

## STRATEGIC CLINICAL NETWORKS AND CLINICAL SENATE BRIEFING FOR NOTTINGHAMSHIRE JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE OCTOBER 2015

### INTRODUCTION

This paper provides the Nottingham Joint City and County Health Scrutiny Committee with background information as to the role and function of the East Midlands Strategic Clinical Networks and Clinical Senate and a brief update on their recent and current work programmes. It also provides an opportunity to update colleagues on the current national review of improvement and leadership development across the health and care system

### NATIONAL REVIEW OF IMPROVEMENT AND LEADERSHIP DEVELOPMENT

There has been a national review of improvement and leadership development, 'The Smith Review', and the recommendations were approved by the NHS England Board in March 2015. Whilst details around the implementation phase are yet to be confirmed, it is clear that there is a role for both the clinical networks and the clinical senates moving forward to support health economies to improve health outcomes. There will be a greater alignment with Academic Health Science Networks, which will build on the positive partnership arrangements already in place in the East Midlands.

### CLINICAL SENATE

The East Midlands Clinical Senate provides independent strategic advice to commissioners and other stakeholders to support them in making the best decisions about health care for their populations. They do this by bringing together a range of health and social care professionals, with patient representatives. More specifically the Clinical Senate can:

- Provide clinical advice, act as an honest broker and, if required, undertake reviews to areas where there may be lack of consensus in the local health system
- Provide independent clinical advice to commissioners, in respect of major change programmes, to inform the NHS England service change assurance process
- Work with stakeholders to identify aspects of health care where there is potential to improve outcomes and value. Provide proactive advice about the areas for inquiry or collaboration, and the areas for further analysis of current evidence and practice

As well as responding to requests for reviews The Clinical Senate has published three reports for commissioners of health and social care services:

- **Meeting the needs of an ageing population:** written in conjunction with the Royal College of Surgeons and with the support of the Academic Health Science Network: [commissioning services for an ageing population and those living with frailty](#) summarises recent national publications with guidance on delivering services for older people and those living with frailty.
- **Using exercise as treatment:** the [report on physical activity and exercise medicine](#), written in conjunction with Public Health England, looks at physical activity and the benefits through its use in prevention of ill health, risk reduction and as an active treatment.

- The Clinical Senate has worked with Public Health England to [develop a report in respect of prevention](#) and an East Midlands specific response to the Five Year Forward View.

The Clinical Senate is also in the early stages of scoping a report to support 'Efficient and Effective Planned Care' in conjunction with the East Midlands AHSN and the Royal College of Surgeons.

### **EAST MIDLANDS STRATEGIC CLINICAL NETWORKS**

The role of the Clinical Networks is to support health systems to improve the health outcomes of their local communities by connecting commissioners, providers, professionals, patients and the public across a pathway of care to share best practice and innovation, measure and benchmark quality and outcomes, and drive improvement. The core offers from the Clinical Networks are to:

- Enable clinical and patient engagement to inform commissioning decisions
- Define and drive quality improvements across complex pathways of care
- Coordinate and support commissioners and providers to reduce unwarranted variation, improve cohesion and ensure sustainable services within a single pathway of care

They focus on four core disease and population groupings: cardiovascular (stroke, renal, diabetes, vascular and cardiology), cancer, maternity and children and mental health, dementia and neurology. They also respond to local priorities for improvement programmes which this year include respiratory and end of life care.

The Clinical Networks and the Clinical Senate cover Lincolnshire, Nottinghamshire, Derbyshire, Leicestershire, Rutland and Northamptonshire

### **CANCER NETWORK**

During 2014/15 the cancer network developed an upper gastrointestinal cancer care pathway, which is estimated to save over £1million. During 2015/16 the Cancer Network is coordinating plans across commissioners and providers to support the improvement in meeting the constitutional standards for **cancer waiting times**.

### **CHILDREN AND MATERNITY NETWORK**

The Children and Maternity Network has been facilitating joint activities across Nottingham University Hospitals and University Hospitals Leicester to improve **specialised care for children and young people** within the East Midlands, including new solutions for paediatric transport. This has complemented reviews of general paediatric surgery, resulting in Trust-specific reports, and work in conjunction with the Royal College of Surgeons to develop NICE accredited guidance for appendicectomy and orchidopexy.

### **MENTAL HEALTH, DEMENTIA AND NEUROLOGY NETWORK**

The Mental Health Network has convened the first ever East Midlands **crisis concordat** event and laterally established an East Midlands clinical network group. A **CAMHS** mapping exercise was undertaken to identify gaps and variation in the current provision of CAMHS services The Network is also supporting commissioners with the national target ambition for Dementia Diagnosis and to develop acute inpatient standards.

The parity of esteem work programme provided two innovation funds to pilot new models of working to increase parity of esteem between mental and physical health, for people with **severe mental illness (SMI) and Dementia**. The funds have been made available to commissioners and providers to allow them to trial or pump prime new models of working that sought to reduce premature mortality rates for patients with SMI and to improve the support offered to patients with dementia e.g. hospital avoidance schemes. EMAHSN is providing ongoing specialist expertise and guidance to these projects in 2015-16 supporting putting into practice, evaluation, creating a culture of continuous learning and improvement and effective project management.

### CARDIOVASCULAR DISEASE NETWORK

The Cardiovascular Disease Network has made the case for change and engaged 19 East Midlands CCGs to deliver improvements in the **identification and management of common cardiovascular disease conditions within primary care**. By March 2015, 18 of the 19 CCGs have implemented atrial fibrillation upskilling programmes and 7 a heart failure upskilling programme, improving GP diagnosis and management of these conditions. It is anticipated that there will be 983 fewer strokes and 325 fewer deaths each year and stroke related hospital admission costs could be reduced by £14.7m, as a result.

The Network is also supporting a diabetes upskilling programme across all 19 CCGs. All these programmes should have a direct impact on reducing referrals into secondary care.

The East Midlands **Renal Transplantation** Improvement Group is collaborating with the CVD network to deliver an East Midlands transplant service which allows equality of access to a high quality patient focused service. This will achieve consistency of access to transplantation, patient pathways and experience, and identify areas of significant variation that impact on patient outcomes across Leicester and Nottingham renal transplant centres.

### PARTNERSHIP WORKING IN THE EAST MIDLANDS

Within the East Midlands there are a number of health organisations with the same region-wide footprint; whilst our remits are different we share a collective aim: to serve the East Midlands' 4.5m residents, improving health outcomes for patients and the public. A formal partnership agreement reinforces this commitment and collaborating to explore all opportunities to share resources, develop joint projects and reduce the risk of duplication.

The SCN and Senate team also works closely with specialised commissioning to offer support and clinical expertise into a range of programmes. We are actively informing the initial priorities for the proposed East Midlands collaborative commissioning group to address whole pathways of care across specialised commissioners and CCGs.

Where joint priorities (currently cancer, stroke, diabetes and mental health) exist, we are committed to aligning our work programmes and



resources to maximise impact. In 2015-6 the activities, engagement and collaborative approaches above will continue to be developed in order to maximise the levers for change across the East Midlands. We will:

- Operate in partnership
- Avoid duplication
- Work collaboratively, not competitively
- Share knowledge through open and honest communication
- Represent each other positively

### **2015/16 BUSINESS PLAN**

The Clinical Networks have a [business plan for 2015/16](#) that provides more in depth detail about their work programmes

### **2014/15 ANNUAL REPORT**

The [Annual report for 2014/15](#) contains details of the range of programmes worked on throughout the previous year

### **ACTIONS**

Nottinghamshire Joint City and County Health Scrutiny Committee is asked to note the Briefing on Strategic Clinical Networks and the Clinical Senate.

Sarah Hughes  
East Midlands Clinical Senate Manager  
October 2015.