

## **East of England Clinical Senate Council**

3<sup>rd</sup> October 2013

### **FOR DISCUSSION**

**TITLE OF PAPER:** East of England Clinical Senate Work programme

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### **1 PURPOSE**

- 1.1 To outline the areas brought forward for Senate consideration at the launch event on 11<sup>th</sup> July 2013.
- 1.2 To support Council discussion on developing a work programme.

### **2 BACKGROUND**

- 2.1 Twelve Clinical Senates have been established across England with a unique role in the commissioning system by providing independent and impartial advice and strategic leadership across a broad geographical area to CCGs, Health and Wellbeing Boards, and the NHS England. The work programme for Clinical Senate should therefore ensure capacity to respond to requests for such advice and support.
- 2.2 The Clinical Senate launch event on 11<sup>th</sup> July 2013 was designed to elicit delegates' views on a number of issues so that Clinical Senate could develop a programme of work and ways of working that meets the needs of the health and care professionals across the East of England to deliver improved outcomes in health care.
- 2.3 To start that, delegates were asked to identify their current issues and summarise what they thought was a key challenge to be resolved, this was distilled down into one agreed key challenge for each of the 16 groups. Those raw outputs are shown at Appendix 1 to this report.

### **3. Developing the Senate work programme**

- 3.1 Clinical Senate is likely to receive invitations from NHS England Medical Director, Sir Bruce Keogh, to participate in national issues such as reconfiguration. These would be significant pieces of work in terms of time.

- 3.2 East of England Clinical Senate covers three NHS England area teams who are also likely to request advice from Senate. It is expected that commissioners will want to access the resource and expertise within the Senate for advice and will bring requests to Senate.
- 3.3 As a new and untested body, East of England Clinical Senate has yet to demonstrate its ability to deliver and provide sound advice that will support (primarily) commissioners, to improve patient outcomes. It would be sensible to assume that the amount of work brought to Senate for advice will be dependent upon the credibility of its outputs and outcomes.
- 3.4 Clinical Senate will therefore need to build its credibility through delivery of a programme of proactive work. Senate Council will need to ensure that its proactive work programme tackles matters of local concern and importance.

#### **4. An approach to developing Clinical Senate work programme**

- 4.1 As a non-statutory advisory body with no executive authority or legal obligations, Clinical Senate will need to work collaboratively with commissioning organisations.
- 4.2 The outputs of the launch event would appear to be an obvious starting point for the Senate work programme as local clinicians put these forward. Some of the key challenges raised were more about ways of (Senate) working or outside of the remit of Senate. A number are valid and potentially areas the Senate could consider for its work programme. Senate is advised to test the level of concern and importance of each of the areas raised to ensure that its work programme is prioritised accordingly.
- 4.3 At a national Senate Development day with Sir Bruce Keogh on 17<sup>th</sup> September, the twelve Senates looked at how Senates could add greatest value, how they should determine their work plans, how they could best engage other parts of the system. *(NB at the time of writing, the outputs had not been circulated, these will be provided when available).*
- 4.4 Senate Council might wish to consider these areas and use the outputs of that and the launch event as the basis of its work programme. Senate Council needs to be satisfied that its work programme reflects the priorities of the East of England health and care economy and that it can stand by the outputs of the work.

## **Appendix 1**

### **Clinical Senate Launch event 11<sup>th</sup> July 2013 – Response to ‘What key challenges need to be resolved?’**

(Listed in order of voting)

1. How do organise services to get the best clinical outcomes?
2. How can we improve integration of services?
3. How do we fill the gap of strategic leadership balancing CCGs and wider health economy interests?
4. What can we do to implement the Stroke Review across the east of England?
5. How can we make services sustainable? E.g. maternity modelling in view of changing demographics
6. How can the Clinical Senate be credible by working and resolving thorny issues?
7. How do we say “NO” to the issues which do not make sense?
8. How do we keep quality and safety on the agenda while we manage the financial challenge?
9. How can we achieve integrated care where needed?
10. How do we put patients at the centre of our monitoring of services?
11. What can we do about health inequalities?
12. What can we do to develop and sustain and shared culture across the NHS that aligns incentives brings organisations and sectors together, concentrates services for better outcomes and provides access to local services?(taking account of the £30bn) – end silo working
13. What do we need to so to ensure more effective access 24/7 via primary care and other agencies?
14. What can the Clinical Senate do to add to what’s happening already?
15. How do we identify meaningful priorities for our population?
16. How can the Senate help identify when things go wrong?