

Function and role of Clinical Senates in supporting Integrated Care Systems

Clinical Senates provide high quality, independent, and wherever possible, evidence-based strategic clinical advice and guidance to any requesting party within the local health and care system, assisting them to make optimal decisions to improve health outcomes for their population.

Background

Clinical Senates were originally formed to provide strategic clinical advice to clinical commissioning groups created by the Health and Social Care Act 2013. Following the formalisation of Integrated Care Systems (ICSs) as legal entities by the Health and Care Act 2022, Clinical Senates remain available to afford strategic and operational clinical advice as part of service reviews. This can be used to support ICS/ICB led service change in multiple ways including working with Provider Collaboratives, transformation programmes that work across health and care settings, or individual providers working on service reconfiguration.

Clinical Senates operate as impartial, advisory arms-length bodies aligned to the NHS England Regional Medical Directors and hosted by NHS England at regional level. ICBs are accountable for the commissioning of services (and decision making on the outcome of service reconfigurations) and providers remain accountable for service delivery.

Function and Role

The Senates support decision making concerning major service re-design to achieve optimal use of resources for the health of their populations by providing early patient-focussed 'critical friend' advice on one or more occasion to inform developing plans, and final clinical assurance to ICSs and NHS England (and by extension patients and the public) on completed proposals.

This may include reviewing temporary changes that ICBs may be considering making permanent following system wide major service disruption, such as that due to the Covid-19 pandemic.

A [National Operating Framework](#) sets out the key Clinical Senate functions which aim to:

- Support commissioners/Integrated Care Boards and Integrated Care Systems (ICSs) to make the best decisions about health care for their populations.
- Bring together patients and carers as partners with a range of health and social care professionals, to take an external and independent overview of health and healthcare for local populations.
- Provide a source of strategic, independent clinical advice and leadership on how services should be designed to provide the best overall care and outcomes for patients.
- Provide clinical advice to inform the statutory NHS England reconfiguration assurance process.

Each Clinical Senate discharges these functions through its Council (a multi-professional steering group which includes patient and public representatives) and its Assembly (a wider professional resource comprising health and care professionals, and patient and public representatives).

Impartiality

To ensure their advice remains independent, Clinical Senates maintain their impartiality through diligent management of any potential conflicts of interest and/or by working collaboratively with other Senates where necessary or when particular circumstances dictate including bringing in out of region experts to support their work.

While there are other sources of independent clinical advice (Clinical Networks or Royal Colleges for example), Clinical Senates stand out as the established advisory bodies that can bring together independent multi-disciplinary expertise and experience, and at no additional cost to NHS commissioners, Trusts or systems. Consequently, they offer excellent value for money.

Adding value

Building on years of experience and organisational memory, the value of Clinical Senates is extremely apparent with the increasing complexity and/or level of contention associated with some service change proposals. As local health systems seek approval from overview and scrutiny committees and other such governance bodies, their decisions may be referred to the Secretary of State or for Judicial Review. The quality and impartiality of Clinical Senates' advice and guidance has been noted in such reviews, confirming that the multi-professional resource of Clinical Senates is invaluable, influential and held in high regard.

Ways of working

Each Senate enacts its core function through the following mechanisms:

- **Independent clinical review to support reconfiguration assurance** – Clinical Senates should be engaged early to act as a critical friend to support systems in formulating robust service change proposals, to help plan timelines and to manage expectations. The Senate should then be commissioned to conduct an independent formal clinical review of proposed changes to ensure compliance with the key Tests for Service Change (particularly regarding Test 3 – Clear Clinical Evidence Base and Test 5 – The “Bed” Test). The Senate will also review the impact of change proposals on health inequalities and sustainability, highlight interdependencies and can continue to support post-consultation and prior to system/commissioner decision making.
- **Independent clinical advice/review to support other system priorities** – Clinical Senates can undertake reviews or provide advice throughout transformation processes. For example, thematic reviews to support service change prioritisation and understanding local and national strategic fit. This includes providing advice on identifying and addressing health and care access and outcome disparities.

- **Building clinical leadership for the future** – Through their Councils and Assemblies Clinical Senates maintain highly effective networks across health and social care systems, providing clinical and care professionals with valuable opportunities to be involved in major service change reviews and other Senate activities to support their professional development as future leaders.
- **Sharing best practice** – Clinical Senates have a huge resource in the pooled expertise of their members, further informed by the learning from combined reviews they have undertaken. Clinical Senates provide the platform for sharing that expertise and learning locally, regionally and nationally.
- **Supporting progress with local challenges** – The independence and impartiality of Clinical Senates enables them to act as a constructive ‘honest broker’ to reconcile and achieve consensus to move forward where conflicting clinical views have become entrenched and are blocking progress.

Future Relationship with ICBs and Provider Collaboratives

ICBs are charged with facilitating the transformation of services to deliver improved health outcomes for their populations. This will require strong local professional and clinical leadership and an understanding of how to work with Clinical Senates to ensure the Senate function brings constructive challenge and objectivity to their decisions.

Clinical Senate engagement with ICBs is evolving and important benefits of this relationship are emerging. Evolving health systems are largely constituted from historically independent thinking organisations. The NHS now requires rapid evolution and progress across independent organisations brought together as health and care systems in ICBs to work in unison to serve their population in providing health and care coordinated around the needs and choices of individual patients.

The pace of change required to embed and develop functional ICBs is phenomenal, at a time when the impact of the Covid-19 pandemic and subsequent increase in demand, together with the fall-out from industrial action, is creating unprecedented pressure across all parts of the system. Clinical Senates are now also providing crucial support at key points in the system transformation processes to ensure system thinking and the wider determinants of population health are integral to all change processes. The breadth of the Clinical Senate membership is unparalleled and enables the Senate to take an impartial and strategic view across all parts of the health and care system. This then provides a strong foundation for future consultation work and business case development aligned to the NHS new ways of working.