

# **The Way Forward: Clinical Senates**

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## Foreword

Clinical leadership is at the heart of the new NHS commissioning system and is vital to fulfil the ambition for continuous improvement in the quality of services and outcomes for patients. Clinicians from across different professions, working together with patients and others to provide leadership and advice at both a local and wider geographical area, will be necessary if commissioners are going to be supported to make decisions which will transform health care.

In this publication, we describe the purpose, number, membership and proposed support to clinical senates, which will be developed across the country.

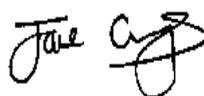
Whilst Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board will be able to seek clinical advice from a range of sources, Clinical Senates will be developed in such a way that their members will be able to take a broader, strategic view on the totality of healthcare within a particular geographical area. This will ensure that future clinical configuration of services is based on the considered views of local clinicians and in the best interests of patients.

Clinical Senates will span professions and include representatives of patients, volunteers and other groups. They will work with Strategic Clinical Networks, Academic Health Science Networks, Local Education and Training Boards and research networks to develop an alignment of these organisations to support improvements in quality.

We hope that once in place, Clinical Senates will become a trusted source of advice to commissioners in CCGs, the NHS Commissioning Board, providers and to Health and Wellbeing Boards.



Professor Sir Bruce Keogh  
National Medical Director  
NHS Commissioning Board



Jane Cummings  
Chief Nursing Officer  
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## Introduction

***“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.

Continuously improving the quality of care we give our patients and improving the outcomes of their treatment is the core purpose of the new NHS commissioning system. Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board (NHS CB) will use the interactions they have with providers (such as hospitals) and the clinical expertise offered by new organisations in the system to drive these improvements.

The NHS Future Forum found that there was universal support for multi-professional clinical leadership in the NHS and recommended the creation of multi-specialty Clinical Senates to provide strategic, independent advice and leadership support to the commissioning and provision of healthcare designed to best meet the needs of patients.

Following contributions from the clinical community through the NHS Future Forum, and other interactions with stakeholders, the NHS CB has decided that Clinical Senates should be created across the country. The need for Clinical Senates was re-emphasised in the 2012-13 NHS Operating Framework.

Clinical Senates will bring together a range of professionals to take an overview of health and healthcare for local populations and provide a source of strategic, independent advice and leadership on how services should be designed to provide the best overall care and outcomes for patients. Clinical Senates will draw on a variety of health and wider care perspectives, including those of professionals who sometimes go unheard. To support the better integration of services, they will include public health specialists and adult and children’s social care experts.

They will provide a clinically led and strategically focussed space for commissioners and providers to come together and determine the most clinically appropriate way to configure services for the future.

Reinforcing the critical importance of clinical leadership in the health service, Clinical Senates will help CCGs, Health and Wellbeing Boards (HWBs) and the NHS CB to make the best decisions about healthcare for the populations they represent by providing clinical advice and leadership at a strategic level.

Through their members, Clinical Senates will use their extensive knowledge of the local health system to assist commissioners to put outcomes and quality at the heart of the commissioning system, increase efficiency and promote the needs of patients above the needs of organisations or professions.

In the existing NHS, certain areas have already developed strategic clinical advisory bodies (often called clinical cabinets or clinical senates) which provide useful input to decision-making processes in their local health economy. In the new system, we want to ensure that the benefits of these bodies continue and are shared across the whole country.

This document outlines the different roles of Clinical Senates, explains how they will perform these and also how they will interact with other organisations in the new health system, including CCGs, HWBs and Academic Health Science Networks (AHSNs). The document also outlines a unified framework within which local commissioners have flexibility to shape Clinical Senates to be of most benefit to the varied populations for which they are responsible.

## **The purpose of Clinical Senates in the new health system**

The new commissioning system is designed to give clinicians the best opportunities to plan and pay for the most appropriate and effective health services for their local populations. This local focus, supported by an NHS structure that has clinicians at every level, aims to improve the health outcomes that matter most to patients. Clinical Senates will be established across the country from April 2013 to play a unique role in the commissioning system by providing strategic clinical advice and leadership across a broad geographical area to CCGs, HWBs and the NHS CB.

Clinical Senates will not be focused on a particular condition. Instead they will take a broader, strategic view on the totality of healthcare within a particular geographical area, for example providing a strategic overview of major service change. They will be non-statutory advisory bodies with no executive authority or legal obligations and therefore they will need to work collaboratively with commissioning organisations.

The type of strategic advice and leadership Clinical Senates will be able to provide includes:

- engaging with statutory commissioners, such as CCGs and the NHS CB to identify aspects of health care where there is potential to improve outcomes and value. Providing advice about the areas for inquiry or collaboration, and the areas for further analysis of current evidence and practice
- promoting and supporting the sharing of innovation and good ideas

- mediating for their population about the implementation of best practice, what is acceptable variation and the potential for improvement with AHSNs for a specific part of the country. Based on evidence and clinical expertise, they will be able to assist in providing the public profile on service changes
- providing clinical leadership and credibility. Understanding the reasons why clinical services are achieving current clinical outcomes and advising when there is potential for improvement through significant reconfiguration of services
- taking a proactive role in promoting and overseeing major service change, for example advising on the complex and challenging issues that may arise from service reconfiguration within their areas
- linking clinical expertise with local knowledge such as advising on clinical pathways when there is lack of consensus in the local health system
- engaging with clinical networks within a geographical area.

## Working with commissioners

Locally driven clinical commissioning is at the heart of the new NHS. However, commissioning decisions can impact on numerous services and over wide geographical areas. CCGs will need to take this into account and they should seek to work together, developing collaborative commissioning arrangements when such complex decisions are to be made. Clinical Senates will exist to help commissioners make the best decisions by considering the strategic impact of proposals.

Clinical Senates should not constrain the activities of individual CCGs or be involved in assessing the performance of commissioners. Clinical Senates will not be able to veto proposals, but rather advise and, where necessary, highlight issues and recommend where further thinking is needed. As such, they must act using their influence and credibility.

Clinical Senates will want to agree criteria for taking on a topic for advice. Each topic will need to have a lead or sponsoring commissioner – either a CCG or the NHS CB. The terms of reference for each topic should be agreed with the lead commissioner, as well as when the advice will be available to that lead commissioner. It will be for commissioners to decide whether input from a Clinical Senate is required. If a number of commissioners are responsible for the services potentially under consideration, then a majority of those commissioners should support Clinical Senate involvement.

Strong and enduring relationships between Clinical Senates and local commissioners will be vitally important. Extensive bilateral discussions between the Chairs of Clinical Senates and CCG leaders will be essential to ensure that only relevant issues are discussed and that their proposed directions of travel are aligned. Clinical Senates should maintain clear focus in their agendas to avoid becoming mere commentators. Examples of topics that Clinical Senates may be well placed to

offer strategic advice on include seven day services in the NHS, diagnostics and reconfiguration of maternity services.

Clinical Senates will be able to provide assurance on quality impact assessments undertaken by commissioners on service change. By providing a credible and respected strategic clinical view based on evidence and expertise, they will be able to assist in providing the public profile for such changes, for example the importance of specialisation as a trend to help deliver safety and improve outcomes; and the capacity for different professionals to carry out things previously done elsewhere.

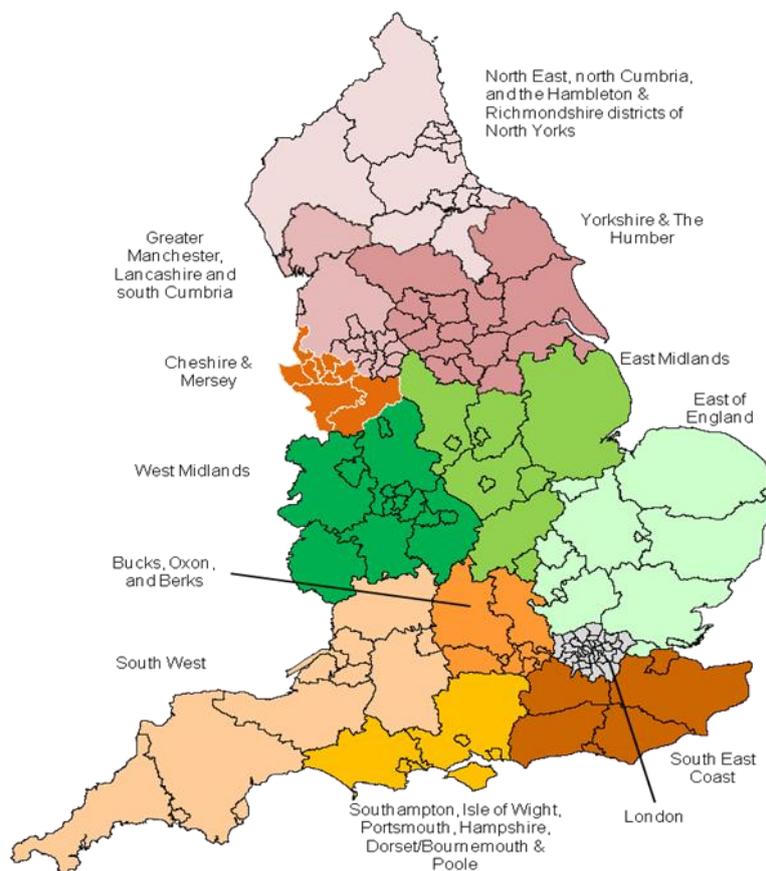
Clinical Senates should adhere to a pre-defined set of principles and values to guide their deliberations, consistent with the NHS Constitution.

Clinical Senates should not revisit strategic decisions that have already been made in the current health system, for example by the National Clinical Assessment Team (NCAT). They can offer advice to both commissioners and providers on future strategic decisions about changes in service provision to support improved outcomes. Clinical Senates will also have the ability to seek additional clinical assessment through access to a national clinical assessment resource.

## Local geography and other organisations

The new system is designed to improve local accountability in delivering high quality NHS care. The NHS CB has divided England into 12 areas, broadly based around major patient flows into specialist or tertiary centres. The footprint of each area maps onto CCG and local authority boundaries. **There will be one Clinical Senate for each geographical area.**

The 12 geographical areas are illustrated on the map below:



Each area will contain a number of different bodies alongside Clinical Senates, including clinical networks and Academic Health Science Networks. The work of these bodies will support and encourage the improvement of local health services.

There are a number of important features that distinguish Clinical Senates from other bodies in the new health system:

- they cover a larger geographical area than many other bodies
- they will not focus on a specific condition and will take a broader, more strategic view on the totality of healthcare than clinical networks (of all types)
- they have a more clinical focus than Health and Wellbeing Boards or Health Overview and Scrutiny Committees.

Clinical Senates will have a particularly close relationship with clinical networks. Clinical networks might want to request strategic or system-wide advice from Senates and Senates may wish to seek clinical advice on a relevant clinical area from a Strategic Clinical Network (SCN).

AHSNs will bring together academia, NHS commissioners, providers of NHS services and industry. AHSNs will undertake a range of agreed core functions to bring about collaborations between education, training, research, informatics and healthcare delivery and encourage innovation and the improvement of patient and population health outcomes.

Public Health England (PHE) has been established to protect and improve the Nation's health and wellbeing and to reduce inequalities. The local units of PHE will provide a key source of information and data to help Clinical Senates produce their informed opinions.

Health Education England (HEE) and Local Education and Training Boards (LETBs) will also be key partners, both in terms of identifying issues for Clinical Senate consideration or using outputs to inform local workforce plans.

## Membership of Clinical Senates

The composition of individual Clinical Senate membership will be for local determination within the principles set out in this document. The effectiveness, credibility and collaborative ability of the members of a Clinical Senate will be key to its success. CCGs, the local area teams of the NHS CB and the providers of NHS services within the geographical area will be key stakeholders of the Clinical Senate.

Membership should be multi-professional and span a variety of different provider and commissioning organisations. **However, membership is not intended to be representative.** Members should possess appropriate experience, be held in high regard in their respective fields, and have proven evidence of strategic abilities. The guiding principle must be to engage patients and the public in all the Clinical Senate's work. The NHS CB is developing a universal approach to ensure that public and patient involvement is meaningful and effective.

### The core group - the Senate Council

In order to maximise flexibility and utility, Clinical Senates should be composed of a core 'steering' group of members who will form the Senate Council. This group should receive objective data and information, and also views and opinions from a broad range of experts and others invited to give evidence to the Senate as the need arises (the 'Assembly' of the Clinical Senate). The core members should have wisdom and judgement, and be led by a Chair who is an experienced and credible clinician and who will be retained by the NHS CB on a part time or sessional basis.

Alongside the Chair, the Council should comprise standing members from:

- CCGs

- multi-professional clinicians from community, primary, secondary and tertiary care organisations
- the NHS CB local area teams; with input from the appropriate regional team as necessary
- public health
- social care
- public and patient groups
- network clinical directors
- a senior manager from the corresponding network support team.

### **The Senate Assembly**

The Assembly of the Clinical Senate will provide access to a broad range of experts, invited through the Chair as required. These should encompass a wide range of clinical professions, the 'birth to death' spectrum of NHS care, and the five domains of the NHS Outcomes Framework. We do not specify a minimum or maximum number of members as this will inevitably vary. The Clinical Senate Assembly could potentially be very large but this will be left to local determination.

Whilst it is important that there should be broad representation of provider and commissioner organisations within a Clinical Senate, members should attempt to decouple their institutional obligations from their advisory role. Members may also be members of professional bodies, trade unions, the third sector or other NHS Bodies such as PHE or HEE. Objectivity and lack of bias will be essential to the credibility of Clinical Senates. Members' conflicts of interest should be declared in a transparent way.

The process of appointment for all members must be fair and transparent. It will be overseen by the NHS CB Regional Medical and Nursing Directors and led by the nominated Area Team Medical Directors. Once they themselves have been appointed, the Chairs of Clinical Senates should be involved in the appointments process.

### **Support teams**

Each of the 12 geographical areas will contain a support team to provide clinical and managerial support for the Strategic Clinical Networks and the Clinical Senate in that area. The network support team will be based in one of the local area team offices within the patch and will be funded by the NHS CB (as set out in *Strategic Clinical Networks: Single Operating Framework* published by the NHS CB on 12 November 2012).

The network support teams will:

- build and oversee coherent and effective network arrangements in their area
- provide and support leadership
- help organise and administrate the activity of the Clinical Senate
- distribute the outputs of the Clinical Senate's advice
- help Clinical Senates access a number of other services including information, audit and expertise in economic appraisals, finance, public health information and analysis
- enable quality assurance processes and support the assessment of Clinical Senate activity.

Each network support team will include a Strategic Clinical Network and Senate Associate Director who will have overall general management responsibility for the Strategic Clinical Networks and the Clinical Senate in a given patch. The Associate Director, and the Chair of the Clinical Senate, will report to and be professionally accountable to the NHS CB Area Team Medical Director. Involvement of all Area Team Medical Directors and Nurse Directors is encouraged in the leadership of Strategic Clinical Networks and Senates.

Clinical Senates will have a part-time Manager and a part-time PA.

Whilst these core posts will be common to all network support teams, individual teams may also be supplemented using local funding.

## **Accountability and governance**

Clinical Senates are non-statutory bodies; this means they do not have a legal duty to commission health services. In the new commissioning system, only CCGs and the NHS CB are accountable for commissioning.

Providers, such as hospital trusts, are accountable for the quality of the service they deliver. They will achieve improved clinical outcomes through better service provision. Clinical Senates will have a key role in improving outcomes by helping commissioners make the best decisions.

Clinical Senates will have clear terms of reference and operating procedures. These will be described over the coming months in further documents published by the NHS CB. The Chair and Manager of the Clinical Senate will help co-produce an accountability and governance framework once they are appointed.

## Timetable

A timetable with the next steps for establishing Clinical Senates is outlined below. The Operations Directorate in the NHS CB will lead the workforce changes to implement these proposals and will follow the procedures set out in the NHS CB's people transition policy.

January 2013 to March 2013	<ul style="list-style-type: none"><li>• Develop the terms of reference and operating model for Clinical Senates</li><li>• Appoint members of Clinical Senates' Council and Assembly</li><li>• Form links with AHSNs, clinical networks and other local structures.</li></ul>
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## Evaluation

Detailed proposals for evaluating the work of Clinical Senates will be set out in due course by the NHS CB.

## Future updates

*The Way Forward: Clinical Senates* provides a summary of the proposals for Clinical Senates.

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