NHS
Yorkshire and the Humber
Clinical Senate

Yorkshire and the Humber Clinical Senate Council Meeting

Tuesday 30th January 2024 2–3pm
Via MS Teams

Present:	
Prof Chris Welsh (Chair)	Senate Chair, Yorkshire and the Humber Clinical Senate
Sue Cash	Lay Member
Christopher Caddy	Consultant Plastic, Reconstructive & Aesthetic Surgeon (Retired)
Dr Christopher Scott	Consultant in Anaesthesia & Critical Care Medicine, Sheffield Teaching Hospitals NHS Foundation Trust
Margaret Wilkinson	Lay Member
Jeanette Unwin	Senate Manager, Northern England & Yorkshire and the Humber Senates
Graham Walsh	Clinical Director Health Innovation Network and Consultant Orthopaedic Surgeon, Calderdale and Huddersfield Foundation Trust
Dr Rod Kersh	Consultant Community Physician, Rotherham NHS Foundation Trust
Dr Edward Pepper	Consultant Child and Adolescent Psychiatrist, Leeds Community Healthcare NHS Trust
Dr Rukhsana Hussain	Locum GP
Mr Eki Emovon	Consultant Obstetrician & Gynaecologist, Doncaster & Bassetlaw Teaching Hospitals NHS FT
Mr Kirtik Patel	Senate Vice Chair & Consultant Upper GI Surgeon, Sheffield Teaching Hospitals NHS Foundation Trust
Dr Nabeel Alsindi	GP & Place Medical Director (Doncaster), South Yorkshire ICB
Mr Peter Sedman	Consultant Upper Gastrointestinal & General Surgeon, Hull University Teaching Hospitals NHS Trust
Dr Alison Walker	Consultant in Emergency Medicine, Harrogate & District NHS FT
Dr David Warwicker	GP & Governing Body GP for North Sheffield
Dr Tim Haywood	Consultant PICU & Anaesthesia, Leeds Teaching Hospitals NHS Foundation Trust
Kay Marshall	Project Support, Clinical Leadership & Senate North East and Yorkshire & Humber
Apologies:	
Karen Perring	Clinical Lead NE&Y CYP Transformation Programme, NHSE
Dr Kev Smith	Regional Director Public Health Commissioning, OHID
Dr Rod Lawson	Respiratory Physician, Sheffield Teaching Hospitals NHS FT
Stephen Elsmere	Lay Member
Tony Alcock JP	Lay Member
Mr Woolagasen Pillay	Deputy Dean & Vascular Surgeon, Health Education England, Yorkshire & the Humber
In Attendance	
James Thomas	Medical Director of West Yorkshire ICB
Rob Webster	Chief Executive of West Yorkshire ICB
Ben Clark	Deputy Director – Clinical Delivery & Programmes

Item		Action by
1.1	**Welcome & Apologies** Apologies were noted above.	**CW**
1.2	**Declarations of Interest** None were declared.	**CW**
1.3	**Minutes of the Previous Meeting – July 2023** Members agreed that the previous meeting notes were a true and accurate record.	**CW**
2.1	**How can Clinical Senates assist ICBs** Rob Webster (Chief Executive of West Yorkshire ICB) and Dr James Thomas (Medical Director of West Yorkshire ICB) were invited to the meeting to discuss how Senates can assist ICBs and ICSs with their work commissioning and providing services going forward. Key Points as outlined by Rob Webster:- • Integrated Care System is a statutory partnership made up of Local Government, NHS, Third Sector and Communities. • Organisations work together to focus on a number of priorities, e.g., health inequalities and using resources wisely, to improve patient outcomes and drive change as close to needs as possible. • System strategy signed off by the Partnership Board, delivered by ICB working with partners in places. • £5b of NHS funding is used per year in delivering the strategy. • There are some mature provider collaboratives in West Yorkshire working around ways in which to deliver the strategy, e.g. making sure our maternity system provides good outcomes through the local maternity system. • West Yorkshire Mental Health, Learning Disability and Autism collaborative is well developed with responsibility for specialised commissioning of all MH and LD services within budgets and with a focus on quality and safety. • Community collaboratives, focused on what services look like in communities. • Hospice collaborative – working together to support what good end of life care looks like and how to create resilient communities. • The vision is for all to have the best start in life, supported to live life well and at end of life to die in a place of choice, no matter where you live. Citizens to be involved in the design and delivery of services. • Major reconfiguration of services over the years due to this approach. E.g. vascular services, assessment and treatment units in LD services, all driven by providers and their staff. • Working towards what it looks like to deliver good LD services for people wherever they are receiving care. What the challenges for clinicians and services are in doing so. What we do around the way we diagnose, assess	**JT and RW**

and support people with ADHD, autistic people, coming up with new ways of delivering those services.

- Make sure management of services and procurement is as efficient as possible, technical efficiency and looking at implementation of GIRFT principles.
- Making sure we have clinical evidence and oversight should it be required in the case of Scrutiny panels, the courts and the public.

Key points as outlined by Dr James Thomas from the perspective of clinical leadership:-

- Importance of developing clinical leadership in WY to reflect on where we are and what more is to be done. This is a key component to have safe and high quality health care. There is evidence to support that where organisations engage with clinicians they perform better clinically and financially.
- Part of developing leadership principles for clinical and care professionals to develop system clinical leaders to see whole, integrated approach as a system and make sure clinicians have skillset and ability and feel equipped to be involved in making the right decisions with support from Senate Council.
- Developing shared learning and have the right resources to carry out roles.

CW thanked both for starting off the conversation and reiterated that Senate can offer independent, impartial, free at the point of delivery support when systems are faced with challenges. Particularly as the Senate is made up from multi-professionals and lay members.

A summary of questions and comments raised is listed below:-

- Maintaining creativity can only be done by working collaboratively with people, trying to have a meaningful approach looking at what infrastructure is needed.
- Governance needs to be streamlined to meet the needs of the public who are trying to navigate the system. Feedback from patients are that the systems are too complicated. Need to keep challenging ourselves on how decision are streamlined and access to services is as simple as possible and to continuously strive for improvement.
- There is a requirement to train and recruit staff to different ways of working to the traditional model. Agreed changes need to be reflected in medical schools to reflect system leadership as opposed to hierarchy. Systems are giving legitimate leadership responsibilities to multi professional staff groups, not simply doctors and nurses and they are being supporting with the skills they need to work in a context where they support change. E.g. Leeds have created an inclusive recruitment approach with their academy where 40% come from household with intergenerational unemployment and one year after coming into service, 95% are still in the same job, very positive levels of retention.

2.2	**New NHS England update** Ben Clark gave a brief update on the New NHSE process. • The aim of the New NHSE programme was to reduce head count of the newly formed NHS England (following the merger of NHS England, NHS Digital and Health Education England) by between 30-40%. In NHSE Regions this was to be achieved through two main actions:; 1. Delegation of some main functions of NHSE to ICBs, e.g. commissioning responsibilities, some compliance functions linked to nursing and some Public Health processes which will be completed over next 18 months. 2. Reduction of head count of the remaining combined functions by 25% through a restructure and consultation process to change the way we work to meet the demands of region with reduced numbers of staff. • During the process we have looked at ways of delivering services and responsibilities differently to enable us to deliver both our statutory requirements (e.g., regulating professional standards and the management of controlled drugs) and programme responsibilities linked to delivery of services in the Long Term Plan (e.g. Mental Health, Learning Disabilities, cardiology, diabetes, stroke, respiratory, long covid, virtual wards etc). • We have consulted with staff and gone through a 3 stage process to move people into posts where possible. We are coming to the end of this process in with a small number of people nationally who are still at risk who we are helping to secure roles within the organisation without the need for compulsory redundancy. • This has resulted in some changes within the medical directorate where we have brought together many of our teams that previously supported clinical networks on a sub-regional basis to work across the North East & Yorkshire footprint These teams will now be managed as part of broader programmes (e.g. one for Mental Health and one for physical health and prevention). • The New NHSE programme will only have a minor impact on how NHSE provides management support to the YH Clinical Senate. The Region will still employ a Clinical Senate Manager (Jeanette Unwin), who will continue to work across the two NEY senate councils. The NEY Region will retain two Senate Councils under two Senate Chairs, whilst continuing to do a lot of cross working with each other and our North West counterparts. Kay Marshall has been moved to provide project support to the Clinical Senates working to Jeanette. • Senate function will continue to offer support to ICBs to help them meet their requirements under the national assurance process for service change guidance and will continue to be free at point of use. CW expressed gratitude for continued support from Jeanette for the management function of the Senate with the direction of the Chairs, welcomed Kay and thanked Stephanie Beal for doing a sterling job from the outset in 2013.	**BC**

2.3	**National Update** 1. Circulated the more up to date version of the SE Clinical Co-dependencies document. This will be discussed at the forthcoming virtual development day. 2. National Senate Chairs meeting in November. The key presentation on the new hospitals programme. Developing hospitals now known as hospital 2.0, key words compact, efficient, scaled for size and more effective operationally. One other key theme, standardisation of hospitals and delivery at scale. Another national Chairs meeting in May, timed to meet with the National Medical Director and we will feedback from discussions.	**CW**
2.4	**Senate Development Events 2024** For the Senates of the North, (Y&H, NE and NW). Wednesday 6th March 2024 1.30- 4.30 via Teams Thursday 20th June is face to face (venue tbc)	
3.1	**Any Other Business** None recorded.	
3.2	**Time and Date of Next Meeting** **Date:** Monday 25th March 2024 **Time:** 2 – 3pm **Venue:** via MS Teams	**All to note**