

Clinical and Care Directorate Strategic Board

Terms of Reference

1. Introduction

- 1.1 The Clinical and Care Directorate is a function of the Integrated Care Board/System, comprised of the Strategic Board and the Lincolnshire Academy of Clinical Excellence (LACE).
- 1.2 The Strategic Board is the advisory, decision-making and oversight arm of the Clinical and Care Directorate, providing a forum for clinical and care leaders, and to influence high-level decisions made about clinical and care delivery across the Lincolnshire integrated care system.

2 Chairpersonship

- 2.1 The Chair is the Medical Director for the Integrated Care Board. The Deputy Chair is the Director of Nursing for the Integrated Care Board.

3 Meeting Frequency

- 3.1 The meetings are held virtually on the third Thursday of every month from 2-4pm via MS Teams. Additional meetings may be convened to address urgent or specific matters which cannot ordinarily be dealt with at the monthly meetings.

4 Membership

- 4.1 The Strategic Board membership will be predominately comprised of senior clinical and care leaders from across the integrated care system, providing representation from the following partner organisations, specialist functions, leadership groups, forums, and clinical bodies:
 - a) Allied Health Professionals (AHP)
 - b) Public Health
 - c) Lincolnshire County Council (Adults, e.g., LinCA, and Children's Care)
 - d) Lincolnshire Local Medical Committee
 - e) Medical Directors and/or Nursing Directors of Providers Trusts
 - f) NHS Lincolnshire Integrated Care Board
 - g) Pharmacy, Optometry and Dentistry
 - h) Primary Care Network Alliance Chair
 - i) St. Barnabas Hospice
- 4.2 The membership may change as priorities develop and evolve.
- 4.3 Members are expected to attend all the meetings or send a suitable deputy in their place, notifying the chair and secretariat in advance of the meeting.

5 Quorum

- 5.1 Fifty percent or more of Strategic Board members must be present for a meeting to be quorate, and of these members either the Chair or the Deputy Chair must be present.

6 Conflicts of Interest

- 6.1 Members and others present should report any conflicts of interest in relation to agenda items to the Chair prior to the meeting. Where there is a conflict of interest the Chair will notify the member whether they should withdraw from the meeting or from a specific agenda item included in the meeting. The minutes of the meeting should record any conflicts of interest accordingly.

7 Role and Responsibilities of the Strategic Board

- 7.1 Act as the collective voice of all health and care professionals in Lincolnshire.
- 7.2 Provide a mechanism for clinical and care professional leaders to be involved in system decision making and strategy development.
- 7.3 To lead clinical excellence at all levels in our system, integrate care by bringing together appropriate clinical expertise and evidence, coordinating care delivery, informed by best practice, underpinned by population health and research, driven by data.
- 7.4 Engagement with and dissemination of information to the wider clinical and care community across the integrated care system.
- 7.5 Advise on the effective implementation of national and local improvement priorities affecting health and care in Lincolnshire.
- 7.6 Enable clinical and care professional involvement in transformation and look at agreed areas where root and branch review is required to transform care delivery and reach joint consensus prior to any further decisions which may be required at an organisation level.
- 7.7 Enable 'Sign off' of new clinical developments prior to ICB/ICS approval.
- 7.8 Review, approve and receive updates on proposals for large-scale interface/pathway redesign.
- 7.9 Act as the primary source of clinical expertise to the Integrated Care Board.
- 7.10 Agree and oversee the transformation work directed by LACE (Lincolnshire Academy of Clinical Excellence).
- 7.11 Through LACE (Lincolnshire Academy of Clinical Excellence), derive best practice, increase, and improve research capability.
- 7.12 Ensure the patient/citizen voice is intrinsic to the decision-making process in relation to clinical care transformation and the appropriate patient representation and involvement of people with lived experience in this work.
- 7.13 Develop and maintain strong clinical & care professional leadership to ensure that decision makers can be confident that changes are being made in the best interests of patients.
- 7.14 Be accountable to the Integrated Care Board and have close links to the Lincolnshire Health & Care Collaborative Delivery Board and the Lincolnshire System Quality Committee.

8 Groups or Forums Informing the Strategic Board

8.1 The following groups and forums will have direct links to the Strategic Board:

- I. Lincolnshire Academy of Clinical Excellence (LACE)
- II. Other existing clinical forums such as:
 - Allied Health Professional (AHP) Council
 - Local Medical Committee (LMC)
 - Local Pharmaceutical Committee (LPC)
 - Local Optometry Committee (LOC)
 - Local Dentistry Committee (LDC)
 - Community of Practice (COP) – Nursing Practice
 - General Practice Nurse Forum (Primary Care)

8.2 Clinical forums may have formal reporting routes to other committees but a reporting link to the Strategic Board will be in place to ensure coordinated clinical activity across the integrated care system.

8.3 Additional sub-groups, such as the expert reference groups via LACE, of the Strategic Board, convened to develop particular work-streams will report into the Strategic Board.

9 Terms of Reference Review

9.1 The Strategic Board Terms of Reference will be reviewed annually, as a minimum.