

Meeting:	Northern Clinical Senate Council Meeting	
Date:	Tuesday 19th March 2024	
Time:	17:00 – 18:30	
Venue:	The Durham Centre	
Present:	Name:	Initials
	Andrew Cant – Chair	AC
	Robin Mitchell	RM
	Jill Simpson	JS
	Ben Clark	BC
	Andy Simpson	AS
	Martyn Farrer	MF
	John Bourke	JB
In Attendance:	Kay Marshall (Project Support)	KM
Apologies:	Name:	Initials
	Jean McLeod	JMc
	Fiona McEvoy	FMc
	Lesley Durham	LD
	Lesley Kay	LK
	Neil O'Brien	NO
	Neil Halford	NH
	Paul Goldsmith	PG
	Raj Khanna	RK
	Steve Robson	SR
	Gareth Hosie	GH
	Sam Bethapudi	SB

MINUTES

1.	INTRODUCTION	Lead	Enclosure
1.1	Welcome and Apologies		
	AC Welcomed everyone and apologies were noted as above.	AC	
1.2	Declaration of Interest		
	None noted.	ALL	
1.3	Minutes of previous meeting		
	Minutes of previous meeting (15 th January 2024) accepted.	ALL	
1.4	Matters arising		
	AC discussed how well attended the online North of England Clinical Senates Development Session was on 6 th March 2024. This session has been recorded for anyone who may have missed it and can be found	AC	

	<p>on the NW Clinical Senate website, link below. North of England Clinical Senates' Development Session (6th March 2024) :: North West Clinical Senate (nwcsenate.nhs.uk)</p> <p>ALL Discussion took place about the content of the development session and the topics covered by the presenters.</p> <p>It was suggested that there may be value in a second, smaller session hosted by the NENC and YH Senates with Prof John Browne (Professor of Health Services Research, Epidemiology and Public Health, University College Cork, Ireland) and senate members who have been involved in significant service reconfiguration and clinical leaders across NEY who are involved in (or may be about to embark on) new change programmes. The invitation list could include leaders in workforce and digital transformation.</p> <p>BC to investigate follow up event after YH Clinical Senate meeting</p> <p>AC update the group on the new role secured by Clinical Senate Council member Dr Robin Mitchell who will become the NHS England NEY Deputy Medical Director for System Improvement & Professional Standards reporting to Dr Jonathan Slade.</p> <p>BC updated the group on the final stages of the New NHSE programme that has seen significant structural change across the newly formed NHS England (including NHS Digital and Health Education England) and a reduction in WTE by 30%. This programme has seen the re-alignment of some sub-regional clinical arrangements to work at NEY level in line with national guidance. This will see the identification of a number of Clinical Leads across the region with those for the Mental Health priorities having been appointed with the Physical Health and Prevention Clinical Leads process to begin shortly.</p>	<p>ALL</p> <p>BC</p>	
<p>2.</p>	<p>AGENDA ITEMS</p>		
	<p>2.1 AC welcomed Jill Simpson from the NHSE NEY Strategy & Transformation team to the meeting to update members on the new regulations related to Secretary of State reconfiguration powers and new duties for commissioners</p>	<p>JS</p>	

	<p>The presentation given by Jill is distributed with minutes but the following areas were highlighted during discussion:-</p> <ul style="list-style-type: none"> • There are two main routes to challenge service changes (Judicial Review and Secretary of State referral), both of which could build in significant delays and take up a lot of time and resource. • With effect from 31 January 2024 there are three new powers for a referral to Secretary of State relating to service reconfiguration. • Route of challenge is to submit a form to DHSC who will use the form to triage requests. • From February call in powers can be made by anyone (no exclusions, including out of area, SoS and media) at any stage and multiple requests by the same service change. • Role of NHSE NE&Y support to systems – has to have been some evidenced attempt for local resolution prior to call-in. • No obligation to notify of temporary changes unless in place for a number of years. Will only take effect when temporary changes become permanent. <p>The senate council members then discuss the implications of the new powers for the work of the clinical senate which may change the current senate offer to something more nuanced or tailored to earlier stages of the development process.</p> <p>AC suggested that this may be a good discussion topic for the next national Senate Chairs meeting on the 15th May to agree / standardise an approach across all senates.</p> <p>Action: AC to bring to attention of other senate chairs and BC to discuss with senate manager group prior to national meeting.</p> <p>Action: BC to meet with Jill Simpson and her colleague Tim Barton to shape potential new senate offer in line with new guidance to share at the national meeting</p>	<p>AC/BC</p> <p>BC</p>	
<p>2.2</p>	<p>National Update</p>		

		No other national update other than that given in relation to the upcoming Senate Chairs meeting in May given in section 2.1		
	2.3	Northern England Senate-led Projects		
		Rothbury - temporarily on hold as ICB discusses plans with Northumbria Healthcare NHS FT		
	2.4	Northern England Senate-related Projects		
		The Humber Acute Services Review programme is reviewing their decision-making governance and reflecting on their public consultation feedback.		
	2.5	Reconfiguration report for information.		
		Circulated with Agenda.		
3.		STANDING ITEMS		
	3.1	Any Other Business		
		<p>AC notified the group that Prof Steve Robson has stepped down as a Northern Senate Council member following his resignation as NENC LMS Clinical Lead. AC put on record his thanks to Prof Robson for his input and support in his time as a senate council member.</p> <p>There will be another round of recruitment to the Clinical Senate in spring following the conclusion of ICB clinical leads.</p>		
	3.2	Next meeting		
		Wednesday 22nd May 2024 via MS Teams		
4.		MEETING CLOSE		