



**SPF**

**SCOTTISH PARTNERSHIP FORUM**  
**Thursday 27 October 2016**  
**Conference Room 4ER, St Andrews House, Edinburgh.**  
**Minute**

**Present:**

Calum Campbell – Chief Executive, NHS Lanarkshire  
Frances Carmichael – UNITE  
Ann Crozier – UNITE  
Frances Elliot (for Andrew Russell) – NHS Fife  
Paul Gray - Director General of Health and Social Care, Scottish Government and Chief Executive of NHSScotland (**Chair**)  
Fiona Hodgkiss (for Geoff Huggins) - Health & Social Care Integration, Scottish Government  
Pauline Howie – Chief Executive, Scottish Ambulance service  
Shirley Johnstone - UNITE  
Dorothy McErlean – Society of Chiropractors and Podiatrists  
Matt McLaughlin – UNISON  
Fiona Mitchell, NHS Lothian  
Norman Provan (for Theresa Fyffe) – Deputy Director, Royal College of Nursing  
Shirley Rogers – Director for Health Workforce and Strategic Change, Scottish Government  
Claire Ronald – Chartered Society of Physiotherapy  
Liz Sadler (for Jason Leitch) – Deputy Director, Planning and Quality, Scottish Government  
Warick Shaw – NHS Borders (By Teleconference)  
Gillian Smith – Director, Royal College of Midwives  
Malcolm Summers – Head of Workforce Practice, Scottish Government  
Jill Vickerman – British Medical Association

**In attendance:**

Sir Harry Burns – Independent Chair of the National Review of Health and Social Care Indicators  
Dr Angus Cameron – Scottish Government  
Elaine Garrick, Scottish Government  
Ann Holmes – Scottish Government  
Grant Hughes – Scottish Government  
Janice Lennen – Scottish Government (**Minute**)  
Anne Lilico – Scottish Government  
Billy McKenzie – Scottish Government  
Robyn McNally – Scottish Government  
Susan Russell – Scottish Government  
Margaret Sime – Scottish Government



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**Apologies:**

Peter Binnie - British Medical Association  
Catherine Calderwood – CMO, Scottish Government  
John Connaghan – NHSScotland Chief Operating Officer, Scottish Government  
Tony Dowling – GMB  
Gavin Fergie – UNITE  
Theresa Fyffe – Director, Royal College of Nursing (**represented by Norman Provan**)  
Alistair Grant – Royal College of Nursing  
Geoff Huggins – Director for Health and Social Care Integration, Scottish Government  
(**represented by Fiona Hodgkiss**)  
Rona King – Director of HR, NHS Fife  
Derek Lindsay – Director of Finance, NHS Ayrshire & Arran  
Christine McLaughlin – Director of Finance, Scottish Government  
Robin McNaught – Finance and Performance Management Director, the State Hospitals Board for Scotland  
Fiona McQueen – Chief Nursing Officer, Scottish Government  
Lilian Macer – UNISON  
Andrew Russell – NHS Tayside (**represented by Frances Elliot**)  
Jacqui Simpson – South East and Tayside Regional Planning Group

**Agenda Item 1 – Welcome, introductions and apologies**

- The Chair welcomed everyone to the meeting.
- Members were informed of the list of apologies (noted above) and that the meeting was quorate.
- **Gillian Smith's Retirement**

The Chair wished Gillian all the best for her retirement and thanked her for her contribution to the work of the SPF, the NHS in Scotland and Partnership Working more widely.

**Agenda Item 2 – Minutes and summary of action points of meeting held on 2 June 2016**

- The minute of the meeting held on 2 June 2016 was agreed.
- Members were informed that all previous SPF action points have been completed.

**Agenda Item 3 – Review of Health and Social Care Indicators**

Sir Harry Burns presented an update on his work to lead the national review of NHS targets and Social Care indicators. During the presentation and subsequent discussion the following points were covered:

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- Work is underway to consider how, in future, targets and indicators align with the Governments strategy for the future of NHS and social care services and support best use of public resources.
- Sir Harry pointed out that compared to admission targets in other health systems Scotland performs well. We have a lot of data available to us however there is a need to understand better the data we have. He described a social services model run by Stoke Council which puts people's needs upfront and is having some success and Sir Harry would like to encourage some Local Authorities in Scotland to take work forward a similar approach to find new ways of working and gather new evidence and new ideas;
- SPF thoroughly discussed the issues covered in the presentation to include some targets have been good in improving services and some were too ambitious and there is a need to explore better ways of measuring success; Community Care Partnerships may be a good place to start engagement; Importance of getting the balance right and translating into targets that staff can work to; Integration there may be a need to do some joint training around handoff as this currently creates waste and delay; Engage with Citizens to see what care they want from the NHS especially if there is a limit to what the NHS can do for them.
- SPF Staffside colleagues asked to be engaged early in this work.

**Outcome:** SPF noted the update, acknowledged the future challenges and would welcome ongoing engagement opportunities with this work going forward.

**Action:** Janice Lennen to forward staffside contact details to Sir Harry Burns/Anne Lilico.

**Completed**

**Action:** The Scottish Government to add Review of Health and Social Care Indicators to the SPF Business plan and invite Sir Harry back to the SPF to provide further updates and engage with SPF. **Completed**

## Agenda Item 4 – National Clinical Strategy (NCS)

Dr Angus Cameron presented an update on the NCS. During the update and subsequent discussion the following points were covered:

- The NCS is very much work in progress;
- To oversee implementation of the NCS, a NCS Oversight Group has been resurrected. Membership includes National Clinical Director (Chair), CMO, CNO, Director for Health Workforce and Strategic Change, NHSScotland COO, NHS Chairs, NHS Chief Executives, Director for Public Health and NCS team;
- There will be a stakeholder group and this will have representation from a range of bodies e.g. Royal Colleges, Trade Unions and the Third Sector. This group will have a role in providing feedback on papers for the Oversight Group helping steer implementation of the NCS;

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- There will be 3 main workstreams (Acute Care, Realistic Medicine, and Primary and Community Care) and an overall Infrastructure Group. The Scottish Government will provide an enabling, permissive environment for each workstream and will monitor progress;
- **Acute Care Workstream** – Is being led by John Connaghan. Involves developing a regional and national planning framework; Agreeing priorities for service reconfiguration; Providing communication and coordination role linking to range of other initiatives (Elective Centres, IJBs/Discharge delay, etc); Pursuing principles of realistic medicine in acute care;
- **Realistic Medicine Workstream** – Is being led by Dr Catherine Calderwood. Involves reducing unwarranted variation: Ensuring patients are fully involved and informed; Understand Risk and Treatment Burden;
- **Primary and Community Care Workstream** - Primary Care Transformation is progressing along with Integration of Health and Social Care;
- **Infrastructure Group** – Is being led by Fiona McQueen. This supporting and enabling infrastructure underpins implementation of NCS; Communications Plan; Workforce Planning; Data access; Capital investment; eHealth and Transport;
- SPF members thoroughly discussed issues covered in the presentation to include the importance of engaging early with all occupations and important to engage with the collective SPF; Good to understand where transformation group feature; Involve the right individuals at the right time;
- The Scottish Government is committed to produce a plan by the end of this year bringing together the NCS, Health and Social Care Integration, Population Health Improvement and Board Reform.

**Outcome:** SPF noted the update, acknowledged the future challenges and would welcome ongoing engagement opportunities with this work going forward.

**Action:** The Scottish Government to add NCS update to SPF Business Plan and invite Dr Angus back to the SPF to provided further updates and engage with SPF. **Completed**

## Agenda Item 5 – Workforce Planning

A paper had been circulated to members in advance of the meeting. Billy McKenzie and Grant Hughes jointly led the discussion based on the paper. During the discussion the following points were covered:

- One of the recent Health Manifesto commitments set out the intention to introduce national and regional workforce plans across the NHS in Scotland. However, because effective workforce planning is also essential to the manifesto commitment to shift the balance of care, there is a case for a National Healthcare Workforce Plan for Scotland. This plan

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would make coherent workforce planning links with national and regional activity, and integrate with developments in the following areas:

- Public Sector reform which will allow Boards, Local Government and IJBs to collaboratively deliver the health care system that Scotland now needs;
  - SG Manifesto commitments on healthcare;
  - National Clinical Strategy objectives and direction of travel;
  - Cancer Strategy;
  - GPs and Primary Care Transformation;
  - Developing plans for Elective Centres;
  - Recommendations on workforce planning from Audit Scotland; and
  - Approaches and methodologies in use elsewhere which encourage services delivered by multi-disciplinary teams.
- The National Healthcare Workforce Plan would take into account all aspects of healthcare experienced by Scotland's people. To achieve this we need to ensure that workforce planning methodology and language is consistent across NHSScotland and other healthcare services;
  - There is a need to produce better intelligence for Boards and Scottish Government going forward by using a triangulation of Service Planning, Workforce Planning and Financial Planning;
  - The work around national and regional plans will compliment and improve services across the NHS and beyond. The plan will also link in with local health boards and IJB plans so they take fuller account of and complement each other;
  - The Scottish Government is seeking early views from internal and external stakeholders and preparing draft proposals for a regional and national workforce planning system. In the period after Christmas, the Scottish Government will consult fully (and probably more formally) with stakeholders and partners;
  - SPF thoroughly discussed the framework to include - helpful to see the direction of travel but some were concerned about the ambitious timeframe - Board Reform should be factored into the framework - link to Safe Staffing in Law and ring fence that workforce – link into working longer review and planning for the future – lack of confidence around some of the Workforce staffing tools – clarification around language particularly vacancy definitions;
  - It was pointed out that the framework was about engagement not the final workforce plan and that Health and Social Care are starting to have shared methodology – there was a presentation at a recent 'Strengthening the Links' event around the Kings Fund and future roles.

**Outcome:** SPF supported the direction of travel and had the opportunity to feed in their views to the workforce planning framework. Scottish Government Officials noted the feedback from Members.

## Agenda Item 6 – Transitioning Supervision of Midwives

A paper had been circulated to members in advance of the meeting. Ann Holmes led a discussion based on the paper and during this the following points were covered:

- There are planned changes to the statutory supervision of midwives in the UK and ongoing work to develop a professional, employer led model of supervision for midwives in Scotland;
- Legislative change will remove the accountability of the Local Supervising Authority (LSA, in Scotland the NHS Board) in governing the standard of midwifery practice on behalf of the NMC, alongside many of the functions currently associated with that role;
- Whilst working within the principles agreed at UK level, the Taskforce assumptions are that any new model would align with Scottish Government policy, be co-produced with midwives and other key stakeholders; be proportionate; cost neutral or cost less; and be transferrable to nursing and other professions under the CNO's leadership;
- Work is ongoing to develop a new employer led model of supervision for Scotland, in partnership with key stakeholders. This is likely to be a model of group clinical supervision for those midwives who work in clinical practice roles. Boards will retain financial responsibility for the new professional employer led model but costs are anticipated to be substantially less than the current statutory model.
- A particular aspect for consideration is that supervisors in the existing model have an agreed annual allowance in recognition of the statutory regulatory duties they perform, as agreed through STAC in 2006. These duties will cease further to legislative change.
- SPF members also noted that this piece of work has been re-directed to STAC for consideration regarding the current allowance and SPF requested to be kept updated about the implications of the allowance to midwives in moving from one model to another and requested a further update.

**Outcome:** SPF members noted the update

## Agenda Item 7 – Professional Advisory structures and mechanisms for engagement with Integrated Joint Boards.

Jill Vickerman led a discussion around how professional groups are engaged on Integrated Joint Boards. During the discussion the following points were covered:

- At a previous SPF meeting, we shared the experience of establishing a Joint Staff Forum for West Dunbartonshire Health and Social Care Partnership, however, there was no clear understanding of how Integration Joint Boards (IJB's) are engaging with staffside/ Professional Organisations and SPF may wish to explore this landscape and explore best practice as different models emerge;
- It was pointed out that SPF doesn't have authority to impose on how IJBs operate and as there are still challenges for NHS and LA working together in some IJBs now is perhaps not



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the right time to approach them. The IJBs need to be allowed to mature and work their way through the difficulties.

- A sub-group of the HRWG are currently working on guidance on employment law in relation to joint working but this is not related in any way to IJB engagement with Professional Organisations.
- It was noted that Staffside/Professional Organisations sit on the Area Partnership Forum and in this way they have the opportunity to influence the work of the IJBs.
- There is no prescription in the Public Bodies (Joint Working) (Scotland) Act 2014 legislation with regards to engagement with Trade Unions/Professional Organisations as it only states that at least one Staffside representative will be a member of the IJB. In doing this the legislation has put in place a legal requirement to have staffside represented on IJBs whilst leaving the number to local determination;
- Jill Vickerman to discuss issues further with Scottish Government Officials offline. Scottish Government officials to consider engagement with the IJB Chief Officer group to explore whether they would find it helpful to discuss how partnership engagement might be valuable to them in taking forward strategic and delivery planning in their localities.

**Outcome:** SPF had a full and frank discussion.

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### Audit Scotland Report – Paul Gray

- The Audit Scotland report released on 27 October 2016 has provided a balanced overview of the national health service and makes several recommendations, which the Scottish Government accepts in full.
- The NHS continues to face challenges. Audit Scotland highlights that we need to make a shift from relying on treating people in hospital to supporting people with better care in their own homes and communities.
- Among the recommendations is one on the importance of sustained transformational change. To equip the health and social care services for the future, we must reform as well as invest. By the end of this year, we will set out a transformational change delivery plan for the integration of health and social care, the national clinical strategy, the public health strategy, realistic medicine, workforce recruitment, supporting population health and achieving the 2020 vision.
- Patients should not wait longer than the targets we set. Scotland's performance stands up well against the rest of the UK and international comparators.



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## **Transformational Change – Shirley Rogers**

- Shirley Rogers has been asked to lead on Transformational Change, Board Reform and Leadership;
- As we move forward Shirley will ensure that people are engaged in Partnership and that there is a Communications Strategy in place to capture both hearts and minds. So far a lot of time has been spent scoping out what the Cabinet want in terms of Board Reform.

## **Paper - Safe Staffing in Law – Nursing and Midwifery Workload Tools**

**Action:** Scottish Government to seek update on the toolkit for Allied Health Professions and provide feedback to Claire Ronald (Charter Society of Physiotherapy).

No other business was raised and SPF Members were content with the papers for information.

**Date of Next Meeting: 9 February 2016 (14.00 – 16.30) Conference Room 4ER, St Andrews House, Edinburgh.**