deputy Chair, of the DAC will report decisions to the NCL Digital Board. Individual representatives will report decisions to the data controllers they represent.</p> <p>The Community Champion members are not expected to have decision-making powers, but to bring the viewpoint of the public and challenge any “group think” from the health and care partners.</p>

	<p>The individual members have decision-making powers for the data controllers they represent; as such, decisions of the group are binding on all parties.</p> <p>Minutes will be taken by a nominated member of the Group and will be circulated to the Group members after each meeting. This circulation will include those data controllers who have chosen not to provide members to the group. The minutes will contain brief notes of salient points raised, and a register of open actions and their owner.</p> <p>The NCL DAC will provide regular reports and updates to the NCL Digital Board.</p>
Frequency of Meetings	<p>The NCL DAC will meet monthly.</p> <p>Meetings will normally be held on the third Thursday of the month.</p> <p>Additional meetings will be arranged on an ad hoc basis, as required on the instruction of the Chair or Deputy.</p>
Chair	<p>It is the responsibility of the chair to:</p> <ul style="list-style-type: none"> • Approve the items for discussion featuring on the agenda. • Hold the Group to these ToRs or enact a review to the ToRs where appropriate. • Run the meeting to time according to the agenda. • Facilitate effective and constructive discussion between group members. • Provide timely feedback to the Programme Management Office (PMO) on the agenda, action log, minutes and other artefacts related to this Group. <p>The Deputy Chair shall perform the above functions in the instance that the Chair is unable to do so. The Deputy chair will be re-appointed every two years or following significant change to the incumbent Deputy Chair's substantive role.</p>
Membership	<p>The full membership list is available from the Secretariat.</p> <p>All North Central London ICS members including GPs, PCNs, GP Federations, Community Health, Patient Focus Group (health watch), the Local Medical Committees (LMCs), NHS Trusts and Local Authorities will be invited to have representation on the NCL DAC.</p> <p>Each body is entitled to TWO members; these may both attend or may share the attendance.</p> <p>For smaller bodies (e.g. GPs) it is expected that the bodies will choose a representative for groupings (e.g. at PCN or GP Federation level) to represent them.</p>

	<p>A maximum of FOUR Community Champions will be included; these will be invited from local patient groups (including Healthwatch).</p> <p>All other attendees must be agreed with the Chair prior to the meeting. Invitations may be used flexibly to ensure key staff aligned with agenda items are present/represented as required.</p> <p>Members of the Group or their representatives have a responsibility to:</p> <ul style="list-style-type: none"> • Attend most meetings and ensure adequate representation at them all. • Be well prepared for the meetings. • Identify agenda items for consideration by the Chair to the secretariat at least 14 days before the meeting. • Prepare and submit papers for a meeting at least 10 working days prior to the meeting date. • If unable to attend, send their apologies to the Chair prior to the meeting and, if appropriate, seek the approval of the Chair to send a deputy to attend on their behalf. • All members will maintain transparency on matters discussed unless otherwise directed by the Chair. • Declare any conflicts of interest / potential conflicts of interest. • At the start of the meeting, declare any conflicts of interest / potential conflicts of interest in respect of specific agenda items. <p>Declaration of Interest:</p> <p>If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the group's consideration has been completed. All declarations of interest will be recorded in the minutes.</p>
Quoracy	<p>No business shall be transacted at a meeting unless at least 15 members are present. This must include the named Chair of the Group or a nominated deputy, and a lay member.</p> <p>It is expected that for consistency and ownership that the agreed participants attend regularly, and that absence be managed to avoid lack of representation.</p> <p>In the event of representatives being unavailable, others may deputise. The deputy needs to be formally identified to the Chair one week prior to the meeting taking place. The deputy needs the authority and decision-making powers which the member would have if they were in attendance. If the deputy does not have these powers or has not been identified one week prior to the meeting taking place, they will be classed as being in attendance rather than members of the group.</p>
Consensus-based approach to decision- making	<p>The DAC will aim to seek unanimous agreement. Where there is a difference of opinion members will act in good faith and with all reasonable endeavours find a solution that is acceptable to the majority.</p>

	<p>Members will ensure they follow their own local governance processes for providing feedback and approval and actioning any tasks they are assigned.</p> <p>All decisions are subject to veto at the meeting by a single vote of a data controller. Reasons for veto must be provided to the Chair, and review will take place to see if the reasons for objection can be satisfied.</p> <p>If a data controller chooses to maintain veto but other members wish to proceed with the processing, arrangements can be made for the data controller exercising veto to have their data excluded from this specific processing, and others may proceed.</p> <p>Where a vote is tied, the status quo will remain if the matter is one of change or if of new data use, the data use will be rejected. The chair has no vote in any matter but can provide advice and guidance to members as needed.</p>
Terms of Reference Review	<p>The Terms of Reference, including the meeting schedule, format and Group membership, will be reviewed on an annual basis.</p>

Appendix: Chair and Secretariat

Name	Role or organisation type represented	Job Title	Organisation
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Chair:

Steve Durbin	Chair	Data Protection Officer NCL GPs, PCNs and Feds	Ex Cathedra Solutions Limited, providing services to the controllers under a service contract.
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Secretariat:

Heena Chaudhry	Information Governance and Compliance Officer	NCL ICB
Tony Haworth	Senior Information Governance Manager and Data Protection Officer	NCL ICB