SPF Committee

Wednesday 19 March 2025

14:00-15:30

MS Teams

Attendees

Confirmation of members in attendance at the time of writing:

Name	Organisation
Amy Wilson	Scottish Government
Jane Hamilton	Scottish Government
Anna Gilbert	Scottish Government
Christine McLaughlin	Scottish Government
Donna Bell	Scottish Government
John Burns	Scottish Government
Alison Carmichael	Scottish Government
Alan Gray	Scottish Government
Karen Reid	NHS NES
Derek Lindsay	NHS Ayrshire and Arran
Sarah Leslie	NHS Ayrshire and Arran
Grecy Bell	NHS Dumfries & Galloway
Louise Bussell	NHS Highland
Robin McNaught	The State Hospital
Anne-Marie Cavanagh	Golden Jubilee National Hospital
Frances Carmichael	Unison
Matt McLaughlin	Unison
Norman Provan	Royal College of Nursing
Martin MacGregor	Royal College of Nursing
Scott Anderson	British Medical Association
Claire Ronald	Chartered Society of Physiotherapy
Jaki Lambert	Royal College of Midwives

Additional attendees:

Name	Organisation
Georgina Taylor **(Secretariat)**	Scottish Government
Ronan O'Dowd	Scottish Government
Dougie McLaren	Scottish Government
Nicci Motiang	Scottish Government
Marion Logan	Scottish Government
Alan Milbourne	Scottish Government

Directorate for Health Workforce
Workforce Practice Unit
E: healthworkforcepartnership@gov.scot

Apologies from:

Name	Organisation
Colin Lauder	NHS Lanarkshire
Andrew Verecchia	UNISON
Marion Bain	Scottish Government

Agenda item 1: Welcome, Introductions and Apologies

- Amy Wilson (AW) confirmed the meeting was quorate.
- AW asked and received agreement from all attendees for the meeting to be recorded for minute taking purposes.
- AW confirmed that participants were content with the minutes from the previous SPF Committee meeting and highlighted the outstanding action relating to SPF's ongoing role in future discussions. She noted that the Scottish Government is keen to explore effective mechanisms for continued engagement with Staff Side going forward.

Agenda Item 2: Draft Operational Improvement Plan

- Dougie McLaren (DM) delivered a presentation on the draft Operational Improvement Plan (OIP), which is scheduled for publication in the final week of March 2025. The OIP is the first of three planned publications following the First Minister's NHS Renewal speech on 27 January 2025, with further documents, a Population Health Framework and a longer-term service renewal framework, expected later in the year.

- DM noted that the OIP builds on the Cabinet Secretary's 2024 vision for health and social care reform. It has been developed collaboratively with Boards and partners and focuses on realistic, near-term delivery across a range of key commitments.

- The plan centres on addressing immediate system pressures, including backlogs in planned care, long waiting times, and capacity issues. It extends across primary care, digital innovation, and community-based services, with an emphasis on sustainable improvement.

- DM outlined that the Scottish Government is investing an additional circa £200 million in 2025–26 to support improved access and capacity. This includes a £100 million investment specifically in planned care, aiming to deliver over 150,000 additional appointments and procedures in 2025–26; and a further £100 million directed at wider system improvement, including digital tools, Primary Care enhancements and flow through and beyond the hospitals.

- Working with boards and wider partners on understanding what the current investment needs are and what the recurring investment needs will be.

- DM emphasised the importance of deliverability and realism in the plan. Work is ongoing with Boards to identify both current and recurring investment needs.
- Following publication, there will be a structured approach to tracking progress, with public reporting on delivery of the commitments.
- DM concluded that the OIP represents a pragmatic but ambitious first step, aiming to support the workforce and improve service outcomes in the short to medium term.

Comments

- Derek Lyndsay (DL) sought further clarity on the breakdown of funding across key areas of delivery within the OIP, including how investment aligns with the planned increase in capacity and services.
- Claire Ronald (CR) questioned how orthopaedic appointment numbers would be increased, raising concerns about whether waiting lists would simply be moved rather than reduced, and what the wider consequences of that shift might be.
- Norman Provan (NP) highlighted the aspirational nature of many of the targets and questioned workforce availability to deliver them. He cited local examples of cuts to staffing and service quality, as well as IJB reductions in funding for care home provision, suggesting this contradicted the ambition to reduce hospital over-occupancy.
- Jaki Lambert (JL) noted a lack of clarity around how regional partnership working would be supported and where representation would come from. She raised concerns about the visibility of integrated services in the OIP, particularly in relation to shifting the balance of care.
- Louise Bussell (LB) asked how the OIP would be communicated to communities and how engagement would be handled. She also raised the point that if more activity is being delivered in some areas, clarity is needed on what activity may be deprioritised elsewhere.
- DM clarified that the optimisation of National Treatment Centres (NTCs) will support delivery of over 30,000 of the 150,000 additional appointments and procedures, forming part of the uplift enabled by the new investment.
- To CR, DM noted that modelling is being refined to ensure that improvements in one area do not come at the expense of service quality elsewhere.
- To NP, DM acknowledged the challenges of over-occupancy and the need for a fully functioning system to support a shift in capacity. He stated that additional workforce contributions are being pursued on a voluntary basis where required, in coordination with workforce planning colleagues, and agreed that quality of care should not be compromised in pursuit of targets.

- AW concluded the discussion by thanking members for their contributions. She recognised the workforce pressures raised and reiterated that workforce colleagues are engaged in these discussions. AW acknowledged the need to accelerate governance processes to support faster-paced development and delivery where required.

Agenda Item 3: Finance Update

- Alan Gray (AG) provided an update on financial planning and the outcomes Boards are expected to deliver in the year ahead.
- AG explained that the priority is to give Boards greater certainty regarding funding and expectations for the next financial year.
- Budgets for Scottish Government Directorates have been agreed, along with expected expenditure levels. AG stressed the importance of planning to succeed, rather than rushing to spend, with a focus on sustainable delivery.
- Work continues on reviewing NHS Board three year finance plans in collaboration with Boards, also taking into account the financial positions of Integration Joint Boards (IJBs).
- Claire Ronald (CR) raised a question about the potential impact of developments in NHS England and changes within the UK Government on NHS Scotland's financial position. AG confirmed that decisions taken by the UK Government can affect both consequentials and the overall block grant settlement, which in turn influences baseline funding for NHS Scotland. These factors are being monitored closely as part of ongoing financial planning.

Agenda Item 4: Long Term Conditions Strategy

- Nicci Motiang (NM) delivered a presentation on the development of a new Long Term Conditions (LTC) Framework. She outlined the Scottish Government's intention to consult publicly on the proposed integrated policy approach, with consultation expected to launch in April 2025.
- NM explained that current policy arrangements are condition-specific and do not sufficiently reflect the increasing prevalence of multimorbidity, nor do they always align with Scotland's burden of disease data. There are currently 156 policy commitments across several individual strategies, which presents challenges in terms of coherence, equity of resource allocation, and effective delivery.
- NM highlighted that over 25% of people in Scotland live with a long term condition. Despite this, some high-burden conditions have no associated national strategy, while others are comparatively well resourced. This has created a 'zero sum game' dynamic, where policy attention is unevenly distributed.
- The proposed LTC Framework will aim to provide a person-centred, integrated approach to supporting people with long term conditions; incorporate both cross-cutting actions and time-limited, condition-specific actions where needed; and tackle inequalities and improve coordination across health and social care;

replace or subsume existing strategies over time to streamline the policy landscape.

- NM shared a timeline for development, including the initial ministerial submission in May 2024, engagement with clinicians, lived experience groups, and advisors throughout 2024, a draft consultation paper shared with SPF in March 2025, and formal consultation to go live in April 2025.
- NM also presented a sample indicative action plan and a force field analysis highlighting drivers and barriers to change. SPF members were invited to contribute views on barriers to progressing integrated policy, opportunities for stakeholder engagement, and structural or cultural challenges within the system.

Comments

- FC suggested engagement with the Disability Forum in NHS Greater Glasgow and Clyde, highlighting their strong voice and potential to provide valuable insights. NM welcomed this suggestion and agreed it could offer helpful perspectives.
- KR raised the issue of a siloed health and social care workforce, asking how staff could be supported to think more broadly across specialties and work in a more integrated manner. NM acknowledged this as a significant challenge. While some specialties are proactively engaging in cross-disciplinary work, this is not always reciprocated. This is an area the team intends to explore further.
- SL welcomed the presentation and highlighted the importance of reducing hospitalisation by supporting people to live independently at home, regardless of condition. She stressed the need for a fully integrated multi-disciplinary team (MDT) approach and strong engagement with social workers, carers, GPs, and people with lived experience. NM agreed, noting that the framework is expected to consider psychological and holistic support as a core element of future discussions.
- JL supported the framework's direction and highlighted the value of the existing skills within nursing and midwifery, asking what additional training may be required to support people with LTCs. NM agreed that workforce capability and training needs should be considered and reflected in the development of in both the framework and its associated action plan.
- CR raised concerns that some approaches to disability still reflect a medical model, and asked how the framework would align with existing policy, including the Women's Health Plan and the Fair Work Framework, particularly in relation to reasonable adjustments for staff and patients. NM confirmed that inequalities is envisaged as being of the framework, ensuring it actively considers these wider policy connections.
- LB emphasised the need to consider rurality, geography, and demographics, suggesting that any strategy must be flexible and locally responsive. She encouraged involving community nursing and local populations in co-producing the approach. NM agreed and reiterated that the inequalities strand of the framework would reflect diverse population needs, including geography, access, and workforce composition.

Agenda Item 5: Care in the Digital Age – Delivery Plan

- ML provided an overview of the Digital and Data Capability Framework and the wider suite of resources available to support digital skills and confidence across the health and social care workforce. Members were encouraged to raise awareness of the available tools and promote uptake within their organisations.

- The Framework, published in September 2024, provides a structured approach to digital capability and is designed to support individuals, teams, and organisations. A self-assessment tool is available, allowing individuals to evaluate their digital confidence and receive guidance on next steps. A central resource hub has also been launched to host learning materials, including published learner pathways and leadership development content.

- Developed in partnership with NHS Education for Scotland (NES), the resources cover a range of topics including cybersecurity and emerging content on AI. Learner pathways are mapped to different levels of responsibility, including senior leadership, with dedicated sessions available for directors, board members, and executives to support strategic decision-making.

- ML noted that many of the resources are openly available and accessible beyond the immediate health and social care workforce, with pre-induction materials and public-facing tools that can support anyone interested in developing digital capability or exploring a future career in the sector. Resource availability is updated regularly, with new dates and content added every few weeks.

Comments

- KR praised the programme, describing it as a fantastic initiative that is already delivering benefits across the workforce. She highlighted the value of tailored programmes for senior leaders, boards, and executives, enabling more informed and strategic decision-making.
- SL welcomed the presentation and the focus on digital capability across health and social care.
- KR added that more could be done to support digital literacy, particularly through the development and use of pre-induction materials. She suggested this could help widen access and better prepare new entrants to the sector.
- ML responded by noting that the resources have been made openly available, not only for current staff but also for the general public. She highlighted the inclusion of specific programmes aimed at improving digital literacy more broadly.
- ML added that while some resources are designed for Boards and non-executive members, they have also been opened up to senior managers, who

can sign up directly. New sessions and learning opportunities are being added to the platform Turas on a rolling basis.

- KR reiterated that individuals do not need to already work in health and social care to access the materials. The resources on Turas are freely available to anyone interested in a career in the sector, offering a useful entry point for future workforce development.

Agenda Item 6: SPF Ways of Working

- Amy Wilson (AW) opened a discussion on how the Scottish Partnership Forum (SPF) can work more effectively across the system. She posed questions to members about whether SPF is currently meeting the needs of its stakeholders and how the forum might evolve to support more agile, system-wide engagement.
- Jane Hamilton (JH) shared reflections that questions have been raised about whether the SPF, in its current format, is sufficiently agile or flexible to engage at the right level of policy development. She suggested exploring alternative approaches to meeting—such as convening earlier in the policy process—and invited views on potential new models. She emphasised there is no fixed model and that feedback from members would help shape any future change.
- John Burns (JB) agreed that SPF continues to play an important role within the wider Scottish health and social care landscape. He noted that, as delivery models shift toward greater collaboration, SPF must also adapt. Meeting only three to four times a year is unlikely to be sufficient given the scale of change anticipated in the coming decade. JB suggested exploring stronger links between SPF, Area Partnership Forums (APFs), and groups such as SWAG and STAC.
- Frances Carmichael (FC) expressed frustration, noting that this conversation has been ongoing for some time. A proposed joint meeting between SWAG, STAC, and SPF had not yet been rearranged. She reflected that staff-side representatives across multiple organisations remain deeply dissatisfied with how partnership working is currently functioning in Scotland, especially following the First Minister's NHS renewal speech in January 2025, which occurred without prior engagement with SPF. While SPF has value, FC said it is not currently functioning well, and meaningful discussions are needed to address this.
- Jaki Lambert (JL) expressed concern that any proposed changes should not dilute or undermine the important, distinct roles of groups like SWAG and STAC. She noted the FM's speech highlighted moments where these groups should have been more engaged, reinforcing the need for SPF to operate more nimbly. Rather than abandoning the current structure, she suggested strengthening SPF's role.
- Louise Bussell (LB) emphasised the importance of advance notice of agenda topics, particularly if SPF is to meet more frequently. She noted that

representatives need time to engage meaningfully with their constituencies ahead of discussions.

- Sarah Leslie (SL) supported increasing the frequency of meetings and encouraged a review of the role, function, and purpose of both SPF and APFs. She called for a "reboot" of SPF to ensure it effectively connects local and national partnership working.
- Norman Provan (NP) noted that while there had been criticism of SPF's recent effectiveness, he felt some of this was unfair. He suggested that SPF currently operates more as an information-sharing or oversight forum, rather than a truly collaborative space. NP encouraged greater integration with other groups and advocated for mutual respect. He also recommended that papers and presentations be shared earlier to allow for better-prepared and more constructive discussion.
- AW closed the discussion by summarising the key points raised. She noted that there was no appetite to disband SPF, but there was clear recognition that it is not currently working as well as it should. She emphasised the need to take action to address these concerns and to better integrate SPF with other key forums. AW reiterated that SPF should not be reactive, but proactive—engaged early in shaping policy, not arriving late to important conversations.

- **Outcome**

There was broad consensus that SPF retains value as a national strategic forum, although not currently functioning as effectively as it could. Members agreed that SPF needs to evolve to become a more agile, proactive and integrated space for shaping policy across the system. There was no appetite to disband SPF, but a strong desire for reform, including more frequent meetings, earlier engagement in policy development, and improved alignment with other key partnership structures such as SWAG, STAC, and Area Partnership Forums (APFs).

Action

- The Scottish Government will consider how the forum can operate more effectively and align more closely with other national and local structures. This will include consideration of meeting format and frequency, opportunities for earlier engagement in policy development, and improved coordination with forums such as SWAG, STAC, and Area Partnership Forums.

Agenda Item 7: AOB

- JB attended his final SPF meeting. AW thanked him for his valuable contributions to the Forum over the years and acknowledged his long-standing support for partnership working.

[END]

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