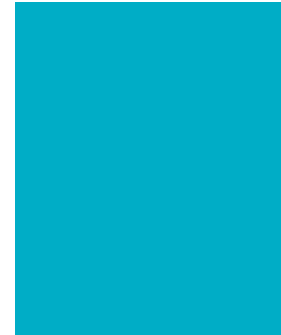


# Clinical Senates update



January 2013



## NHS Future Forum recommendation...

*“The Senate, an assembly of some three hundred of Rome’s great and good, generally acknowledged - even by those not in it - to be both the conscience and the guiding intelligence of the Republic. Membership of this elite was determined not automatically by birth but by achievement and reputation.....This gave to the Senate’s deliberations immense moral weight, and even though its decrees never had the technical force of law, it was a brave or foolish magistrate who chose to ignore them”*

Holland; *Rubicon*  
(London, 2003) p37



## The purpose of Clinical Senates

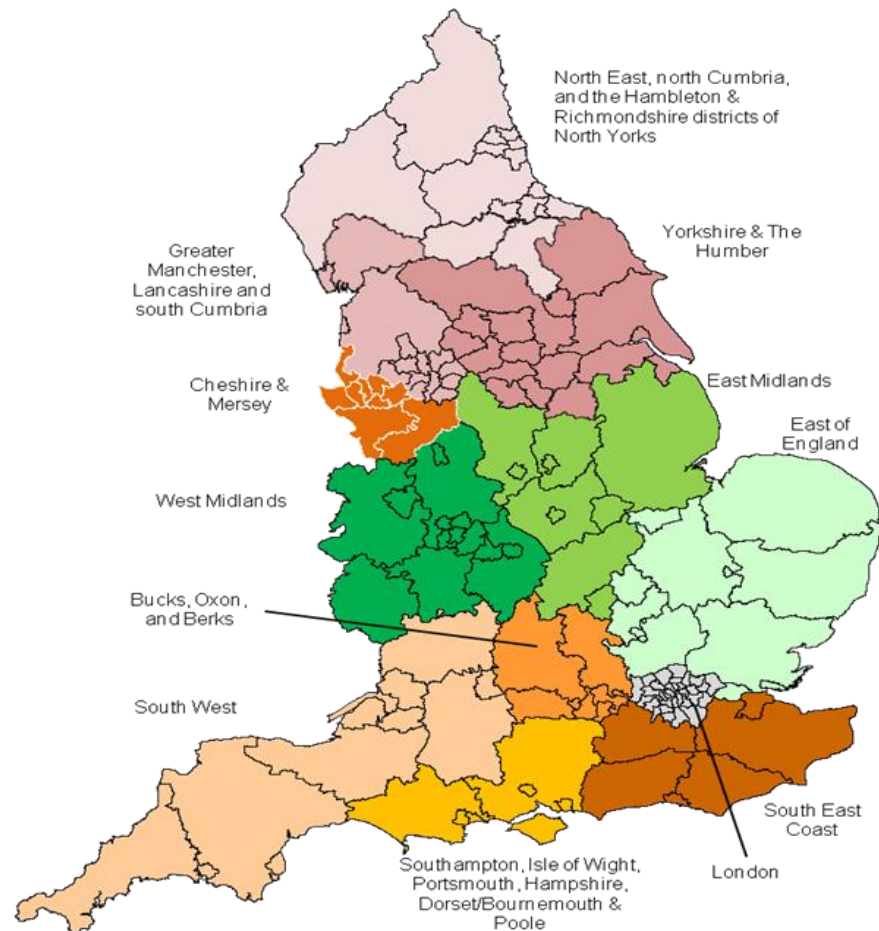
- To engage with statutory commissioners to identify areas with potential to improve outcomes
- Mediating for their population about how to implement best practice
- To be a source of clinical leadership and credibility
- Proactive role in promoting major service change
- Link clinical expertise and local knowledge i.e. on patient pathways
- Engage with clinical networks

## Working with commissioners

- Help local commissioners to consider the strategic impact of proposals
- Advise statutory bodies, especially for major service reconfigurations
- Will agree criteria for taking on a topic for advice with agreed lead commissioner
- Provide assurance on quality impact assessments
- Will not revisit national clinical assessment team decisions; can access new national assessment team resource

## Local geography

12 Senate areas,  
broadly based  
around major  
patient flows to  
tertiary providers



## Working with other bodies

- Larger geographical area than many i.e. CCGs
- More general, strategic remit than clinical networks
- More clinical focus than Health and Wellbeing Boards and Health Overview and Scrutiny Committees
- Stronger links to commissioning than Academic Health Science Networks (AHSNs)
- Partner to Health Education England (HEE) and Public Health England (PHE)

## Membership

- Membership should be multi-professional
- NHS commissioners and providers
- Patient and public groups
- Social care
- Professional, educational and third sector
- Based on strategic abilities, credibility and experience
- Membership is not intended to be representative

## Membership cont.

- Locally determined based on national principles
- Objectivity and lack of bias essential
- Appointment process will be fair and transparent
- Appointment overseen by Area Team Medical Director, with multi-professional input
- No maximum or minimum number
- All conflicts of interest must be declared and managed in line with best practice
- Could potentially be large



## Senate Council and Assembly

- Senate Council - core steering group, supported by Senate Assembly - larger body
- Consistent and expert council membership
- Council Standing members from:

• CCGs	• Social Care
• Multi-professional clinicians from a range of providers	• Patient and public groups
• NHS CB Area Teams	• Network Clinical Directors
• Public Health	• Support team

## Senate support team

- Each Clinical Senate area will have a Senate and network support team
- Accountable to host NHS CB area team Medical Director
- Will include a senate manager and administrative support
- Access to NHS CB analytical, communications and other support
- Capacity to commission additional independent reviews

## Accountability and governance

- Clinical Senates will be non-statutory bodies
- Clear terms of reference and operating procedures, based on national model
- Chair and manager accountable to Medical Director of host NHS CB area team
- National evaluation criteria to be developed
- Annual workplan to be agreed with the Assembly
- Network chairs have direct access to Clinical Senate Chair

## Next steps

### **January 2013 – March 2013**

- Develop the terms of reference and operating model for Clinical Senates
- Appoint members of Clinical Senates' Council and Assembly
- Form links with AHSNs, clinical networks and other local structures

More information will be published on the NHS CB website over forthcoming months.

## Questions and further information

If you have any questions or require further information, please contact:

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