

	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	 NHS Highland na Gàidhealtachd
MINUTE of MEETING of the AREA CLINICAL FORUM	11 January 2024 – 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair (Chair)
 Frances Jamieson (Vice Chair) from 2.45pm)
 Zahid Ahmad, Area Dental Committee
 Elspeth Caithness, Employee Director
 Linda Currie, NMAHP Advisory Committee
 Grant Franklin, Area Medical Committee
 Patricia Hannam, Area Pharmaceutical Committee
 Alan Miles, GP Sub Committee
 Willem Nel, Area Medical Committee
 Gillian Valentine, NMAHP Advisory Committee

In Attendance

Muriel Cockburn, Non-Executive Director
 Garret Corner, Non-Executive Director
 Tim Allison, Director of Public Health
 Boyd Peters, Medical Director (from 3.15pm)
 Nathan Ware, Governance & Corporate Records Manager
 Lorraine Cowie, Head of Strategy & Transformation, Item 4.4

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from Kara McNaught and Olivia Elwell.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 2 November 2023

The minutes were taken as accurate and correct.

The forum **approved** the minutes.

3. MATTERS ARISING

There were no matters arising.

4. ITEMS FOR DISCUSSION

4.1 HOSPITAL SUB COMMITTEE – TERMS OF REFERENCE UPDATE

G Franklin confirmed the 'Hospital Sub-Committee' name is a statutory name and therefore the Forum cannot implement the proposed change to 'Secondary Care Committee'. He mentioned that the committee is in the process of modernising the structure and function of the committee to ensure the right areas are represented. G Franklin confirmed that the revised Terms of Reference will be brought to the Area Clinical Forum in due course.

The Forum **noted** the update.

4.2 PROPOSED JOINT DEVELOPMENT SESSION WITH NHS HIGHLAND BOARD

The Chair had spoken with the Chair of the Board, Chief Executive and Board Secretary as part of the Blueprint for Good Governance Improvement Plan, she confirmed that a development session was planned for 23 April 2024 to discuss improving the collaborative working approach between the Board and Area Clinical Forum. She confirmed that invites will be issued in advance to a selection of forum members.

The Forum **noted** the update.

4.3 TACKLING HEALTH INEQUALITIES – DIRECTOR OF PUBLIC HEALTH UPDATE

The Director of Public Health spoke to the circulated presentation.

During discussion the following points were raised:

- A Miles noted the content linked in with the discussions held at the Scottish Local Medical Committees conference in which the Cabinet Secretary for NHS Recovery, Health and Social Care spoke on the subject; he also confirmed it was heartening to see the topic is being taken seriously and he fully supported it from a General Practice point of view.
- G Franklin queried the slide that covered illnesses relating to inequalities didn't identify obesity and wondered if this wasn't considered an illness. The Director of Public Health confirmed that obesity would be considered a significant risk factor for things such as ischemic heart disease rather than a disease itself but appreciated it was important to frame this in the right way.
- L Currie queried how we would invest in prevention based on the current financial position; the Director of Public Health mentioned the biggest barrier was mindset which needed to shift away from feeling additional funding is required and concentrate on an evidence-based approach, especially around smoking cessation, and effective alcohol treatment alongside effective programmes for those with obesity. In turn those areas would demonstrate the value in actively including prevention in the full patient pathway.
- G Corner noted that education was also key at an early age to contribute towards the prevention of falls etc; he also referenced the evidence around structured exercise programmes enabling a positive impact on patient's mental health.
- G Valentine mentioned a structured exercise programme was implemented in her previous Board that linked in with leisure centres and included cooking classes to help the population which she is hoping to replicate in NHS Highland.
- F Jamieson advised that she had plans to explore an optometry education event for teachers and would bring the suggestion to the Area Optometric Committee to discuss the logistics of moving forward.
- The Director of Public Health suggested it would be important to identify how best to collate feedback around the success of any trial event so it could be shared wider throughout the organisation to encourage take up in future.

The Forum **noted** the update.

4.4 STRATEGY AND TRANSFORMATION – STRATEGIC COMMISSIONING WITHIN NHS HIGHLAND

The Head of Strategy and Transformation spoke to her presentation. She confirmed that NHS Highland had received the formal commission from Scottish Government for the Annual Delivery Plan (ADP) which would help drive planning for the year.

The Head of Strategy and Transformation drew attention to NHS Highland's Planning Framework and the associated 'recipe for success' which would involve listening to the ideas of staff, working and learning together more closely with staff which would include closer links with the Area Clinical Forum and other areas and developing our technology and estate. All of which would result in a transformed health and care service.

She also confirmed that there were key principles we should follow which were:

- Clear Direction – Set clear direction on our change/transformation programmes.
- Value Based Care – Value and efficiency in the delivery of services, eg: Reduce waste.
- Empowered – Ensure teams feel empowered and support to take forward service change.
- Improving Quality – We consider quality and outcomes in all that we do.
- Always Learning – All leaders in our system have access to support and training in change and transformation.
- Technology – Digital Technology becomes core to everything we do.

The Head of Strategy and Transformation explained it was important to get all clinical leaders involved but would also need a different approach to how we plan for repeated increases in use of our services. She also mentioned that an Integrated Service Planning process was crucial to going back to basics and understanding the pressures being faced and how we have the right skill mix and targets in place to meet our obligations in line with our Strategy.

The Head of Strategy and Transformation confirmed that there were plans for her team to hold café style events across the organisation to help staff understand strategic planning and where we're going as an organisation. She also confirmed that it is not sustainable to continue to move into continuous crisis situations as that is not a healthy environment for our staff.

The Head of Strategy and Transformation confirmed that everything discussed in the meeting would be included within NHS Highland's ADP.

During discussion the following points were raised:

- G Franklin advised he was concerned as there had been talk previously around services that are clinically led and managerially enabled; but he wasn't convinced many people at the top of the organisation are invested in that direction as a model; he felt when clinicians try to lead on a particular project it is difficult to access the support to make things happen unless the clinical and managerial priorities are aligned.
- The Head of Strategy and Transformation advised it's important to have a team approach to the available resources and create visibility and transparency on what is or isn't being spent. She also mentioned it was important to work together on the wider issue of utilising the available funding appropriately and is committed to working with individual teams on how best to move this forward.
- M Cockburn queried how we plan to pull the different avenues of prevention together as part of the strategic direction, she referenced NHS Ayrshire and Arran's advertising campaign around walking on ice which was an effort to prevent visits to hospital due to falls.
- The Director of Public Health confirmed that his public health report last year covered prevention with several recommendations through implementation we'd be

able to improve this area. He explained that it is important to include prevention within the entire patient pathway; he also mentioned that a reduction in smoking or alcohol consumption significantly reduces cardiovascular illnesses which in turn would alleviate some pressure on systems.

- Z Ahmad queried what progress had been made in engaging with Dentistry, the Head of Strategy and Transformation confirmed that Dentistry has been included and would form part of the work being undertaken to review the ADP, covering areas such as the service plans required to move forward in Dentistry.
- L Currie suggested some additional work may be required to help people understand how the strategic direction affects those on the ground in their day-to-day role. The Head of Strategy and Transformation confirmed it was important to set the right message in a way that those at the front line know what they need to do.
- A Miles raised concern at the current GP contract being reviewed in NHS Highland as they appear to shift a large proportion of the financial risk onto practices and allocate work that had previously been dealt with in secondary care which appeared to go against the direction noted by Scottish Government and the 'team' approach that was referenced. The Head of Strategy and Transformation agreed that wider mapping needed to take place to ensure the issues A Miles raised did not happen in the future which is part of the work her team are planning.
- W Nel referenced the population based care and noted he was worried that it wouldn't adequately cover the Health Inequalities in Highland due to our unique geography with a large proportion of patients living in a rural area; the Head of Strategy and Transformation explained that there is a policy being worked on by Scottish Government which will confirm remote and rural locations are serviced differently to high population areas but in the interim as an organisation NHS Highland needs to be clear on what services we can deliver locally.

The Head of Strategy and Transformation asked that the Forum members brought the information around the strategic direction to their own committees and encourage others to ask questions if they are not sure about something noted.

The Forum **noted** the update.

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 29 November 2023

Z Ahmad made reference to a request for additional dental equipment which may need to come to the Forum. The Medical Director confirmed if it were an equipment request to provide services it would need to go through the Asset Management Group or the Medical Devices Committee; he suggested Z Ahmad get in touch with Peter Cook to discuss further.

5.2 Adult Social Work and Social Care Advisory Committee – 9 November 2023

There were no additional comments.

5.3 Area Pharmaceutical Committee – 11 December 2023

There were no additional comments.

5.4 Area Medical Committee – 5 December 2023

A Miles referenced the comments around the Culture Programme Board and advised he attended the first meeting of this Programme Board however he felt it was extremely tense and unpleasant but equally hoped that was not normal for the meeting and he would continue to attend and provide updates to the Forum.

5.5 Area Optometric Committee – 2 October 2023

F Jamieson queried how CarePortal was coming along; the Chair advised that it was progressing however there were some challenges faced that eHealth are currently working through.

5.6 Area Nursing, Midwifery, and AHP Advisory Committee – 23 November 2023

L Currie confirmed work continued to increase membership, but attendance had been improving overall; she advised the Director of People and Culture was at the meeting providing an update on the culture work that continues.

5.7 Psychological Services Committee – No meeting took place.

5.8 Area Healthcare Sciences Forum – no meeting took place.

The Forum **noted** the each of the circulated committee minutes and feedback.

6 ASSET MANAGEMENT GROUP - Minute of meeting held on 20 December 2023

The Chair asked Forum members to consider if they would be willing to nominate themselves to replace Alex Javed as a member of the group to share the responsibility with Stephen McNally.

The Forum **noted** the circulated minutes.

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE – Minute of the meeting held on 1 November 2023

There were no additional comments.

The Forum **noted** the circulated minutes.

8 Dates of Future Meetings

14 March 2024
2 May 2024
4 July 2024
29 August 2024

9 FUTURE AGENDA ITEMS

- Refresh of General Dental Services Contract – March 2024. (John Lyon)
- Digital Health & Care Record Update: Iain Ross – March 2024
- Emergency Care Summary (ECS) Update: Donald Peterkin – March 2024
- Processes for business change – Advisory Board engagement - March 2024
- Invite to F Davies (Incoming NHS Chief Executive) to Address Forum – May 2024
- Leadership and Culture Framework update – May 2024. (Gareth Adkins)
- Discussion Over Physician Associates – TBC
- NHS Highland Financial Position and Impact – TBC (May be covered within Business Change update noted for March 2024)
- Hospital Sub-Committee ToR Refresh - TBC

10. ANY OTHER COMPETENT BUSINESS

11 DATE OF NEXT MEETING

The next meeting will be held on 14 March 2023 at **1.30pm on Teams.**

The meeting closed at 4pm