



**SPF**

## SCOTTISH PARTNERSHIP FORUM

**Tuesday 9 June 2015  
Conference Room 1, Victoria Quay, Edinburgh.**

### **Minute**

#### **Present:**

Paul Gray - Director General of Health and Social Care **(Chair)**  
Alan Boyter – Director of HR and Organisational Development, NHS Lothian  
Wilma Brown - Unison  
John Connaghan – NHSScotland Chief Operating Officer, Scottish Government  
Sharon Duncan – Unite **(by video conference)**  
Gavin Fergie – Unite  
Michael Kellet – Director of Healthcare Strategy, Scottish Government  
Rona King – Director of HR, NHS Fife  
Derek Lindsay – Director of Finance, NHS Ayrshire & Arran  
Dorothy McErlean **(Attending on behalf of John Callaghan)** – Society of Chiropractors and Podiatrists  
Stuart McLauchlan – Royal College of Nursing  
Alex McLuckie – GMB Scotland  
Robin McNaught – Finance and Performance Management Director, The State Hospitals Board for Scotland  
Lilian Macer – Unison  
John Matheson – Director of Health Finance, Scottish Government  
Norman Provan **(Attending on behalf of Theresa Fyffe)** – Royal College of Nursing  
Shirley Rogers – Director for Health Workforce, Scottish Government  
Claire Ronald – Chartered Society of Physiotherapy  
Jacqui Simpson – South East and Tayside Regional Planning Group  
Gillian Smith – Royal College of Midwives  
Malcolm Summers – Scottish Government  
Jill Vickerman – British Medical Association  
Sally Winning – British Medical Association



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**In attendance:**

Angus Cameron – Scottish Government  
Frances Conlan - Scottish Government  
Anna Gilbert – Scottish Government  
Linda Gregson - Scottish Government  
Janice Lennen – Scottish Government **(Minute)**  
Jenny Long – Healthcare Improvement Scotland  
Lorimer Mackenzie – Scottish Government  
Robyn McCormack – Scottish Government **(Minute)**  
Hugh Masters - Scottish Government  
Elizabeth Porterfield - Scottish Government  
Professor Sir Lewis Ritchie - Scottish Government  
Susan Russell - Scottish Government

**Apologies:**

John Callaghan – Society of Chiropractors and Podiatrists  
Catherine Calderwood – CMO, Scottish Government  
Calum Campbell – Chief Executive NHS Lanarkshire  
Theresa Fyffe – Director, Royal College of Nursing  
Jane Hamilton – Head of Staff Governance and Employee Experience Unit, Scottish Government  
Matt McLaughlin – UNISON  
Patricia McNally – Chartered Society of Physiotherapy  
Fiona McQueen – Chief Nursing Officer, Scottish Government  
Andrew Russell – NHS Tayside

**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 today was quorate.

**Agenda Item 2 – Minutes and summary of action points of meeting held on 13 February 2015 and matters arising**

The minute of the previous meeting held on 13 February 2015 was agreed as accurate.

Progress on the action points were agreed and noted.

### **Agenda Item 3 – Setting the Direction (Education and Training Strategy for Nurses and Midwives)**

Hugh Masters gave an update on Setting the Direction (Education and Training Strategy for Nurses and Midwives). A paper was circulated in advance of the meeting. During the update and subsequent discussion, the following points were made:

- The programme is being delivered over a number of policy areas and is being led by a small Sponsor Board and they are working closely with NES to respond to priorities and hot issues;
- SPF members were directed to the six strategic aims (highlighted in the paper) that sets the direction to prepare the nursing and midwifery workforce in partnership with the wider health and social care team to deliver the 2020 Vision for Health and Social care;
- Some of the recommendations from the recent ‘Shape of Caring Education’ review carried out in England could have implementations for the education of nurses and midwives in Scotland, such as regulatory aspects;
- The programme for ‘Revalidation of Nurses and Midwives’ will provide opportunities to embed the aims of ‘Setting the Direction’ for continuous professional development;
- Quality Management of the Practice Learning Environment (QMPLE) is currently being rolled out across NHSScotland and will enable the gathering of student feedback on learning environment;
- SPF members acknowledged the standard of work in this area and suggested that there may be a need to have a similar approach for the other occupations within the integrated multi-disciplined teams. The CNO Directorate acknowledged the need to be in a position to respond to integration and informed SPF that the Student intake work carried out can inform other parts of the workforce;
- SPF agreed to keep sight of this work moving forward into the integration of health and social care agenda.

**Outcome:** SPF Members noted the progress.

### **Agenda Item 4 – Integration of Health and Social Care**

Frances Conlan provided an update on the Integration of Health and Social Care. A paper was circulated in advance of the meeting. During the update and subsequent discussion the following points were made:

- Of the two models of integration available for Health Boards and Local Authorities, only the Highland Partnership opted for the lead agency arrangements. All other integrated partnerships opted for the body corporate model and the establishment of an Integrated Joint Board (IJB);

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- The process to establish IJBs required Integrated Partnerships to submit their Integrated Scheme to the Scottish Government for approval. The review and assurance of Integration Schemes has been a joint venture. A number of policy leads in Scottish Government (Chief Nursing Officer, Integration of Health and Social Care, and Finance Directorates) and solicitors have been involved to ensure that they are compliant with legislation;
- To date 3 IJBs have been legally constituted, the Cabinet Secretary for Health, Wellbeing and Sport has signed an order for a further 11 IJBs to be established and it is expected that these will be formally constituted by Parliament on 27 June 2015. A further 17 Integrated Schemes are currently going through the internal review and assurance process before they can be laid before Parliament;
- SPF Staffside colleagues pointed out that the planned learning initiatives for the IJB Chairs and Vice Chairs should be widened to include all IJB members with particular support being given to enable non-executives members understand issues around professionalism and excellence in medicine. The Scottish Government confirmed that the learning and development needs of all IJB members is currently being considered;
- It was highlighted that effective Leadership across all levels/grades will be key to the success of IJBs.

**Outcome:** SPF Members noted the update.

### Agenda Item 5 – Quality of Care Reviews

Jenny Long presented an update on Quality of Care Reviews within NHSScotland. She was supported by Lilian Macer. A paper was circulated in advance of the meeting. During the presentation and subsequent discussion the following points were made:

- It was announced at the October 2014 SPF meeting that HIS would work with a range of stakeholders including SPF to co-design the methodology to be used in future when reviewing the Quality of Care;
- A design panel, which includes representation from SPF, has been working on the design of the overall approach and emphasis has been placed on the quality of care that NHSScotland provide and how to ensure this is sustainable. A consultation exercise on proposals will run from 1 July to 30 September 2015;
- The proposed changes that will be set out in the consultation exercise (included in paper circulated to SPF) consider the whole system of care using the quality of care assessment framework to consistently assess against. The framework can be used locally as a self-assessment tool and nationally to support scrutiny and assurance;
- SPF members welcomed the suggested whole system approach and agreed that it would be valuable for Boards to self-assess rather than undertaking a review when prompted by a red flag. SPF sought assurance that the proposed self-assessment framework would not overburden Boards with heavy paperwork;

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- A suggestion was made that the design team should consider a more neutral language and use 'review' instead of 'scrutiny' and 'inspection';
- SPF members pointed out the importance of getting away from the fear factor and defensiveness created by the current scrutiny process. The new Quality of Care reviews should aim to create a culture that promotes the sharing and spreading of best practice;
- The proposed quality framework aims to capture leadership at all levels and assess the surrounding culture beyond compliance. SPF members noted the complexity of assessing leadership;
- SPF pointed out the importance of approaching Quality of Care reviews from the right perspective ensuring transparency in the process and looking at problems objectively;
- It was noted that NHSScotland needed to be mindful of how Quality of Care self-assessments may be portrayed by the media and assure the public, Parliament and Minister that NHSScotland has a Quality of Care framework which is designed to proactively find and fix issues;
- SPF members were encouraged to feed their comments and views into the consultation exercise when launched in July 2015.

**Outcome:** SPF noted the progress.

**Action:** Scottish Government will circulate link for the Quality of Care review Consultation exercise. **Complete**

### Agenda item 6 – SPF Moving Forward

This has been an on-going discussion at SPF. Norman Provan led the discussion based on a paper which was circulated to members in advance of the meeting. During the discussion the following points were covered:

- Norman Provan outlined the rationale behind his paper which was written following the SPF Workshop held in June 2014 with a view to flag up issues that SPF might want to consider in moving SPF forward into integration of health and social care. Other SPF Partners had been encouraged to add to the paper but, to date, this has not happened;
- SPF members agreed that the SPF Workshop had generated good discussion and ideas but, since then things, have moved on - for example, the Fair Work Convention have now been charged to develop a fair employment and workplace framework for Scotland throughout the public, private and third sectors. The Social Care workforce is 32% of the Public Sector and there are challenges with the Voluntary Sector. Widening the SPF would present challenges to agenda setting and challenges to securing conference rooms large enough to take an expanded SPF membership;
- A suggestion was made that SPF should inform the Health Workforce through the Area Partnership Forums that they are still part of the Health Partnership Working arrangements and what is being done to address the challenges of integration;

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- A further suggestion was made that IJBs may be the starting point for promoting partnership working;
- A Staffside colleague expressed the desire to find a way forward soon so that the Health approach to Partnership Working is not diminished;

**Outcome:** SPF agreed that a smaller group would take this item away to think through the challenges in more detail.

### Agenda item 7 – National Clinical Strategy

Angus Cameron presented an update on the National Clinical Strategy for NHSScotland. During the presentation and subsequent discussion, the following points were made:

- The Guiding Coalition is overseeing work to develop a National Clinical Strategy (NCS) which will govern all clinical workers. This piece of work is supported by the 2020 narrative refresh;
- It was recognised that NHSScotland must address the immediate financial and workforce challenges ensuring the NCS is guided by evidence and driven by quality to secure better outcomes for patients;
- Although there have been advances made, NHSScotland still has challenges to address, such as the demographics of the population, the increasing prevalence of long term conditions (such as Diabetes, Dementia, COPD, Heart Disease etc.) and the costs of newer medicines and technology and the continuing health inequalities that exist in Scotland;
- As we move forward with the integration of health and social care agenda there will be a need for a better skills mix, for instance there will be more demand on nursing and pharmacy support. In addition, now that people are living longer and there is an increase in social isolation in older people living by themselves, more people will be employed in providing social care at patient's homes;
- There is a need to encourage patients to manage their own illness which has shown to work well in the middle classes but not so effective for people with chaotic lifestyles;
- There is a need to increase capacity and capability in Primary Care, by strengthening primary care teams, linking them to social care, and exploiting community assets. One of the priority aims must be the avoidance of hospital admissions – because this is what patients prefer, and because otherwise we will have to continue to fund more and more acute care.
- There is a need to ensure people get access to the best services and this may not always be the local hospital. There is evidence that more specialist teams, in centres handling larger volumes, can provide significantly better clinical outcomes for patients with complex conditions – such as cancer, neurosurgery, severe trauma, burns, specialised paediatric surgery. This will drive redesign of services so that patients will travel further for specialist treatment, but will get better outcomes.

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- There will be a need to utilise technology more – for example shared electronic clinical records and video-consultations with distant specialists. Diagnostics may change, with networks of radiology or pathology reporting, supported by excellent connectivity;
- Concerns were raised that there are currently no Staffside representatives sitting on the Guiding Coalition; Staffside were assured that they will be invited onto the work-streams taking forward the different aspects of the NCS;
- It was noted that the Cabinet Secretary for Health Wellbeing and Sport is due to respond to a Labour Party led debate on Wednesday 10 June 2015, and she is expected to set out a process involving all political parties, professionals and public in a debate on the future direction for the NHS in Scotland; This is an important piece of work moving forward and the Scottish Government and NHSScotland will need to ensure that the language is right on the consultation paper and that we don't over consult about absolutely everything.

**Outcome:** SPF Members noted the update.

### **Agenda item 8 – Review of Out-of-Hours Primary Care**

Professor Sir Lewis Ritchie presented an update on the review of out-of-hours primary care in NHSScotland. During the presentation and subsequent discussion the following points were made:

- In the face of significant workforce and delivery challenges, a review of out-of-hours primary care services was launched by the Cabinet Secretary for Health, Wellbeing and Sport on 30 January 2015, chaired by Sir Lewis; The review comes more than a decade after the 2004 UK GP contract, which transferred responsibility for the delivery of out-of-hours primary care services to health boards;
- Access to urgent primary medical services out-with normal GP surgery hours (at night, weekends and public holidays) is a fundamental part of unscheduled care in Scotland;
- The review will consider how best to deliver these services in light of the challenges of Scotland's ageing population, and as health and social care services are integrated;
- The review will look at the core requirements for services out-of-hours and consider the needs of specific user groups: palliative care; frail and elderly, mental health, health inequalities and children as well as the skill mix of the workforce going forward;
- Data to 31 January 2013 demonstrates that older GPs commit more hours to out-of-hours services than younger GPs reflecting that many of the younger GPs entered the service with no obligation to work in the out of hours period. As the older GPs retire the challenge will be to encourage the younger cohort back into the out of hours service;
- The current model is largely a GP led, nurse practitioner supported service, although that is changing. The future model will move to a more multi-disciplinary approach;
- A Review Group oversees the Review with membership drawn from key stakeholder groups including: Patient representatives (2), BMA, RCGP, RCN, NHS Boards (Chief Executive, Clinical Director, Directors of Planning all represented), urban/rural, NHS 24, OoH National Operations Group, Unscheduled care, SAS, Royal Pharmaceutical Society, NHS Education



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Scotland, HIS, NHS Education Scotland. The Review Group is supported by an Executive Group and 4 themed task groups covering: Quality and Safety, Workforce and Training, Models of Care and Data and IT;

- The out-of-hours review is expected to report back to the Cabinet Secretary for Health, Wellbeing and Sport by the end of Autumn 2015;
- SPF members agreed that NHSScotland needed to work much smarter moving forward and ensure the whole NHS system works together effectively to support people including the sharing of patient intelligence between primary, scheduled and unscheduled care services.

**Outcome:** SPF Members noted the update.

## **AOB**

There was no other business raised.

## **Close**

**Date of Next Meeting: 6 October 2015 (14.00 – 16.30) in Conference Room 4ER, St Andrews House, Regent Road, Edinburgh**