



Clinical Senate Scrutiny Workshop Report

July 2018



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Introduction

Members of the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview & Scrutiny Committee were invited to attend a joint workshop in July 2018, hosted by the North West Clinical Senate. The objective of this workshop was to provide training and information to Overview & Scrutiny Members on the role of the Clinical Senate, and the potential input that they could have within the work of scrutiny committees.

The workshop was led by Caroline Baines (Clinical Senate Manager, North West), and Dr Cecil Kullu (Chair, Cheshire and Merseyside Clinical Senate).

Background Information

How do Clinical Senates work?

There are 12 Clinical Senates in England, all of which are 'hosted' by NHS England. They provide independent advice and strategic guidance to commissioners, to bring about the best decisions about healthcare for the populations they represent.

Clinical Senates are forums of multi-disciplinary clinical leadership, working with patients and the Public to provide independent advice on issues that will transform healthcare, better integrate services and ensure future clinical configuration of services based on the considered views of local clinicians and the best interest of patients. Clinical Senates 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 in the area.

Clinical Senates do not focus on a specific health condition; instead they bring together professionals from a wide range of different health and care specialisms with the aim of improving the overall healthcare provided in the region. This is achieved through collaborating with, and providing strategic advice to commissioning organisations on improving and developing healthcare provision. Professionals sitting on Clinical Senates do so as independent advisors, and do not represent an employer or professional body.

Purpose of Clinical Senates

Clinical Senates aims are;

- To provide a level of clinical scrutiny and transparency to processes, 'sense check' thinking and challenge assumptions.
- To provide additional and important assurance to stakeholders, in readiness for consultation.
- To hold an awareness of the wider strategic context and ensure plans align with this.
- To help to provide clinical consensus where this may be lacking.

Previous Reviews

There have been a number of Clinical Senate reviews undertaken in recent times which may be of interest to Members. For local context, the Clinical Senate recently published a review of the Liverpool Women's Hospital Services, which provides a report based on service provision in a neighbouring area, and that Members may remember was an area of some debate. The full review is available via the [Clinical Senate website](#). Members attending the workshop in July were also keen to find out more about the Clinical Senate's Urgent Care Review for North Tyneside, given the similar review due to take place in Wirral in coming months. The North Tyneside review can also be found via the [Clinical Senate website](#).

Members' Workshop – Summary of Discussion

The Member workshop was presented by Caroline Baines (Clinical Senate Manager, North West), and Dr Cecil Kullu (Chair, Cheshire and Merseyside Clinical Senate), and provided an insightful look at the role of Clinical Senates across the country, as well as discussion around the potential for Senate involvement in scrutiny work. Alongside this, the workshop presentation gave an opportunity for Members to gain an understanding of reviews previously carried out by Clinical Senates.

One of the key aims of the workshop was to ensure Members were equipped with the skills and knowledge to identify pieces of local work that might benefit from a Clinical Senate review (either on a formal or informal basis).

Members asked how the Clinical Senate ensured that its members remained impartial.

Members were assured that the Clinical Senate was 'organisationally agnostic' and provides a clear senior clinical appreciation of options without fear of partisan bias. In addition to this, professionals sitting on Clinical Senates do so as independent consultants, and do not represent an employer or professional body. Clinical members of the Senate Council and Assembly are not financially compensated by NHS England, and mainly commit their time voluntarily and for no fee. It was also noted that the members who make up the Clinical Senate Council to undertake a piece of work are not drawn from the locality under review.

Members asked at which stage of the commissioning process the Clinical Senate become involved.

Members were advised that the Clinical Senate can be engaged with at any point in the commissioning timeline, although it is suggested that a review takes place prior to any public consultation in order for the most feasible options to be taken into the public domain. Due to time constraints, there have been many occasions when the timeline of review has not taken place in this manner. However, this does not serve to impede the review in any way and the Senate's report will still be delivered in accordance with the best interests of the local population.

Members asked if Clinical Senates take the financial viability of commissioning plans into account when reviewing services, or making recommendations.

Members were advised that, when reviewing a large project, the Clinical Senate will generally become involved when a formulation of ideas has already taken place – and a number of financially viable plans have already been put forward. Although it is inevitable that there is some background

thought into the costings of a project (for example, demolition and construction of buildings may be economically unsuitable – a concept that is understood by the Senate), once a review is underway – the best option for patients and the Public will take precedence over any assumed financial gain or saving. The funding of the potential provision will always lie with the commissioning body and has no bearing on the outcome of the Clinical Senate review.

Members asked if the commissioning body have any influence over the final review report.

Members were assured that, although the commissioners are able to fact check the final report for accuracy, they have no authority to change the findings or recommendations of a Clinical Senate review – due to the independent status of the Clinical Senate.

Members asked if the commissioning body are obligated to accept and act on the Clinical Senate's review recommendations.

Members were advised that commissioners are not obliged to accept the findings of the Clinical Senate review and ultimately, any decision making is at the discretion of the governing body. However, if any subsequent decisions are subject to a judicial review, the Clinical Senate report information can be called on, and the commissioners may require a robust argument behind their reasoning for not accepting the recommendations of the Senate, if that is the case.

Although Clinical Senate advice and recommendations are not mandated, and consequently commissioners are not obliged to act upon them, previous examples including the Greater Manchester Healthier Together Judicial Review and the Cumbria Success Regime referral to IRP, demonstrate that Clinical Senate advice and recommendations are trusted and respected. Challenges against commissioner decisions in both of these cases were thrown out, in part due to commissioners having invited Clinical Senate reviews and then acted in accordance with the findings. This was seen, in both cases, to demonstrate a well-run and robust process involving independent expert clinical advice and challenge.

Potential areas of Clinical Senate involvement in Wirral

Following the workshop, discussion took place with officers representing Wirral Health and Care Commissioning around future commissioning plans, and where the Clinical Senate could provide expertise to assist the scrutiny of such projects.

There are a number of proposed areas where the Clinical Senate may support Members of the Overview & Scrutiny Committee in effectively analysing the planned work of health and care commissioners. Future long term commissioning plans in the Borough include the forthcoming review of the Wirral Drug and Alcohol Service, currently provided by Change, Grow, Live. The current contract is due to end in February 2020. The review of this service is currently in the early stages of intelligence gathering and insight collection, but there is an appetite for the Clinical Senate to contribute and provide Members with their strategic and clinical input to enable more efficient pre-decision scrutiny.

The 0-19 Health and Wellbeing Service for children and young people is also due for review by February 2020. At the time of publication, discussion with the Clinical Senate was ongoing as to whether these areas would be suitable for Clinical Senate study; however, Members will be kept up to date on the outcomes of these considerations.

Members at the workshop will also be aware that the Cheshire and Merseyside Clinical Senate is currently undertaking an assessment of services alongside the Wirral CCG's Urgent and Emergency Care review. Members commented that they are looking to the Clinical Senate to provide some assurance around the options being offered to residents as part of the Urgent Care Review, so welcome their involvement in 'stress-testing' or challenging the possibilities on offer. At the time of publication, the Urgent Care Review public consultation had been further delayed, but Members recognised the need for an early view of the Senate's findings and look forward to the possibility of the review being presented to the Adult Care and Health Overview & Scrutiny Committee at the earliest possibility.

Conclusion - How can the Clinical Senate assist in good scrutiny?

There hasn't yet been a precedent for Clinical Senates working directly with Overview and Scrutiny Committees, however there is enthusiasm from the Scrutiny Team and the local Clinical Senate lead to look at this and see how it can be progressed. The idea of clinical expertise in the field of scrutiny means there is an opportunity for real innovation, and a new way of scrutinising health and care commissioning and provision. The complexity of the health and care sector means that independent support from clinicians for Members of the Adult Care and Health Overview & Scrutiny Committee could add real value to the outcomes of scrutiny discussions and recommendations.

Clinical Senates, by their very nature, have a more clinical focus than Overview and Scrutiny Committees and can therefore work in partnership to allow clinical impartiality and expertise. Clinicians from across different professions work together with patients and the Public to provide leadership and advice at both a local and wider geographical area – this kind of contribution will be necessary if commissioners are going to be supported to make decisions that will transform healthcare. Clinical Senates will allow Members to take a broader and more strategic view of health and social care as a whole within Wirral. Use of the Clinical Senate will enhance the value of scrutiny work by providing a vital link to in depth clinical viewpoint to many areas of interest within health and social care.

Recommendation - It is proposed that potential use of Clinical Senates is added to the work programme for the Adult Care and Health Overview & Scrutiny Committee, in order to keep potential Senate input at the forefront of planning around future commissioning, and recommendations from scrutiny Members.

Appendix 1 - Workshop Attendance

Members

CLlr Julie McManus
CLlr Tom Usher
CLlr Moira McLaughlin
CLlr Mary Jordan
CLlr Wendy Clements
CLlr Phil Gilchrist
CLlr Christina Muspratt
CLlr Liz Grey
CLlr Anita Leech
CLlr Chris Carubia
CLlr Tony Cottier

Clinical Senate

Caroline Baines – Manager, North West
Cecil Kullu – Chair, Cheshire and Merseyside Clinical Senate

Officers

Paula Cowan – Medical Director, Wirral Health and Care Commissioning
Elspeth Anwar – Public Health Consultant, Wirral Health and Care and Commissioning
Nancy Clarkson – Head of Intelligence, Wirral Council
Alexandra Davidson – Scrutiny Officer, Wirral Council
Anna Perrett – Scrutiny Officer, Wirral Council