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DRAFT MINUTE of MEETING of the AREA CLINICAL FORUM	**17th March 2022 – 1.30pm** **Microsoft TEAMS**	

Present
Catriona Sinclair, Area Pharmaceutical Committee (Vice Chair)
Alan Miles, Area Medical Committee
Elspeth Caithness, Employee Director
Allyson Turnbull-Jukes, Director of Psychology
Frances Jamieson, Area Optometric Committee
Heidi May, Board Nurse Director
Ian Thomson, Adult Social Care and Social Work Advisory Committee
Linda Currie, Associate AHP Director, A & B
Willem Nel, Clinical Representative (West)

In Attendance
Ann Clark, Non Executive Director
Boyd Peters, Medical Director
David Park, Deputy Chief Executive
Ruth Daly, Board Secretary (Item 3)
Lorraine Cowie, Head of Strategy (Item 7)
Nathan Ware, Governance and Assurance Co-ordinator
Karen Doonan, Committee Administrator (Minute)

1 WELCOME AND APOLOGIES

Catriona welcomed everyone to the meeting. Apologies were received from Helen Eunson, Eileen Anderson, Stephen McNally, Boyd Robertson, Jo Mcbain, Alex Javed, Catriona Dreghorn and Tim Allison.

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1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 13th January 2022

The minute of the meeting held on the 13th January 2022 was **approved**.

3. Appointment of Vice Chairs

Ruth Daly explained that there had been a revision to the Terms of Reference which now permitted two vice chairs to be appointed. As two members had volunteered at the previous meeting it was now a case of this revision going to the next Board Meeting so that it could be ratified. Then the members could take up their posts.

Action – Ruth Daly to take Terms of Reference to the next Board Meeting and report back.

Representatives on other Committees

The Chair advised that representation was required at the following committees:

HHSCC

Cultural Group

Whistleblowing Standards Oversight Group.

A Miles stated that he was happy to be invited to these meetings and would be happy to attend if he could. It was agreed by the Committee after much discussion that having a pool of representatives who could take turns in attending the above meetings would be more helpful that the responsibility resting on just one person. Discussions were had around the dates of the above meetings and it was agreed that a list of dates being distributed may be helpful in aiding in the decision to attend said meetings.

The Committee agreed to have this item on the next Agenda under Matters Arising.

4. MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

4.1 Area Dental Committee meeting held 2nd February 2022.

There were no questions and the Committee accepted the minutes.

4.2 Area Optometric Committee

F Jamieson stated she was unsure when the next meeting would take place but was sure it was around April. There had not been a meeting for some time.

4.3 Area Healthcare Sciences Forum

There was no one in attendance who could update the Committee or feedback as Alex Javed was on annual leave.

4.4 Area Nursing, Midwifery, and AHP Advisory Committee

L Currie advised that a meeting had gone ahead that had focused on the Terms of Reference and the Constitution. They have struggled with numbers attending and the timing of the meeting being before the Board Meeting. The Constitution has been changed and needs to go to Leadership Committee for more feedback. The Constitution was circulated with the papers today. Planning the Agenda more carefully, inviting people in to speak and looking at themes at future meetings.

Discussion was had around the ratification of the Constitution and how this is done. Ruth Daly advised that she would look into this further and then feedback.

Action – Ruth Daly to check and to report back re the ratification of the Constitution for the NMHAP Committee.

E Caithness queried whether the Committee was looking for Staff side Representation as was noted in the last minutes and if it was something that was required she would be happy to take it forward. L Currie queried if Staff side representation was at every committee and she was advised no. L Currie clarified the discussion had been around considering staff side representation at the meetings.

4.5 Area Medical Committee held on the 8th February 2022

A Miles advised that the minutes of the meeting were still currently in draft format so had not been circulated yet. He went on to give a verbal update of the meeting:

- Non Opiate prescribing -There had been a concern raised previously that there had been an increase in prescribing since the pandemic, however data that has been released recently shows this is not the case.
- NHS and Private Care Interface – this appears to be a national issue with no particular group taking responsibility of this. Looking at each individual case as it comes up. At the GP Sub group last meeting this came up in respect of Gender Private Identity clinics and the problems that arise when patients seek further care. Not all of the doctors working in these clinics are necessarily GMC approved which hinders the GP in working out whether the clinic is reputable or not. He went on to explain that GPs do not necessarily have to prescribe however if the patient is suicidal then this puts them in a position where they have to consider the risk of prescribing against the risk to the patient if no prescription. GP Sub Group supported an SBAR from the sexual health clinic to get better staffing for both the Gender Clinic and the Menopause Clinic as well.
- Hospital Sub Membership – trying to increase attendance to this meeting and to get volunteers from the Hospital Sub to come to the Area Medical Committee. Usually get a full turn out from the GP Sub Committee and only one or two from the Hospital Sub. Committee is quorate but only just.
- Remobilisation – theatres are up at around 80 per cent capacity since the end of February but the Scottish Government are expecting further waves of Covid. There had been attempts at trying to get anti virals within community to try to avoid hospital admissions but the GPC have gone against this as GPs are already stretched at this time.
- Update of the Adult Health and Social Care meeting – all Board are to receive Scottish Government funding to allow them to break even. Looking at mental health guards and escorts which has been an issue for a very long time. There is a very narrow window of opportunity to get the sectioned patients transported to New Craigs. Discussion was also around the various care homes and them having to close temporarily due to Covid restrictions.

A Miles stated that one of the items he was asked to take from that meeting was whether the ACF would consider having some public facing waiting times information. Although it is a difficult area it was felt that giving the public some information around waiting times would help manage expectations. A Miles asked if it could be placed under AOCB or whether this could be added to the agenda for a future meeting.

The chair advised that it was a weighty topic and that it would be more helpful to put this on the agenda for a future meeting in order to have a full discussion. This should be an SBAR that is taken to a future meeting to discuss.

ACTION – A Miles to submit SBAR to next ACF meeting.

D Park stated that L Cowie was going to talk about the Remobilisation Plan and ways to move forward later on in the meeting. They were very conscious of how to send this message out from Secondary Care colleagues to Primary Care Colleagues and to the public. There needed to be an attempt at managing expectation and after the Remobilisation Plan is submitted it would be good to start work on this.

Discussions were had around the waiting times and the need to manage the

expectations of those on said waiting lists. B Peters highlighted how this could be used to address some of the issues of those waiting on the lists and how to be proactive in helping them address their expectations. Discussions were had around those who are on a waiting list that do not necessarily have to remain on a waiting list.

4.6 Adult Social Work and Social Care Advisory Committee meeting held on the 10th February 2022

I Thomson reported that it was a well attended meeting.

- Scottish Social Services Council (SSSC) registration policy. There have been more and more coming under the registration policy. Now the Care at Home workers are coming under this legislation, so they require to be registered and to maintain their registration. They require to have certain qualifications to achieve registration. They do not require to have qualifications to get on the register but once registered they have to undertake the qualifications within a certain time period. This is seen as positive but also seen as challenging for many who are doing the actual job role. This may become a pressure in a shrinking workforce where some people may opt out of this and choose to leave rather than join the register. There is now a policy around this and some of it refers to supported improvement. There will need to be help for those who are not familiar with learning and support for those who do not have English as a first language.
- Care at Home - has undergone an audit and some of the assessment processes were looked at and how Care at Home "dovetails" with other services. I Thomson reported that it was quite complex and at the moment Care at Home does not "dovetail" very well with other services. Lots of different professionals trying to access this service and there are complex pathways. This should probably change so that it is easier to access. There are various challenges between hospital and home and this has tended to be addressed by throwing all sorts of services between hospital and home and it does not work very well. The flow between hospital and home needs to increase and one of the groups that know more about this than anyone are the Care at Home Managers. Very often their opinions are not given enough weight and as a result those put in the gaps between hospital and home become obstacles instead. Its too complex, if there were more autonomous decision makers it may flow better.

I Thomson stated that it was a good discussion. A Clark stated that the Care at Home had just had an audit and asked if the group of staff being spoken about in the report are involved in the Management Actions arising from the Internal Audit. I Thomson advised that yes this was the case.

4.7 Psychological Services have had no further meetings. .

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4.8 Area Pharmaceutical Committee

The last meeting took place on the 21st February but the meeting was not quorate.

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5. ASSET MANAGEMENT GROUP

5.1 Verbal Update

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No one was present to give feedback on this item.

6. HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE
Ian Thompson and Catriona Sinclair

6.1 . Minute of Meeting 12th January 2022

I Thomson fed back that there had been a paper presented on Child and Mental Health Services from Sally Amor which had led to a good discussion around various streams of funding and how this could be used in a complimentary way to provide support for those who were under 16 years old. There was a need for the clinicians to come together to understand what the resource that was available was and how it would be planned.

A Clark stated that the agenda for the last meeting was a bit truncated due to a paper missing due to the writer catching Covid. The paper presented by Sally Amor was taking a public health look at some aspects of Children's Services. At the moment they are in talks with partners especially Highland Council as to how to refresh the reporting of Children's Services. The wider integrated Children's Service and those that are delegated to the Highland Council. Very interesting paper from Sally Amor about different aspects that are being looked at. There are a lot of additional monies coming into mental health services at this time. Investment has happened in schools, Action 15 monies, investment through the Primary Care Improvement Plan. There has been investment in psychological therapies and other mental illness provision. The discussion was around how to tie all of this together to make the best use of the investment.

H May stated that there had been huge investment in perinatal and infant mental health service locally. This is being led by Ian Stewart at Scottish Government and is to put in a new service or to expand and existing service. Huge financial investment to get this up and running.

A Clark stated that a lot of the strategy will have to be based around lower level support due to the ongoing challenges of recruiting within mental health services. Community and third sector contributions will go towards helping people's mental health. There was a mental health wellbeing fund that has just gone towards supporting services.

A Turnbull-Jukes introduced herself as the new Director for Psychology. She stated at the moment CAMHS sits within a different section. It is the adult mental health that she is responsible for. Recruitment is a big challenge and they are looking at innovative ways of delivering of services. They are looking at the links between Primary and Secondary care with a view to how to use the services of Clinical Psychologists in a different way. There is a need to be creative around posts and what they look like.

She stated that she also covers the professional leads for A & B and will update further in due course.

The Forum noted the circulated minutes and the feedback.

7. DISCUSSION ITEMS

7.1 IPQR – Lorraine Cowie

L Cowie spoke to her presentation. The question being how do we get transparency and openness around our data.

- Public Health – Vaccinations
- Unscheduled Care
- Scheduled Care
- Mental Health
- North Highland HHSCP
- A & B

The above have been added to the IPQR. Current waiting times are included with a breakdown per speciality. Looking at how to expand the data that is available within mental health in relation to waiting times. Currently working on Adult Social Care and how to expand the data sets to give further break down of the services. Argyll and Bute are a separate section for noting within the report moving forward. L Cowie explained that this is a moving document and any feedback received is good in respect to how this information can be used in the various committees.

Also in the report is

- Context by Executive Leads
- NHS Highland Performance
- Risks and Mitigation
- Benchmarking (where available).

The Chair noted that the IPQR looks nothing like it did a year ago and it was now a far more user friendly document, and encouraged everyone to have a look at it who perhaps had not looked at it recently. The Chair noted how the document had evolved positively and was now easier to navigate and to digest.

B Peters stated that the IPQR was a document that was created to give a better picture of what was happening in relation to key areas, staff and governance. The idea of the IPQR is that no matter where you were in the organisation you could have a look at the document to see how the organisation was doing in any area. He went on to state that now within the document there is some benchmarking which allows comparison to NHS Highland with other Boards so we can see where we are in Scotland. B Peters expressed his concern that there were no audits being done in various parts of the organisation where they used to be done or that perhaps there are audits being done but they are not all being linked together and being lost. He stated that the IPQR is now beginning to tick boxes and is able to reveal what is going on within the organisation and also reveal the Board Governance Assurance that is required.

B Peters encouraged those who were Chairs of other Committees to take the document back to their various committees and have it as an agenda item for further discussion within these committees.

I Thomson explained that they had been trying to get multi agency audits within Adult Protection but with the data protection that is in place often this was challenging. Often this is not completed for fear of breaking rules that are no longer understood clearly

about what can be shared and what cannot be shared. I Thomson supported B Peters statement.

7.2 TOGETHER WE CARE STRATEGY – Lorraine Cowie

L Cowie spoke to her presentation and explained that the IPQR (item 7.1), the Together We Care Strategy (this item) and the Remobilisation/Annual Operating plan (item 7.3) were all interlinked and she would be addressing them all together.

- Array of competing priorities, no strategy as of yet and no professional or clinical leadership involvement with the Remobilisation Plan.
- Lot of services to do not feel they have ownership
- Need to get triangulation of Finance, Quality and Performance right in the system.
- Financial envelope is getting small so there is a need to think about efficiency.
- Recovery and transformation plan is key for the future

The building blocks are:

- Together We Care
- IPQR
- Annual Operating Plan/RMP4
- Scheduled Care Recovery

Together We Care – there has been a lot of work done, getting feedback from everyone. Some engagement gaps, struggling to get pregnant women and new parents, homeless people and men. Trying to find innovative solutions to engagement. There has been a lot of internet surveys been completed. Questionnaires have been sent out. Engagement has not been as successful as hoped for.

Next steps for the strategy development;

- Themes identified
- Translation into objectives
- Consultation
- Professional Committee agenda items
- July 2022 draft to Board
- Will form our corporate risk moving forward

I Thomson asked L Cowie if she was going to come up with a draft strategy and then have individuals and groups respond to it. L Cowie stated that everyone should be involved and that this time around there will be more focus placed on each part so that individuals and groups had a say. A Miles asked if the window to submit questionnaires had closed or was still open. L Cowie explained that the window was still open until the end of this month but if questionnaires were submitted after this time it was fine. At the moment she had no idea how many responses that GPs/Primary Care had submitted. It was noted that a reminder email to everyone would be a good idea and L Cowie agreed.

B Peters highlighted the challenge with sending emails and that with the sheer numbers of emails being sent that this may get lost within everything. He stated that it was invaluable for people to talk to other people and the more that people could work with this the more chance that a good response would be received back. L Cowie admitted that it had been a challenge to get the information out despite sending out leaflets and attending professional committees the response had not been as expected. Discussions were had around the amount of emails that were received by everyone and L Cowie advised that a link on the intranet was also available.

7.3 REMOBILISATION/ANNUAL OPERATING PLAN – Lorraine Cowie

L Cowie spoke to her presentation:

Translating Strategy into Planning:

- Outcomes for people
- Annual Operating Plan Development
- 3 year timeline
- Alignment
- Multitude of Scottish Government considerations

The Strategy is developing alongside the Annual Operating Plan and both will be aligned together. The RMP did not have very good clinical engagement with it. It is important to have a "once for Highland" in the plan and have a single point of truth within it so that transparency around what we want to achieve is to the forefront moving forward.

It is complex, have lots of information to populate the operating plan and the strategy. It is going to be a "messy" landscape as everything has to tie together.

Annual Operating Plan Development:

- First draft of AOP to Board in May
- Final draft to Board in July
- Support from PMO to enable performance, quality and finance to come together
- Clinically led, managerially enabled
- Professional Committee involvement
- Service Planning Framework agreed
- National Treatment Plan needs integrated
- Prioritisation of recovery and building conditions for change
- CfSD is key to unlocking capacity in a number of areas
- Key areas of the strategy embedded.

Who will do this?

- Formal Board Governance
- Whole System Review
- PRB/FRB
- SLT and Program Boards
- Directorate Planning
- Service Planning

L Cowie asked the question "how do you want to be involved" and explained it would be good for her to come back to the committee and look to areas that perhaps were missing and how the gaps could be identified. Keen on a "balanced score card" approach, to

develop a picture of service that we are provided whilst being open and transparent. It is important that there is integration work that is done as this is being worked with. This will inform the AOP and its important that the integration work is captured within the service planning.

RMP4

- Current remobilisation plan will be "parked" in favour of the 3 year plan
- Quarterly updates are submitted to Scottish Government with detailed information on progress against each milestone is contained within the accompanying Delivery Plan Document.
- Done in conjunction with Heads of Services across NHS Highland and discussed as SLTs.
- Scottish Government have adopted a light touch
- A number of new deliverables have been added from areas.

L Cowie went on to explain that they are currently reviewing the Risk Deliverables

- Achieving infection targets – highlighted in IPQR but discussed at CTC
- Remobilisation of elective activity – recovery plan in development
- Appoint 2 Gastroenterologists – ongoing workforce issue
- Increasing functionality of care portal – digital care board reviewing

Areas with delay are broken down into 3 main sections:

- People – recruitment challenges or workforce pressures
- Pathways – waiting times or transformation
- Progress – eHealth and estates

L Cowie thanked the Chair for the time she was given to update the Committee. The Chair thanked L Cowie for her presentation and stated that it was reassuring that things could be measured and that there were processes in place to give a measure of reassurance.

A Miles stated that Primary Care were very keen to draw up a lack of measureables as there was a lack of data on how busy Primary Care are. Discussions were had around having this as a standard agenda item and the Chair agreed that as the next Committee meeting was due to be in May it was ideal timing. She stated that the Committee was keen to work with L Cowie so that the information could then feed back into the Advisory Committees.

I Thomson stated that although he sits on this committee he is not a clinician, he is a Social Worker and although data is a good thing to report, that ways of working are just as important. It was very complex what was being worked with but it needed to be remembered to find balance in it all. We do need to form good working relationships with each other as well as collecting the data. L Cowie agreed with I Thomson that relationships are key.

B Peters agreed that this was an opportunity and that hopefully now we were moving out of Covid. The challenge was the sheer amount of people who needed to be looked after in different ways whilst they are waiting to be seen. In social care and community care there are significant challenges. The AOP is not just the one plan albeit it may oversee other plans. This data is to inform where you are at and then monitor progress how to get to where you want to be. There needed to be investment and this may be a challenge with a small pot of money. There are challenging decisions to be made around where to spend and how much to spend. The risks had to be taken into consideration also.

He stated that the more clinicians and care givers can help steer the plan the more realistic it will be, clinicians and service providers are also key to this.

D Park stated in general people over the last 2 yrs had been in a reactive mode and in the plans that were being made there had to be a way to deal with the challenges and pressures that were now upon everyone. He agreed this was now a real opportunity to restructure and address issues. He stated that although funding may be limited it was still possible to change how things were done going forward.

A Clark gave a quick update on the strategy transformation and the budget position from the Adult Social Care point of view. The financial landscape facing Adult Social Care is quite different from the one that was. There is some non recurring monies that are available for additional investment in promoting new ways of working in the community. A Clark stated that she wanted to encourage people to come forward with ideas of how things can move forward. There will be lots of opportunities over the coming year of how this non recurring money can be invested. Discussions were had around the need to find new ways of working.

The Chair thanked L Cowie for her presentation and updates for the 3 items and once more stated that the Committee were keen to be involved and to work with L Cowie and her team.

8 Dates of Future Meetings

The Chair apologised for altering the date of this meeting but it was due to annual leave and as there was no vice chair to take over the meeting had to be moved.

5th May 2022
7th July 2022
1st September 2022
3rd November 2022

9 FUTURE AGENDA ITEMS – For Discussion

The Chair explained that one of the future agenda items was mental health and it was unclear who would speak about this with regard to strategy. She stated that perhaps by July A Turnbull-Jukes could come and speak on this to the Committee.

Clinical Advisory Group was brought up about the process of referrals and out of area referrals The Chair asked who would be appropriate to invite to the meeting.

The Chair would liaise with D MacFarlane in respect of OOH.

Sustainability – The Chair advised she was in touch with both Dr Andrew Dallas and Sharon Pflegar with regards to coming to talk to the Committee later on in the year.

Mental Health – The Chair stated she would speak further with A Turnbull-Jukes to speak about how this might look going forward.

Mental Wellbeing of Staff – this will be linked in with Fiona Hogg and the work that she is doing.

Cancer Diagnosis and Treatment Waiting Times - had Dr Nick Abbot talking about this at last years meeting and he indicated that he would return to talk about this this coming year.

Discussions were had around who to invite to speak with regard to out of area referrals and discussion was had around the no access to areas of referral by GPs. B Peters spoke about Safe Haven and how they overlook referrals that are out of the area and the pathways that are able to be accessed. Discussions were had around the difficulties of accessing care where there were no obvious pathways. After much discussion the Chair asked A Miles if this was an issue that could be taken up at the Area Medical Committee and he agreed.

A Miles stated that with regard to OOH, that Lorien Cameron-Ross would be the person to invite to talk. The Chair agreed.

10. ANY OTHER COMPETENT BUSINESS

B Peters stated that the Area Clinical Forum is the group mandated to be advisory to the Board. The Board may ask from the ACF to be taken to the Board, it's a two way conversation and it may be helpful to remember that the communication is two way.

11 DATE OF NEXT MEETING

The next meeting will be held at **1.30pm on Thursday 5th May 2022 via Teams.**

The meeting closed at 3.30pm