RCN factsheet: Clinical Senates and strategic clinical networks June 2014

1. Introduction

The Health and Social Care Act 2012 radically reformed the way that health care is commissioned in England. A core part of delivering this change was the introduction of a new system for commissioning, overseen by NHS England (NHSE). NHSE has a formal mandate to oversee the commissioning of health services in England under the authority of the Secretary of State for Health; this power excludes public health services, which are commissioned by local authorities. The responsibility for commissioning most hospital and community health services is delegated to a network of 211 Clinical Commissioning Groups (CCGs). A number of advisory groups have been formed across England, to provide advice to clinical commissioners to help them ensure services for patients produce the very best health outcomes. This briefing outlines what we know so far about two of these advisory groups: 'Clinical Senates' and 'Strategic Clinical Networks'.

2. Clinical Senates

What are they?

Clinical Senates are advisory groups, comprising of clinical experts from across the health and social care. They each cover one of twelve geographically defined areas within England[1], and their role is to take a broad, strategic view on the totality of healthcare within their area.

What do they do?

Clinical Senates have a **key role in advising CCGs on the 'big decisions' that they need to take as clinical commissioners including on reconfiguration of services/care pathways, cross-speciality collaboration, innovation and integration**. They are expected to share their clinical expertise and knowledge of their geographical area with their respective CCGs, health and wellbeing boards and with NHSE, so that each organisation is supported to make informed decisions and support the most effective patient outcomes.

The strength of Clinical Senates is intended to be from bringing together members of different professions, specialisms and areas of health and social care, and through this combination of different clinical expertise, being able to offer wider strategic advice that can support healthcare commissioners charged with trying to make improvements in the quality, safety and experience of patient care.

[1] Developing *Clinical Senates*, *the Way Forward*, available on NHS England website http://www.england.nhs.uk/2013/01/25/clinical-senates/

Clinical Senates are **not statutory bodies and have no operational powers.** Although they are able to provide feedback on CCG plans to NHSE, they do not have the right to veto them. Clinical Senates are expected to advise and where necessary, highlight any issues or potential problems, and recommend where further 'thinking' may be needed. As such, the Senates must promote change using the 'soft power' of their influence and clinical credibility. They also have the ability to seek additional clinical assessment through access to a national clinical assessment resource.

What is their membership?
Senate members are drawn from clinical leaders working in health, social care and public health from across the Senate's area of responsibility. Membership is not intended to be representative but Senate members are expected to have appropriate experience and be held in high regard in their respective fields. Patients and members of the public are also expected to be involved.

Each Senate has a core 'steering' group of members who form a 'Central Senate Council', of approximately 15 to 30 people. The core members are led by a Chair, who is expected to be an experienced and credible clinician.

This group is assisted by a much larger group called the 'Clinical Senate Assembly' or 'Forum'. The members of this group encompass a wide range of clinical professions from the 'birth to death' spectrum of health and social care, as well as referencing the five domains of the NHS Outcomes Framework[2].

There is no mandated minimum or maximum number of members for either the Senate Council or the Assembly/Forum and the composition of individual membership is left to local determination. The process of appointment for all members of Clinical Senates is overseen by the NHSE regional Medical and Nursing Directors, and is led by the nominated Area Team Medical Directors, to ensure that the process is fair and transparent.

All of the Senate's members are expected to possess appropriate experience, be held in high regard in their respective fields and have proven evidence of their strategic abilities. Objectivity and lack of bias is seen as essential to the credibility of Clinical Senates, and any members' conflicts of interest have to be declared in a transparent way.

What areas do they cover?
Clinical Senates have been set up across 12 geographical areas in England as follows:

- London
- East of England
- East Midlands

[2] *NHS Outcomes Framework 2014/15*, Department of Health, updated 12th November 2013. For further information please see https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015

- West Midlands
- Cheshire and Merseyside
- Greater Manchester, Lancashire and South Cumbria
- Northern England
- Yorkshire and Humber
- South East Coast
- South West Coast
- Thames Valley
- Wessex

3. Strategic Clinical Networks

What are they?

Strategic Clinical Networks (SCN) are advisory groups comprising clinicians, patients, carers, etc. covering a particular health condition. NHSE has established strategic clinical networks in 12 geographical areas across the country.

What do they do?

Strategic Clinical Networks have a key role in **bringing together groups of health professionals to support commissioners improve health outcomes for particular conditions (for example cancer) or patient groups.** They offer advice to CCGs and to NHSE on where care pathways can be improved using evidence-based best practice to support service change. Strategic Clinical Networks are **not statutory bodies and have no operational powers**. They work with CCGs, the area teams of NHSE and the providers of NHS services within their particular geographical area. They are also expected to engage with other organisations, particularly those from social care and the voluntary sector to identify areas where care pathway improvements can be achieved through a more integrated whole system approach.

What is the membership?

Each SCN is composed of clinical experts from a particular field and who are drawn from across the health and social care sectors. Patients are also members.

What area do they cover?

SCNs have been set up across the following geographical areas. These are:

- North East, North Cumbria, and the Hambleton and Richmondshire districts of North Yorkshire
- Yorkshire and the Humber
- Greater Manchester, Lancashire and South Cumbria
- Cheshire and the Mersey
- East Midlands
- West Midlands
- East of England
- London
- Thames Valley
- South East Coast
- Wessex
- South West

What specialisms do they cover?
There are four strategic clinical networks (which focus in total on nine health conditions) in each geographical area. The four networks currently cover the following areas:

- cancer
- cardiovascular disease (incorporating cardiac, stroke, diabetes and renal disease)
- maternity and children
- mental health, dementia and neurological conditions.

The SCNs also have a role in helping commissioners reduce unnecessary variation in services and to encourage innovation. For some services such as burns care, critical care, neonatal and trauma care, operational delivery networks have been created to bring providers and commissioners together to coordinate patient pathways over a wide geographical area and ensure access to specialist resources and expertise.

The SCNs are expected to develop key relationships with other networks and organisations, such as Clinical Senates, academic health science networks, local education and training boards and clinical research networks. Although NHSE has stated that the SCN will run for up to five years, it could be that they dissolve after a few years as issues are resolved and services improve. It is also possible that new ones will form as new and different challenges emerge.

Can other clinical networks be formed?
NHSE has emphasised that it wants to ensure that the benefits of previous clinical networks, whether formal or informal, continue. A range of networks now exists apart from SCN, which perform different functions:

- **Operational Delivery Networks** are focused on coordinating patient pathways between providers over a wide area to ensure access to specialist resources, such as critical care beds or burns units
- **Local Professional Networks** have been developed by the NHSE to advise on the commissioning of a specific service such as dental, pharmacy and optometry services
- **Local Networks** can be created and resourced by CCGs, to support the achievement of local priorities and ways of working.

CCGs and the NHSE are able to establish and retain clinical networks, for specific conditions or patient groups to assist them in achieving their core purpose of quality improvement.

4. What is the support provided to Clinical Senates and Networks?

Each geographical area has a support team which provides clinical and managerial support for the SCN and the Clinical Senate in their area. The network support teams are based in one of the NHSE area team offices and are also funded by NHSE. Each network support team usually includes a SCN Director and a 'Senate Associate' Director, who each have overall general management responsibility for the SCNs and the Clinical Senate in that area.

5. Key challenges for Clinical Senates and Networks

Clinical Senates and networks face a number of challenges as part of their role. Examples of these challenges include:

- there must be strong and enduring relationships between Clinical Senates, SCNs and local commissioners
- on 13 February 2014 the Health Service Journal reported that only three formal recommendations have been made by Clinical Senates since their formation and only two of these have related to clinical matters[3]. This highlights that Clinical Senates and SCNs must maintain a clear focus on the needs of patients in their individual geographical areas to avoid becoming 'commentators' or 'talking shops'
- Health Education England and Local Education and Training Boards must be closely involved in discussions, both in terms of identifying issues to consider and using their outputs to inform local workforce plans;
- the members must use their clinical credibility and experience to influence CCG decision making as they have no formal statutory powers
- senates and SCNs must demonstrate genuine multiprofessional expertise and collaboration
- Clinical Senates and SCNs must be able demonstrate how their informed expertise is used to support more efficient and clinically driven changes in approaches used by CCGs.

6. Nursing involvement on Clinical Senates and Networks

Nursing is listed as one of the professional groups involved in both Clinical Senates and SCNs. The RCN is aware of significant nursing involvement on a significant number of Clinical Senates and SCNs with nurses focusing on a range of issues including diagnosis of cancer, diabetes, asthma, bowel screening, maternity and mental health care.

NHS England advice and guidance[4] highlights the importance of multiprofessional involvement in Clinical Senates and SCNs. The RCN has also highlighted the value of this involvement, including active nursing participation in all the discussions held and advice given directly to local CCGs and NHSE. Nurses possess key knowledge, experience and information about the health needs of their local population and the

[3] http://www.hsj.co.uk/news/commissioning/exclusive-clinical-senates-have-only-made-three-recommendations/5068726.article

[4] Developing *Clinical Senates*, *the Way Forward*, available on NHS England website http://www.england.nhs.uk/2013/01/25/clinical-senates/

RCN would urge nurses who are interested in the work of Clinical Senates and SCNs to get involved.

For further information on how to get involved in Clinical Senates and SCNs the following sources may be helpful:

- information and contacts for Clinical Senates and SCNs will sometimes be available on the website of your local Clinical Commissioning Group, NHSE Local area team, the local Health and Wellbeing Board or your local/county council
- some Clinical Senates and SCN's host their own websites with information on how they can be contacted
- some information is held at a national level on the NHSE website. The contact details of the Clinical Senate Managers for the networks and senate support teams can be found using the NHSE website link (see below[5]). These staff will normally be able to advise on the latest position on governance and recruitment arrangements
- general background information can also be found on the NHS Choices[6] website.

A number of RCN regional directors are involved with their local senate assembly or are representatives on the senate social partnership forum. Examples of this are the RCN London Regional Director Bernell Bussue, who participates in discussions as part of the work of the London Clinical Senate and RCN East Midlands Regional Director Dr Sheila Marriott, who sits on the East Midlands Clinical Senate Board.

The RCN would welcome any additional information that will help us to develop a better understanding of the amount and level of nursing participation in these new bodies, so that we can ensure that the expertise and experience of the nursing profession is properly credited and utilised. Please contact us at policycontacts@rcn.org.uk with any information that you feel would be useful for us to know.

RCN Policy and International Department
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[5] http://www.england.nhs.uk/ourwork/part-rel/cs/get-involved/

[6] http:www.nhs.uk