

SECCS Chair's Report for 7th meeting of the Council, 25 September 2014

Our main focus over the summer, as many of you will know, has been the work on the clinical co-dependencies of acute hospital services, instigated by a request from the Sussex Collaborative, and agreed by the Council at our early July meeting. An excellent clinical reference group was established (on which sit a number of the Council members), a literature review commissioned, and a stimulating and successful summit held. We and the CRG are now writing up draft conclusions, which will be incorporated in to the overall report. We will be updating the Council as to where we are with this, and seeking advice on our approach to the content, context, and clinical consensus development, and to anticipate issues on its release. At present, we are working to a timeline of Council signoff at our Nov 5th meeting.

Our Advance Care Planning document will have gone to our publishers KMCS by the time of the Council meeting. It is a report I am proud the clinical senate has produced, and thank you again to Mandy and Ali for their efforts in making the final amendments. Thank you also to Priscilla, Carolyn and Maxine for producing a summary ACP document aimed at public and patient groups, which will be released in tandem with the main report.

At a national level, there is an ongoing NHS England review of the structure and function of many of its bodies, under the Organisational Alignment and Capability Programme (OACP). NHS England is undertaking a national review looking at how arms length bodies are aligned to maximise their capabilities and to ensure they work more effectively to deliver their core purpose. Clinical Senates, alongside Strategic Clinical Networks, Academic Health and Science Networks, NHS IQ and other arm's length bodies are being looked at as part of this process and a review into our clinical advisory function for commissioners is currently underway.

Like other arms-length bodies we are also required to make cost savings so we can live within our budget, 15% for 2015/16 and these cost savings need to be found from our running costs. As part of OACP a more integrated tier for regional and area teams for the three regions outside of London is being proposed (closer to the model that already exists in London). This will mean a merging of the Surrey Sussex and Kent and Medway Area Teams. We will share the outcome of the above review when it is available.

Our clinical senate website is almost ready for access. We anticipate that it will go live in the first week of October. We will advise you of the web address shortly. Ongoing feedback from the Council about its content, appearance and functionality will be gratefully received.

Finally we propose that we change our full name from Clinical Senate South East Coast (CSSEC) to South East Coast Clinical Senate (SECCS). It has been 'mandated' that the senate websites, letter headers and slide sets are consistent across the 12 senates, and that the region comes first in the title. I'm sure this is something we can live with, and recommend the change!