

Yorkshire and the Humber Clinical Senate

December 2013

1. Introduction

This paper is to provide an update to Doncaster Health and Wellbeing Board on the development of the Yorkshire and the Humber Clinical Senate.

2. Purpose of the Senate

2.1 The aim of the Senate is for it to provide credible clinical leadership and independent clinical advice and recommendations to CCGs, HWBs and NHS England to support commissioners in making the best decisions about health care for the populations they represent. The Yorkshire and Humber Senate will therefore need to provide a broad, strategic view on the totality of healthcare within Yorkshire and Humber bringing together experts to understand the impact of any one single initiative, or group of initiatives, upon the wider geographical area. The aim is for it to be a well-respected organisation whose judgements are trusted by commissioners. Commissioners will call upon the Senate on issues ranging from quality standards, quality inconsistencies, the development of care pathways or reconfiguration proposals. The nature of clinical Senate activity could include:

- Engaging with commissioners to identify aspects of health care where there is potential to improve outcomes and value
- Providing advice about areas for inquiry or collaboration, and areas for further analysis of current evidence and practice
- Mediating about the implementation of best practice and what is acceptable variation
- Providing a public profile, based on evidence and expertise, on service changes
- Providing clinical leadership and credibility
- Understanding why clinical services are achieving the level of clinical outcomes, advising on potential for improvement through reconfiguration of services
- Proactively promoting and overseeing major service change, for example on complex and challenging issues that arise from reconfiguration
- Linking clinical expertise with local knowledge, such as advising on clinical pathways where there is a lack of consensus in the local health system
- Supporting spread of innovation and good ideas, with AHSNs and SCNs

3. National Policy

3.1 The national meeting to discuss Senate development was held on 17th September. The meeting confirmed that the national team see Senates as being central to the transformation of services. The key points to note from Sir Bruce Keogh's speech are:

- There is a grand vision for the Senates. Economics determine that transformation of services is required and Senates are seen as fundamental to those discussions. They are not about chipping away at the edges of the system, they are key to region wide service change
- We need to put some pace into their development so that they can input into the next commissioning round
- NCAT funding is ending in March 2014 and Senates may take over that role (this is to be confirmed)

- 3.2 It is important to obtain confirmation of whether Senates are to take over the role of NCAT from April 2014. If this is confirmed, Senates will become a central part of the service change process.
- 3.3 The next national meeting is scheduled for 22nd January 2014.

4. Local Developments

Consultation

- 4.1 We have been very keen to ensure that we develop the Senate in collaboration with our key stakeholders and our focus continues to be on engaging with commissioning colleagues across the region to ensure that they understand the role of the Senate and its potential in helping them to improve the quality of care for their local populations.

Work Programme

- 4.2 Wakefield CCG has confirmed that they want the Senate to review the final business case proposals for "Meeting the Challenge" to confirm that they fit with best national practice and that they stack up in terms of quality, safety and sustainability. The advice needs to be completed by end January 2014. In the absence of a Senate Council we are developing a Senate Panel which mirrors the membership of a Council, representing the spectrum of health care and is independent to the issues being discussed. We are utilising clinical leads and experts from across the region. This work will be an important part of the Senate development and will enable us to test out some of the Senate principles and ways of working to inform the Council development.
- 4.3 Northern Lincolnshire CCGs have confirmed that they want Senate involvement in "Healthy Lives, Healthy Futures", a reconfiguration of services across Northern Lincolnshire. This work is scheduled for April 2014.
- 4.4 Discussions with specialised services colleagues has identified the need for the Senate to be involved in the discussions on the outcomes of the derogation process where there is a lack of compliance with the service standards or a provider landscape issue. The details of this will become clearer in the New Year.

Local Structure

- 4.5 The national accountability and governance document suggests that the Senate will be made up of a Senate Council and a Senate Assembly. Yorkshire and the Humber is following the nationally proposed structure.
- 4.6 The Senate Council will be a core multi-disciplinary steering group to oversee Senate business, receive objective data and information and co-ordinate the formation of advice by seeking and obtaining views, perspectives and expert opinions. Council members will have appropriate experience, be held in high regard in their respective fields, and have proven evidence of strategic abilities.
- 4.7 The Senate Council will comprise of the following posts:

Appointed Members (by formal process)

Clinical Senate Chair
Clinical commissioners x 3
Director of Social Care x 1
Additional clinical experts x 8 or more to include the following perspectives: <ul style="list-style-type: none">▪ Primary Care▪ Community Care▪ Hospital/Specialist Care▪ Midwife▪ General Practitioner (GP)▪ Nurses▪ Scientist▪ Allied Health Professional (AHP)▪ Mental Health Clinician (all positions to be appointed)

Nominated Members

NHS England Area Team Medical Director x 1
NHS England Area Team Director of Nursing x 1
Academic Health Science Network (AHSN) within the geography of the Senate x 1
Local Education and Training Board (LETB) within the geography of the Senate x 1

Other Members

Members from patients/the public
Public health member x 1

- 4.8 The Senate Assembly will be a diverse multi professional forum that will provide perspectives, ideas and expert opinions encompassing the birth to death spectrum and provide a source of experts for the Senate Council to draw from. Due to its size it would need to operate as a virtual forum. The Council would need to agree who is required from the wider Assembly and pull those individuals together to address the question brought to the Senate.

Local Appointments

- 4.9 Interviews for the Senate Chair were held on 10th December 2014 and we are very pleased to have appointed Professor Chris Welsh to this role (1 day a week)
- 4.10 With regards to the Council membership, the process for applications to the clinical expert positions on the Council has closed and we are in the process of conducting short telephone interviews with applicants to confirm the selection. There are some positions on the Council that will remain unfilled after this round of recruitment e.g. clinical commissioners and nursing representatives due to lack of applications and we have therefore commenced a more targeted recruitment for these positions.
- 4.11 The nominated positions for all except the AHSN have been filled and I will be able to announce those names shortly.

- 4.12 The majority of the Council members will therefore be confirmed by the end of the year and the first Council meeting will be scheduled for February. A suite of documents including terms of reference, principles and values and conflict of interest policy will be developed for that first meeting. Under the Chair's leadership the Senate will need to give thought to its topic selection.
- 4.13 The Senate will turn to the recruitment process for the Assembly once the recruitment for the Council has been completed and its first meeting held.

5. Key Priorities

- 5.1 The following areas are the immediate priorities for the Yorkshire and the Humber Senate:
- Advising on the Meeting the Challenge business case by mid-January
 - Completing the recruitment to the Senate Council positions and ensuring that the Council is representative of the region and all parts of the health system.
 - Obtaining confirmation from the national team on several key points including whether the Senate will be replacing the National Clinical Advisory Team
 - Developing a better understanding of our potential work programme in discussion with CCGs, HWBBs, the Area Teams and colleagues within specialised services.
 - Ensuring we continue to engage with all our stakeholders to continue to promote understanding of the role of the Senate and its potential to assist commissioners.
 - To ensure across the Area Teams within South Yorkshire and Bassetlaw and within Regional Office that we have a shared understanding of the role of the Senate.

6 Issues for Doncaster HWBB to consider

- 6.1 The majority of the applications for the Senate Council positions are from the West and East of the Yorkshire and Humber region. We are keen to secure a nursing representative and a clinical commissioner from within South Yorkshire and Bassetlaw and would encourage any of your colleagues who may be interested to contact me on joanne.poole1@nhs.net. In addition, if you have any clinicians from any disciplines who may have missed the deadline for Council applications but would be interested in submitting a late application, please also ask them to contact me.
- 6.2 The Senate is still developing its work programme. If there are any topics that you would like the Senate to consider over the forthcoming months please let me know and I am happy to discuss this with you further.

Joanne Poole
Senate Manager
December 2013