

Name:	Senate Council Meeting
Date:	Tuesday 16 th March 2021
Time:	5.00pm - 6.00pm, Teams meeting

Senate Council Meeting Minutes

1.	INTRODUCTION	Lead	Actions
1.1	Apologies, Welcomes and Introductions Apologies were not formally noted	AC	
1.2	Declarations of Interest None declared	All	
1.3	Minutes of previous meeting The minutes were agreed as an accurate record	AC	
1.4	Matters arising/actions from previous minutes None	AC	
2.	AGENDA ITEMS		
2.1	<p>National Update (from Senate Manager discussions)</p> <p>J Poole reported there was disappointment from the Senates that the proposed relaunch of the national reconfiguration guidance, previously discussed at this meeting, has been paused due to the publication of the ICS white paper (link below for information):</p> <p>https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version</p>	AC/JP	
2.2	<p>Discussions with the ICS on Waiting List Prioritisation</p> <p>Andrew Cant reported on a recent meeting with Alan Foster and Alison Slater from the ICS to discuss how the Senate may support them on recovery and restoration. There were 3 suggested subjects that the Senate might work on –</p> <ul style="list-style-type: none"> • Waiting list prioritisation particularly working with the Orthopaedic and Ophthalmology Alliances, • Health Inequalities • Primary care engagement with ICSs. 	AC/JP	

	<p>With regard to waiting list prioritisation, Paul Twomey has led this work regionally and his report is attached to the senate papers. AC and JP met with Mike Reed, NE Orthopaedic Alliance Lead and Lawrence Gnanaraj NE Ophthalmology Alliance Lead. Following discussion with the leads it was agreed that neither Alliance are at the stage where a Senate review would be helpful. As the Alliances further develop their plans there may well be specific issues where independent review by the senate would be helpful.</p> <p>With regard to inequalities the Council members recognised the need for the NE region to address this but it was agreed that we need a clear and focussed question related to a specific issue or specialty. Senate members also acknowledged that this is much wider than healthcare and there are broader aspects of society that need to be tackled (for example employment and housing).</p> <p>AC and JP to formally respond to the ICS and to include within that a reiteration of our offer to sense check ICS recovery plans.</p>		JP
2.3	<p>Discussions with Evidence Based Interventions</p> <p>JP informed the Council of a recent meeting with colleagues from the Evidence Based Interventions Programme who had recently contacted the NEY Senates. The presentation they gave at the meeting was shared with the papers. Following this initial meeting the EBI will produce a data pack for those CCGs with the longest over 52 week waits and colleagues will be meeting again towards end of April to review the data. There may be some work for the Senate following this to provide a clinical sense check and exploring ways of engaging clinicians with the outcome.</p> <p>There was recognition that similar programmes to stop interventions, such as those outlined, has failed in the past for various reasons including a blanket ban rather than identifying those patients who would benefit from the intervention. Council members observed that to stop patients receiving non evidence-based surgery in secondary care there needs to be work with primary care to prevent referrals. For this there need to be pain management services in the community to provide alternative therapies.</p>	AC/JP	

2.4	<p>Primary Care Engagement with the ICS</p> <p>Sam Bethapudi (Clinical Director of Durham West PCN) spoke about Primary Care Networks (PCN) involvement in the ICS. There followed a discussion about the importance as well as the challenge of PCNs engaging in and influencing the ICS. Key points noted were:</p> <ul style="list-style-type: none"> • The challenge of ensuring broad representation from primary care at ICS level and to ensure that the ICS is not acute sector led. • How to achieve scale of representation from PCN level • COVID has stalled the development of PCNs but there will hopefully be potential for PCNs to cluster around certain topics • There is a need for ongoing education with both primary and secondary colleagues to get better understanding of a singular network fitting into the wider picture. <p>Chair concluded that the Senate will need to ensure it can respond to the difficult questions that might come to the Senate as the ICS establishes its primary care representation. It is agreed that we should bring this back to the May meeting of the Senate.</p>	AC	JP
2.5	<p>NEY Service Change Report</p> <p>The attachment was noted.</p>	AC/JP	
2.6	<p>Northern England Senate Led Projects</p> <p>No reviews to note.</p>	AC/JP	
2.7	<p>Northern England Senate-related Projects</p> <p>JP reported on the following reviews which have panel membership from the NE Senate:</p> <ul style="list-style-type: none"> • Maternity review for Scarborough underway. Colleagues from the Maternity Network supporting this review. • Cheshire East review on hold due to covid response • Andy Simpson reported that he will be joining the panel for a North West Senate review of the Lancashire and South Cumbria New Hospital programme 	AC/JP	

		<ul style="list-style-type: none"> • Path to Excellence Scheme update <p>The Council were informed of the next steps with the programme which is working towards a summer consultation with the public and subsequent decision making in March next year. Recognition that ICS commissioning arrangements might delay the timescale.</p> <p>Andrew expressed sadness at the death of Donal O'Donahue Chair of the North West Senate who died of COVID in January. He will be a great loss to the Senates and his excellent chairmanship of the Paths of Excellence scheme reviews was recognised.</p>		
3.	MEETING CLOSE			
	3.1	Any Other Business <p>Noted that Sir Liam Donaldson and Mike Reed from the Orthopaedic Alliance will be joining the next meeting.</p>	All	
	3.2	Next Meeting <ul style="list-style-type: none"> • Wednesday 12th May 2021, 5.00pm – 6.00pm, Teams meeting 	All	