

<b>Meeting:</b>	<b>Yorkshire and the Humber Clinical Senate Council Meeting</b>	
<b>Date:</b>	<b>Wednesday 24<sup>th</sup> July 2024</b>	
<b>Time:</b>	<b>14:00-15:00</b>	
<b>Venue:</b>	<b>Via Teams</b>	
<b>Present:</b>	<b>Name:</b>	<b>Initials</b>
	<ol style="list-style-type: none"> <li>1. Chris Welsh</li> <li>2. Sue Cash</li> <li>3. Jeanette Unwin</li> <li>4. Rod Lawson</li> <li>5. Gavin Boyle</li> <li>6. David Crichton</li> <li>7. David Warwicker</li> <li>8. Nabeel Alsindi</li> <li>9. Michelle Foster</li> <li>10. Graham Walsh</li> <li>11. Kevin Smith</li> <li>12. Steven Dykes</li> <li>13. Alison Walker</li> <li>14. Karen Perring</li> <li>15. Willy Pillay</li> </ol>	CW SC JU RL GB DC DW NA MF GW KS SD AW KP WP
<b>In Attendance:</b>	Kay Marshall (Project Support)	KM
<b>Apologies:</b>	<b>Name:</b>	<b>Initials</b>
	<ol style="list-style-type: none"> <li>1. Eki Emovon</li> <li>2. Edward Pepper</li> <li>3. Kirt Patel</li> <li>4. Rod Kirsh</li> <li>5. Rukhsana Hussain</li> <li>6. Stephen Elsmere</li> <li>7. Tony Alcock</li> </ol>	EE EP KP RK RH SE TA

### MINUTES

1.	INTRODUCTION	Lead	Enclosure
	<b>1.1 Welcome and Apologies</b>		
	CW welcomed Gavin Boyle and David Crichton from the South Yorkshire Integrated Care Board to the meeting.	<b>CW</b>	
	<b>1.2 Declarations of Interest</b>		
	None noted.	<b>ALL</b>	
	<b>1.3 Minutes of previous meeting</b>		
	Minutes of previous meeting (20 <sup>th</sup> May 2024) were accepted as a true record.	<b>ALL</b>	

	<b>1.4</b>	<b>Matters arising</b>		
		None noted.	<b>ALL</b>	
<b>2.</b>	<b>AGENDA ITEMS</b>			
	<b>2.1</b>	<p><b>Gavin Boyle, Chief Executive Officer South Yorkshire ICB</b></p> <p><b>Dr David Crichton, Chief Medical Officer South Yorkshire ICB</b></p> <p>The Senate received a presentation and took part in a discussion about how the Clinical Senate and the ICB could work together.</p> <p>A summary of the presentation is outlined below:-</p> <ul style="list-style-type: none"> <li>• The tight geography of the South Yorkshire ICB area is thought to be advantageous as it enables close, local working partnerships to be meaningful and important that could be more difficult in larger ICBs.</li> <li>• There are some significant challenges to address population health needs. E.g., life expectancy is lower than national average and there are widening health inequalities. There are also some practical challenges, e.g., smoking rates are high and late cancer presentations prevalence is higher</li> <li>• There are wider issues with employment, education and housing.</li> <li>• GB outlined how the ICB works and how it could potentially can better engage with the Senate, for example with some of the work being led by the 5 acute hospitals in SY which have formed an Acute Federation to lead on acute services in the area.</li> <li>• SY have a strategy which focuses on 4 priority areas; 1. children and young people, 2. improving health inequalities, 3. workforce (increasing economic participation). Barnsley Council have worked on how to support people back into employment and the correlation of work and good jobs and good health is key in tackling longer term issues around population health. 4. Health and care workforce. There are 80-90,000 local people in paid roles plus 350,000 voluntary and unpaid carers in the region. The ICB is working to understand what it can do to support this critical workforce to enable them to meet demands in the longer term.</li> <li>• The ICB have a Joint forward plan for the next five years focusing on the major areas of activity for NHS, e.g. cancer and mental health, narrowing down the priority areas of work for delivering the plans.</li> </ul>	<b>GB</b>  <b>DC</b>	

	<ul style="list-style-type: none"> <li>• There are a number of service transformation areas of work which the Senate may be able to support, in particular the improvement in delivery of services. The ICB colleagues are keen to make maximum use of the support of the Senate especially around the developing clinical strategy.</li> </ul> <p>CW thanked the speakers for their presentation and opened the meeting for questions, answers and further discussion, summarised below.</p> <p>A question was asked about whether the ICB would have oversight of all service changes that potentially require the input of the Senate or would there be an expectation that providers could approach the Senate directly? It was stated that priorities for service change within the region are being identified via the Acute Services alliance and they will be encouraged to engage with the Senate.</p> <p>This was well received as concerns were expressed about delays to improvements if there was to be a top-down approach to service change.</p> <p>It was explained that the aim of the ICB is to make decisions close to where the issues are and making sure that local priorities are as important as national priorities.</p> <p>A question was asked about how the Senate can engage better with ICBs with the cumulative effect of smaller pilots and the impact on populations which are not as obvious as bigger, easier to define changes. ICB colleagues responded to say that there is scope for having more active engagement with Senates more upstream in the development of a strategy or in programmes of work that may ultimately deliver a service change.</p> <p>CW ended the discussion reiterating the way the Y&amp;H Senate works, as one of 3 Senates in the North with access to clinicians who can form a review team to assist the ICB in whichever specialised area. The Senate actively manages any conflicts of interest by engaging clinicians from outside of the geographical area and the Senates are known for being involved with NHSE in late-stage assurance work. In highly political subject areas which inevitably go to judicial review there is a need to involve the Senate as the reports are held in high regard because of the independence and impartiality. JU and CW are the principal contacts for any senate related activities.</p> <p>CW thanked the speakers for the positive and productive conversation.</p>		
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		<b>ACTION:-</b> JU to share email address and the proforma to request Senate involvement with GB and DC.	<b>JU</b>	
	<b>2.2</b>	<p><b>National Update</b></p> <p>As a consequence of the National Senate chairs meeting, we have had approaches from NHSE in various guises for us to consider whether we can work with them as a unified organisation across the whole country to respond to a national issue. We have responded positively and are now looking at what may be specifically required of the Senates</p> <p>JU and Caroline Baines are organising the national senate chairs' meeting in November which will be held virtually, and May (face to face). A draft agenda is being formed with the possibility of inviting Prof Browne who spoke at the virtual North of England senate session about centralisation of acute care services.</p> <p>The NHSE Major Service Change guidance has been refreshed and it is expected to be ratified imminently. The revised guidance will be discussed at the Chair's meeting.</p> <p>Senate colleagues are requested to please let JU know if you think of any relevant additions to the agenda.</p>	<b>CW</b>	
	<b>2.3</b>	<b>Yorkshire and Humber Senate-led Projects</b>		
		The Senate has received a request to re-open the senate review on aortic dissection surgery which we reported on 5 years A team will be developed for this in the next few weeks.		
	<b>2.4</b>	<b>Yorkshire and Humber Senate-related Projects</b>		
		We have yet to receive a formal request but there is potential for the Senate to be involved in reviews being undertaken by colleagues in the North West		
	<b>2.5</b>	<b>Reconfiguration report for information.</b>		
		Circulated with Agenda.		
	<b>2.6</b>	<b>Senate Development Events.</b>		
		<p>The full Northern England (NENC, Y&amp;H and NW) event in Leeds on 20<sup>th</sup> June was a well received. JU has collated all feedback from those who attended and who wanted to share feedback. People were happy with the content and delivery and felt it was timely and an excellent networking opportunity.</p> <p>Thinking has begun for the next events and the feedback from the recent development session will inform the content.</p> <p>JU asked for Senate Council members to consider what might be of interest to them within next year's development</p>	<b>JU</b>	

		session and council members are also asked if they would like to sponsor a group or person to deliver some development session or to lead part of the process.		
<b>3.</b>	<b>STANDING ITEMS</b>			
	<b>3.1</b>	<b>Any Other Business</b>		
		None raised.		
	<b>3.2</b>	<b>Next meeting</b>		
		Thursday 26 <sup>th</sup> September 2024 14:00-15:00 via Teams		
<b>4.</b>	<b>MEETING CLOSE</b>			