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MINUTE of MEETING of the AREA CLINICAL FORUM	1st September 2022 – 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair (Chair)
 Frances Jamieson (Vice Chair)
 Stephen McNally (Vice Chair)
 Alan Miles, Area Medical Committee
 Elspeth Caithness, Employee Director
 Eileen Anderson, Area Medical Committee
 Manar Elkhazinder, Area Dental Committee
 Zahid Ahmad, Area Dental Committee
 Linda Currie, Associate AHP Director, A & B
 Eileen Anderson, Area Medical Committee
 Helen Eunson, Area Nursing, Midwifery and Allied Health Professionals Committee

In Attendance

Boyd Peters, Medical Director
 Boyd Robertson, Chief Executive
 Pam Dudek, Chief Executive (from 2.15pm)
 Muriel Cockburn, Non Executive Director
 Garret Corner, Non Executive Director
 Albert Donald, Non Executive Director
 Alison Felce, Senior Business Manager
 Sharon Pflieger, Pharmaceutical Public Health Consultant (Item 4.1)
 Lorraine Cowie, Head of Strategy (Item 4.3/4.4)
 Nathan Ware, Governance and Assurance Co-ordinator
 Karen Doonan, Committee Administrator (Minute)

1 WELCOME AND APOLOGIES

The chair welcomed everyone to the meeting. Apologies were received from Catriona Brodie, Heidi May, Ian Thomson, Catriona Dregghorn and Alex Javed.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 7th July 2022

The minutes were taken as accurate and correct.

3. MATTERS ARISING

3.1 Memberships Of Other Groups – nomination to attend HHSSC

Reps are still required to attend the Highland Health and Social Care Committee on a regular basis. P Hannam had managed to attend the meeting held on the 31st August but I Thomson had not.

Action: K Doonan to circulate the dates of the HHSSC around committee.

4. ITEMS FOR DISCUSSION

4.1 **Sustainability with NHS Highland** – Sharon Pflieger, Pharmaceutical Public Health Consultant

Healthcare is a big contributor to green house gases:

- Globally accounts for 4.4% of all greenhouse gas emissions
- If healthcare was a country, it would be the 5th biggest contributor in the world
- Every year is equivalent to 515 coal powered fire stations running constantly.
- Medicines account for 25% of the emissions

There are 3 crises in the world:

- Climate change
- Loss of biodiversity
- Pollution

During discussion S Pflieger covered the following points:

- She works in Pharmaceutical pollution which involved changing the model of care.
- Work has begun with estates was looked at and ways to reduce the carbon footprint however 80% of the footprint comes from clinical pathways.
- It is now a statutory requirement for health boards to take action on sustainability.
- In particular there will be a group specifically looking at inhalers and the gases used within theatres as these contribute significantly to air pollution.
- If Scotland as a whole addressed the poor record of managing asthma and COPD it could potentially reduced the environmental impact of inhalers.
- Highland Healthcare for Climate Action (HHCA) is an informal group run by clinicians that wish to be involved and share ideas and projects, if anyone is interested then get in touch with Sharon Pflieger.
- The pandemic has shown that no one country can cope with health on its own, it has to be done in partnership with others and the health of humans, animals and the environment are all linked and inter dependant.
- S Pflieger stated that the inhalers that are now prescribed have mostly been changed to dry powder inhalers and the majority of patients use these.

NHS Highland currently has the below Committees:

- the Sustainability Board – made up of Executive Directors
- the Environment and Sustainability Committee – clinical members from primary and secondary care

4.2 **Mental Health Strategy** – Neil McNamara, Clinical Director, Learning Disability & DARS & Arlene Johnstone, Head of Service, Health and Social Care

N McNamara spoke to his presentation. L Cowie explained that the views of those who responded to the consultation were taken into consideration whilst compiling this section of the strategy.

The Annual Delivery Plan (ADP) was also taken into consideration with the work that was

ongoing. She went on to explain how it was important to look at how mental health services are provided to the younger generations in order that future systems were in line with these to provide a continuous level of care from the start of life through to later life for patients.

N McNamara stated that there is an urgency around the Psychiatric Emergency Plan and having systems in place for patients who present with a mental health crisis.

In discussion the following points were made:

- There is a shortage of key workers in the mental health sector, which will have an impact on how care is delivered.
- Discussions were had around the prescribing of anti-depressants and the need to offer more tools to the patient.
- A Miles explained that as the new GP contract began to take effect there would be mental health workers in GP practices that would be able to take the strain off the GP's and would allow for different methods of care to be established.
- It was noted there is funding available from Scottish Government to help address the logistics of offering further services.
- Discussions have been ongoing in terms of young people with learning difficulties who were impacted adversely by Covid and may require access to additional services but are apprehensive of doing this.

Break 2.55pm – 3pm

4.3 Together We Care / IPQR

See below

4.4 How ACF interacts with other Professional Committees and the Board – open discussion

The Chair explained that the committee now had new members and emphasised the Together we Care/IPQR data and how the committee feeds into this along with the Board is very important.

During discussion the following points were made:

- P Dudek explained that the 5 year strategy would be going to the Board at the end of the month and it was important that feeding into the strategy was a collective process. It was also important to address how the strategy would be translated into action over the years to come.
- L Cowie spoke to her presentation and some clarity was provided around how the committee functions and feeds into the Board.
- It was noted that committees are in place to ensure information flows and is shared, all Boards have an Area Clinical Forum to ensure this happens.
- P Dudek posed the question 'What changes could be implemented to speed up the flow of information?' It was noted that there is an urgent need to look at different ways of working.
- It was mentioned that we currently have an ageing workforce, along with a shortage of staff in various sectors of the workforce.
- L Currie highlighted the confusion that can arise around Argyll and Bute (A&B) and suggested this be addressed so that A&B is more equally represented within the Board.
- P Dudek stated that this was a challenge to address due to the HSCP having its own plan for the population of A&B and it is not accountable to the NHS Highland but the two must communicate with each other.
- It was mentioned that free child eye tests needed to be more widely publicised as

parents don't seem to be aware of the service.

- The Chair asked for input on how the committee fulfils its function and responsibility, she suggested each respective Chair of the sub committees take the information discussed through the Strategy presentation and garner as much feedback as possible so a collective viewpoint can be brought back to the Area Clinical Forum and encourage a more in depth discussion.
- Discussion around the ADP noted that it was also important high level of two way communication occurred, along with co-operation and support.

A request was made that the committee has sight of the A&B delivery plan with a view to feeding comments back. B Robertson advised that the Board were always willing to look at new ways of working and were open to meeting with both P Dudek and the Chair to discuss this further.

L Cowie stated that it was important to keep the conversation going in respect of what is in the strategy and the ADP as it is forward facing and would develop continuously.

Action: N Ware to circulate the ADP to the committee

Action: The Chair to set aside time to discuss further with B Robertson and P Dudek

Action: The Chair to discuss with N Ware the altering of the agenda with F Jamieson and S McNally

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Psychological Services Advisory meeting – none have been held

5.2 Area Optometric Committee meeting - none since April

5.3 Area Healthcare Sciences Forum meeting

5.4 Area Nursing, Midwifery, and AHP Advisory Committee – last meeting cancelled

5.5 Area Dental Committee meeting held on the 3rd August

5.6 Adult Social Work and Social Care Advisory Committee – 4th August

5.7 Area Pharmaceutical Committee meeting – held on the 15th August

5.8 Area Medical Committee minutes – held on the 7th May

The Forum **noted** the circulated minutes and feedback

6 ASSET MANAGEMENT GROUP

Alex Javed and Stephen McNally

6.1 Verbal Update

There were no exceptions to be discussed

The Forum **noted** the update

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

Ian Thompson and Catriona Sinclair

The minutes for this meeting will be available at the next committee meeting. The Chair

gave a brief update:

- challenges financially
- learning disabilities services were discussed
- new housing development in Muir of Ord was discussed
- Primary Care Improvement plan was presented by Jill Mitchell
- Vaccination services and challenges was discussed

7.1 Minute of Meeting of 29th June 2022

There were no questions, and the minutes were taken as accurate and correct.

The Forum **noted** the circulated minutes

8 Dates of Future Meetings

3rd November 2022

12 January 2023

2 March 2023

4 May 2023

6 July 2023

31 August 2023

2 November 2023

9 FUTURE AGENDA ITEMS – For Discussion

Winter Plan – someone to talk about the plans for the coming winter.

The Chair asked for suggestions for future agenda items from committee members.

10. ANY OTHER COMPETENT BUSINESS

11 DATE OF NEXT MEETING

The next meeting will be held on the 3rd November at **1.30pm on Teams.**

The meeting closed at 4.10pm