

<b>Meeting:</b>	<b>Northern England Clinical Senate Council Meeting</b>	
<b>Date:</b>	<b>Wednesday 17 November 2021</b>	
<b>Time:</b>	<b>5:00pm – 6:30pm</b>	
	<b>Virtual Teams meeting</b>	
<b>Present:</b>	<b>Name:</b>	<b>Initials</b>
	Prof Andrew Cant, NE Senate Chair, Consultant in Paediatric Immunology, Newcastle Upon Tyne Hospitals NHS FT	AC
	Dr Sam Bethapudi, GP Principal Dunelm Medical Practice, Post Graduate Trainer & GP Appraiser. Member RCGP National Council	SB
	Dr John Bourke, Consultant Cardiologist & Senior Lecturer Department of Cardiology, Newcastle Upon Tyne Hospitals NHS FT	JB
	Prof Mike Bramble, Consultant Physician, P/T Consultant, Gastroenterologist, South Tees Hospital NHS FT	MB
	Ben Clark, Deputy Director, Clinical Delivery, NHSEI -NEY	BC
	Lesley Durham, Director and Lead Nurse at the North of England Critical Care Network	LD
	Dr Katie Elliott, Northern Cancer Alliance	KE
	Dr Martyn Farrer, Consultant Cardiologist & Clinical Director for Emergency Medicine, City Hospitals Sunderland NHSFT	MF
	Debbie Freake, Service Redesign Consultant	DF
	Dr Paul Goldsmith, Consultant Neurologist, Newcastle Upon Tyne Hospitals	PG
	Prof Ian Greaves, Consultant in Emergency Medicine, Department of Academic Emergency Medicine, Academic Centre, James Cook University Hospital	IG
	Neil Halford, Interim Medical Director for the North East & North Cumbria ICS	NH
	Dr Nicola Hutchinson, CEO, AHSN, NENC	NH
	Dr Raj Khanna, GP and Emergency Department Consultant, South Tyneside and Sunderland NHS Foundation Trust	RK
	Fiona McEvoy, Head of Nursing Quality, North Tees and Hartlepool NHS FT	FMc
	Dr Jean McLeod, Consultant Physician in Medicine & Diabetes, North Tees and Hartlepool NHS FT	JMcL
	Dr Robin Mitchell, Clinical Director, Northern England Clinical Networks	RM
	Jacqui Old, Director of Children's & Adult Services, North Tyneside Council	JO
	Dr Jeremy Rushmer Consultant in Anaesthesia & ITU & Executive Medical Director, Northumbria Healthcare NHS FT	JR
	Dr Jonathan Slade, GP in Stockton-on-Tees and Assistant Medical Director NHS England & NHS Improvement NEY	JSL
	Mr Barry Slater, Consultant Colorectal surgeon, Northumbria Healthcare NHS FT	BS
	Dr Andy Simpson, Consultant in Emergency Medicine, North Tees and Hartlepool NHS FT	AS

	Prof Gerry Stansby, Consultant Vascular Surgeon, Newcastle Upon Tyne Hospitals NHS FT & Chair of NE Vascular Advisory Group	GS
	Jeanette Unwin, NENC&YH Clinical Senate Manager	JU
	Jenna Wall, Clinical Lead for Midwifery for the North East and North Cumbria Maternity Network and LMS	JW
	Liz Lingard, Transformation Lead (North East & Yorkshire) NHS England and NHS Improvement	LL
<b>Senate support:</b>	Karen Pellegrino, Senate support	KP
<b>Apologies</b>	<b>Name</b>	
	Elaine Henderson, Director of Nursing Delivery at Northumbria Healthcare NHS FT	EH
	Mr Gareth Hosie, Consultant in Paediatric Surgery, Newcastle Upon Tyne Hospitals NHS FT & Chair of NE Maternity network	GH

## MINUTES

1.	INTRODUCTION	Lead	Attachments
1.1	<b>Welcome and Apologies</b>		
	<p><b>AC</b> welcomed everyone to the virtual meeting and introduced new council member Neil Halford and also Jonathan Slade and, Liz Lingard who had come to present on Health Inequalities/Equities.</p> <p>Apologies received, noted as above.</p>	<b>AC</b>	
1.2	<b>Minutes of previous meeting</b>		
	Minutes of the previous meeting held on 14 September on were recorded as accurate.	<b>AC</b>	
1.3	<b>Declarations of interest</b>		
	None noted.	<b>AC</b>	
1.4	<b>Matters arising/actions from previous minutes</b>		
	None noted	<b>AC</b>	
2.	<b>AGENDA ITEMS</b>		

	<p><b>2.1</b></p> <ul style="list-style-type: none"> <li> <b>Presentation on Health Inequalities/Equities</b> </li> </ul> <p>Dr Jonathan Slade, Medical Director, Responsible Officer, System Improvement and Professional Standards NHS England and NHS Improvement (North East and Yorkshire)</p> <p>Liz Lingard, Transformation Lead (North East &amp; Yorkshire) NHS England and NHS Improvement</p> <p>JS gave an introduction about Health Inequalities regionally and within the ICS and highlighted an unequal society and the issues within. Observations show inequalities in access, referrals and a poorer patient experience and less good outcomes in all disease areas. Data shows gaps between most deprived and least deprived remains broadly the same including life expectancy and health span. One of the seven strategic goals of the NHS Long Term Plan is to improve patient's health and wellbeing and reduce health inequalities.</p> <p>Covid has disproportionality affected poorer populations and non covid harms include waiting lists and unmet need.</p> <p>The appointment of Dr Bola Owolabi, who has applied a quality improvement approach is key to this programme of work.</p> <p>LL shared a set of slides that gave an overview of the inequalities within the region and population this is summarized below.</p> <ul style="list-style-type: none"> <li>How health inequalities have been exacerbated by covid</li> <li>Showing the difference between an equal and equitable approach, recognising different needs within communities</li> <li>NENC has a health Inequalities advisory group, Julie Gillon is the SRO, an event on 06/12/2021 will share best practice</li> <li>Dr Bola Owolabi's key initiative is Core20 Plus5, this refers to the most deprived 20% of population within a geographical area, this is 32% of population in NENC and Plus5 relates to targeting five key clinical areas of health inequalities</li> <li>A 4plusone approach in NENC &amp; Y delivered by a small team including JS, LL, Jill Simpson, 2 Health Equity Managers and 2 Analysts. The Team is developing as a learning and developing network, linking with key organisations eg AHSN, HEE and Clinical Networks</li> <li>Strong focus on social deprivation and rural population</li> <li>Age profile highlights more demand on services within younger age group</li> <li>A recommendation for using diamond pathway for Learning Disabilities</li> <li>Looking to set up support around digital and health literacy</li> <li>Promoting co production of services, ensuring proportionate to the needs of the population</li> </ul>	<p>JS/LL</p>	
--	--	--------------	--

	<ul style="list-style-type: none"> <li>• A national dashboard is being developed</li> </ul> <p><b>ACTION LL to share slides KP to circulate</b></p> <p>AC chaired a Q &amp; A discussion, please see comments and thoughts from the Senate Council below;</p> <ul style="list-style-type: none"> <li>• Premature death discussion highlights the quality of death is different for different patient groups</li> <li>• Education and how Children and Young People can look after themselves. The Orange Booklet developed by Newcastle/Gateshead is widely used, GP's speak to year 9's</li> <li>• Screening issues around waiting lists and education of population knowing what they can access/need. A toolkit has been developed by PHE. <b>LL to share links</b></li> <li>• Senates could benefit from a toolkit/checklist, key questions to be asked during reviews. <b>LL/Team to look at developing with Senate</b></li> <li>• Challenges to understanding good access to the right services, other than going to ED, educating people when they are in the ED. Using social prescribers could support this</li> <li>• Work and food poverty has been highlighted during covid</li> <li>• During covid the educational gap has increased and children with additional needs has grown</li> <li>• Targeting existing and redistribution of resources to support health outcomes?</li> <li>• A Patient Activation Score is used internationally to determine the level of engagement a patient has with their own care</li> <li>• ICS agenda for Health inequalities needs to be embedded</li> </ul> <p>JS suggested to see an example of a review to help support with a Senate checklist.</p> <p>AC suggested Southport and Ormskirk or Cumbria</p> <p>BC added JS can assist with this re assurance around Senate reviews</p> <p><b>ACTION JU to liaise with LL</b></p> <p>AC thanked JS and LL for the presentation.</p>		
2.2	<p><b>National Update</b></p> <p><b>National Senate Chair's meeting</b></p> <p>The meeting was around a presentation on the New hospital build programme objectives by Josie Rudman on the 48 new builds. In NENC &amp; YH the approved new builds are;</p> <ul style="list-style-type: none"> <li>○ Leeds General Infirmary</li> <li>○ Shotley Bridge</li> <li>○ Cumberland Cancer Unit</li> <li>○ Northgate</li> </ul> <p>Subject to available funding.</p>	JU	

		<p>The programme will be looking to all of the Senate members across the country for interested expert clinical readers for the models of care for new build hospitals. This may cause some duplication due to the Senate role within the NHSEI assurance processes for service reconfigurations. Awaiting further updates from the national team.</p> <p><b>Meeting of the three Northern Senate Chairs with Ben, Jeanette and Caroline</b></p> <p>Due to staff changes it was agreed to hold a face to face meeting between the Chairs and Managers from the North West, NENC and Yorkshire and Humber Senates</p> <p>All agreed and recognised the Northern Senates style approach is more reactive than other Senates and are drafting a memorandum that will outline the collaborative ways of working between the three Senates to preserve independence and to ensure a fair allocation of work and best use of clinician's time.</p>		
	<b>2.3</b>	<p><b>Northern England Senate-led Projects</b></p> <p><b>Review of LD pathways</b></p> <p>JU informed the council that the timeframe associated with this piece of work is currently at six months and will update with further details when available.</p>	<b>AC/JU</b>	
	<b>2.4</b>	<p><b>Northern England Senate-related Projects</b></p> <p><b>Bassetlaw Paediatric 23 hour stay</b></p> <p>JU updated the council that AS, RK, SB, Helga Charters and Geoff Lawson are supporting this review and will visit on site on 16 December 2021. This review is around the Paediatric ED and Short Stay Assessment Unit staying open 23 hours as opposed to it closing at 7pm currently, due to workforce availability.</p>	<b>AC/JU</b>	
<b>MEETING CLOSE</b>				
	<b>3.1</b>	<p><b>Any Other Business</b></p> <p>ALL Discussion on the way forward for holding future meetings. Whether to continue using Teams or start in person meetings again or a hybrid of both.</p> <p>NHSE guidance at the moment suggests using Teams until end of March 2022 unless the meetings are business critical.</p> <p>AC and JU to discuss</p> <p>AC thanked everyone and wished everyone a Happy Christmas.</p>		
	<b>3.2</b>	<p><b>Next meeting</b></p> <ul style="list-style-type: none"> <li>Monday 24 January 2022, 5.00pm – 6.30pm, Teams meeting</li> </ul>		