

Scottish Partnership Forum - Committee
Thursday 1st February 2023
Meeting Minute

Present:

Name	Organisation
Pauline Howie (Chair)	Scottish Ambulance Service
Gillian Russell	Scottish Government – Director of Health Workforce
Alex McMahan	Scottish Government – Chief Nursing Officer
John Burns	Scottish Government – Chief Operating Officer
Catherine McMeeken	Scottish Government
Alison Carmichael	Scottish Government
Sara Eccles	Scottish Government
Robin McNaught	NHS State Hospitals Board For Scotland
Derek Lindsay	NHS Ayrshire and Arran
Greycy Bell	NHS Dumfries and Galloway
Gavin Fergie	Unite
Lilian Macer	Unison
Claire Ronald	Chartered Society of Physiotherapy
Norman Provan	Royal College of Nursing
Jackie Mitchell	Royal College of Nursing
Andrew Verrecchia	Unison
Joanna Macdonald	Deputy Chief Social Work Advisor
Martin MacGregor	Royal College of Nursing

In Attendance:

Name	Organisation
Felicity Sung	Scottish Government
Katie Morris	Scottish Government
Jane Hamilton	Scottish Government
Niall Anderson	Scottish Government
Grant Laidlaw	Scottish Government
Mhairi Hastings	Scottish Government – Professional Adviser
Julie Lusk	Scottish Government – Professional Adviser
Alison Beckett	Scottish Government

Apologies from:

Name	Organisation
Jacqui Jones	NHS National Services Scotland
Caroline Cooksey	NHS Dumfries and Galloway
Scott Anderson	British Medical Association
Frances Carmichael	Unison
Dorothy McErlean	Royal College of Podiatry

For SPF we require 4 Employers, 5 Staff Side and 4 Scottish Government representatives to be quorate

Welcome Attendees and Minutes

- The meeting was quorate, and members agreed minutes from **October 6** SPF meeting as accurate.
- The chair noted that there are no outstanding action points.

Agenda Item 2: Women's Health Plan – Felicity Sung

- Progress report published, and Women's Health Champion recently announced as Professor Anna Glasier. Open to attending fora to discuss role and priorities.
- She has identified specialised menopause services, provision of care for endometriosis and PCOS, and heart health amongst the priorities.
- A Women's Health Lead is being identified in each health boards, to identify local challenges, progress and raise the profile of women's health.
- A knowledge hub has been commissioned, to share expertise more widely.
- New content is being developed for the Women's Health Platform on NHS inform, (i.e information on urinary incontinence and pelvic health, and pre-conception health). Working on how to develop information for those who cannot or do not want to access information online.
- NES have been commissioned to develop training on menstrual health and menopause training, for primary care services.
- Responses to NHSScotland workplace survey on menstrual health and menopause, with c.7000 responses being reviewed.

Comments

- Request for an update on education programme being delivered by Close the Gap? What are we doing to address employment issues arising from Menopause and Menstrual Health policies (i.e response to disciplinaries/dismissal)?
- The survey conducted by the University of Glasgow will reveal experiences, and provide data for evaluating and responding to employment issues that arise.
- A meeting with 'Close the Gap' took place in January. Pilots occurred within local authorities. No progress report yet. Consultation closed on flexible working.
- Physiotherapy services (and Chartered Society of Physiotherapy) are involved in action to strengthen pelvic floor, improve urinary continence, and would be keen to co-badge on any guidance or policy that is published.
- Womens health plan are working with the Physio network to ensure Physiotherapy is fully involved in this work

Outcome

- Offer to engage with different trade unions and professional groups, and the staff they represent.

Agenda Item 3: Health Resilience – John Burns

- John Burns updated on winter pressures, and the NHS Scotland response.
- Highlighted that we continue to work in especially demanding times.

- We are seeing some indicators showing signs of stabilising and improvement, though not at a level where we are content to settle.
- Unscheduled attendances at A&E are down on pre-pandemic levels, and admissions to hospital are approximately the same as 2021.
- We do see an increase in length of stay, high levels of occupancy, and delayed discharge remain. Partly a result of increased complexity being observed. Age profile indicates higher levels of 75+ patients in hospital.
- Working in partnership with Local Authorities and SOLACE to make sure that care is provided in the correct place.
- Improvement work taking place off the back of re-design of urgent care.
- More work is being explored in out of hospital pathways.

Comments

- Welcome the renewed focus on delayed discharge. Space usage is now different to that during the pandemic. Important that we use space to support better rehabilitation. Request for an audit of space available pre and post pandemic.
- A&E has become the default position, with patients not getting the correct care packages. Focus needs to be on keeping patients out of hospitals rather than getting people out of hospital. Concerns that NCS is insufficient in addressing social care issues.
- There is considerable effort going into co-ordination with social care partners. Focus on hospital delayed discharge, to support turnaround times and work the Scottish Ambulance Service.

Outcome

Members welcome discussions on reducing pressures in Healthcare. Stakeholders will be involved in winter debriefs when they occur over the course of the spring.

Agenda Item 4 - GIRFE

- The programme is being led by a range of professional leads.
 - GIRFE is a proposed **multi-agency approach of support** and services from young **adulthood** to end of life care.
 - GIRFE will help define the adult's journey through **individualised support and services**, and will respect the role that everyone involved has in providing **support planning** and support.
 - Too often, adults and their families are excluded from assessment and support processes by complex bureaucracy. GIRFE is about providing a more personalised way to access help and support when it is needed – placing the person at the centre of all decision making that affects them to achieve the best outcomes, with a joined-up, coherent and consistent multi-agency approach regardless of the support needed at any stage of life.
 - GIRFE will be tested and developed in local areas, with practitioners and with the people the initiative is designed to benefit, to understand how it will be interpreted and implemented in different contexts.
 - A GIRFE Design School has been created as a support model which can help teams to come together, get ready for co-design work, and engage people with lived experience on a specific policy area, problem exploration or redesign challenge.

- There are 11 GIRFE place-based pathfinders, representing 11 Health and Social Care Partnerships. The 11 pathfinders are aligned to five thematic areas:
 - People in Prisons
 - People in Addiction services
 - People registered at Deep end GP Practices
 - Families with multiple and/or complex needs; and young people in transition from GIRFEC to GIRFE
 - Older people and frailty

The 11 Health and Social Care Partnerships represent 40% of the population of Scotland and circa 2.2 million people.

- **There are 5 principles for GIRFE:**
 - **Is focused on individual care needs** – it ensures that every person is empowered and involved in multi-disciplinary decision making and the support available to them.
 - **Is based on an understanding of the physical and mental well-being of individuals in their current situation** – it adopts a holistic approach to ensure that individual needs are taken into account and that appropriate support is provided while acknowledging that a person’s needs will vary over time.
 - **Is based on early intervention** - it aims to ensure individual needs are identified, and appropriate support provided, as early as possible.
 - **Requires joined-up working/information sharing** - it is about individual people and the services that they require being enabled to work together in a coordinated way to meet specific needs and improve their wellbeing.
 - **Is based on a human rights approach** – it is about ensuring that both the standards and the principles of human rights are integrated into policymaking as well as the day to day running of organisations.

(Note: the principles above are to be refined with the GIRFE Pathfinders as part of the design school.)

- **May/June 2023:** Pathfinders “go live” and implement the GIRFE practice model. Alongside this a national toolkit is available to support pace of scale and spread. Learning networks will support implementation throughout Scotland
- Aim to implement GIRFE across Scotland.

Comments

- Catherine McMeeken noted previous involvement in the GIRFEC programme, and offered to pass on learning from previous experiences.
- Information sharing is key to making this work. Timescale of 2025 quite a challenge (Summer 2025). No financial resource earmarked will be a challenge. Unclear whether GIRFE represents a practice framework or national policy.
- Aware that the timeframe is challenging, and within two years it will not be perfect, but it is something that we will continue to review.

Outcome

The group expressed interest in returning to discussions on GIRFE in future.

Agenda Item 4: UK Government Minimum Service Levels (Strikes) Bill – Jane Hamilton

- The Scottish Government do not support this Bill, and have been clear to UKG.
- The Bill will amend the Trade Union and Labour Relations Act 1992. It was introduced into House of Lords on 31st Jan. Likely to come into force in summer.
- The Bill gives the Secretary of State the capacity to set minimum service levels in 6 different sectors (healthcare, education, transport, fire and rescue, border security and decommissioning of nuclear installations). It is a framework Bill, which means detail is quite limited.
- Employers would be able to issue work notices, setting out the numbers and names of staff required to work to maintain minimum service levels, in the event of strike action, with the expectation that trade unions will take reasonable steps to ensure their members comply.
- What reasonable steps are, is yet to be defined. If they do not take these steps, then they will be subject to damages, and employees could lose their rights against dismissal
- The initial focus for the UK Government is on 3 areas, including ambulance services, but this could be extended in time to all healthcare services.
- Scottish Government is clear it opposes the Bill, and is exploring its next steps.

Comments

- No Staff Side organisation supports this change. Legal discussions on the Bill are happening elsewhere.
- Welcome this Scottish Government position. This is something that Unions will resist. If these minimum service levels are implemented in Scotland, we need to consider what steps can be taken. What legal routes does the Scottish Government intend to take to prevent these being applied to Scotland?
- Expect some amendments to the Bill being proposed in the House of Lords. There have already some amendments proposed in the House of Commons which were voted down.

Outcome

- Welcome reiteration of the Scottish Government position.
- Offer to return to SPF to discuss the Bill, as well as the Bill to repeal of EU legislation by the end of the year.
- A written update on the Minimum Service Levels Bill will be shared in April.

AOB:

No additional business raised

Actions

Action 01022023(2) Update to be provided on education programme being delivered by Close the Gap

Action 01022023(2) written update to be shared with the group on the UK Government Minimum Service Levels (Strikes) Bill in April