COVID-19 – Framework for Decision Making

Re-mobilise, Recover, Re-design: The Framework for NHS Scotland

Mobilisation Recovery Group (MRG6)

Note of Meeting

0900-1100 hours on Friday 18 September 2020

Via WebEx

Members Present

Jeane Freeman (Cabinet Secretary)	Cabinet Secretary for Health & Sport, Scottish Government
Bill Alexander	(deputising for Iona Colvin, Chief Social Work Adviser, Scottish Government)
Marion Bain	Deputy Chief Medical Officer, Scottish Government
John Burns	NHS Boards Chief Executives' representative
Sandra Campbell	Convenor, Scottish Social Services Council
John Connaghan	Interim CEO, NHS Scotland
Andrew Cowie	Deputy Chair, British Medical Association GP Committee (deputising for Andrew Buist)
George Crooks	Chief Executive, Digital Health & Care Institute
Cllr Stuart Currie	Health & Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA)
Nicola Dickie	COSLA
Joe FitzPatrick	Minister for Public Health, Sport & Wellbeing, Scottish Government
Eddie Fraser	Chief Officers' Group representative
David Garbutt	NHS Board Chairs Group representative
Theresa Fyffe	Director, Royal College of Nursing (Scotland)
Richard Foggo	Director of Population Health, Scottish Government
Pauline Howie	NHS National Boards Representative
Philip Grigor	Scotland Director, British Dental Association
Clare Haughey	Minister for Mental Health, Scottish Government
Angela Leitch	Chief Executive, Public Health Scotland
Jason Leitch	National Clinical Director, Scottish Government
Dr Carey Lunan	Chair, Royal College of General Practitioners
Donald MacAskill	Chief Executive, Scottish Care
Joanna MacDonald	Chair, Adult Social Care Standing Committee - Social Work Scotland
Miles Mack	Chair, Academy of Medical Royal Colleges and Faculties
Peter Macleod	Chief Executive, Care Inspectorate
Richard McCallum	Interim Director of Health Finance and Governance, Scottish Government
Harry McQuillan	Chief Executive, Community Pharmacy (Scotland)
Elinor Mitchell	Interim DG, Health & Social Care, Scottish Government (Co Chair)
Diane Murray	Deputising for Fiona McQueen, Chief Nursing Officer, Scottish Government
Peter Murray	Chair IJB, Chairs & Vice Chairs Group;
James O'Connell	National Staff Side representative - UNITE
David Quigley	Chair, Optometry Scotland
Sir Lewis Ritchie	Mackenzie Professor of General Practice
Ralph Roberts	Deputising for Pauline Howie, NHS National Boards
Claire Ronald	National Staff Side representative - Chartered Society of Physiotherapy
Claire Thomas	COSLA (deputising for Nicola Dickie)
John Thomson	Deputising for Dr David Chung, Chair, Royal College of Emergency Medicine

Linda Walker	National Staff Side representative – GMB
Ian Welsh	Chief Executive, Healthcare & Social Care, Alliance Scotland
Carole Wilkinson	Chair, Healthcare Improvement Scotland
Andrea Wilson	Convener, Allied Health Professions Federation Scotland

Apologies

Andrew Buist	Chair, British Medical Association GP Committee
Dr David Chung	Chair, Royal College of Emergency Medicine
Iona Colvin	Chief Social Work Adviser, Scottish Government
Tom Ferris	Chief Dental Officer, Scottish Government
Andrew Kerr	SOLACE, Health and Social Care Spokesperson
Dr Lewis Morrison	Chair of Scottish Council, British Medical Association
Annie Gunner Logan	Coalition of Care and Support Providers
Fiona McQueen	Chief Nursing Officer, Scottish Government

In attendance

Luska Jerdin	Head of Mental Health Performance and Improvement
Heather Campbell	Interim Deputy Director, Primary Care
Fiona Duff	Senior Advisor - Primary Care, Scottish Government
Aidan Grisewood	Interim Director for Primary Care, Scottish Government
Neil Harrison	Senior Marketing Manager, Scottish Government
Michael Kellet	Head of Health & Social Care, Scottish Government
Helen Maitland	Unscheduled Care Director
Carolyn McDonald	Chief Allied Health Professional, Scottish Government
Christine McLaughlin	Director of Planning, Scottish Government
Rose Marie Parr	Chief Pharmaceutical Officer, Scottish Government
Gillian Russell	Director of Health Workforce, Leadership, and Service Reform
Susan Webb	Director of Public Health, representing NHS Scotland Boards

Official Support

Andrew Fleming	Official Support, Scottish Government
Leticia Martinez Garcia	Official Support, Scottish Government
Angela Gibson	Official Support, Scottish Government
Helen MacDonald	Official Support, Scottish Government
Marty Shevlin	Official Support, Scottish Government

Note of Meeting

Item 1: Welcome & Introductions

1 The Cabinet Secretary welcomed Group members to its sixth meeting, noting apologies as above. This meeting would focus on Public Health and the work taking place as part of the sub group on Primary and Community Care Remobilisation. The Cabinet Secretary explained that unfortunately she would have to leave the meeting at 10 am to attend another meeting with the First Minister. In her absence, Elinor Mitchell, Interim Directorate General would Chair the meeting. She expressed her apologies for this but indicated that she would be interested to ensure she receives an update on the discussion in due course.

Item 2: Note of meeting held on 28 August, 2020

2 The Note of Meeting of 28 August, 2020, which was circulated to the Group on 8 September, was taken as a true and accurate account of the meeting and as such, the note of the meeting was **RATIFIED** and would now be published on the SG website.

Item 3: Matters arising not on the agenda/actions

3 The meeting reviewed the action tracker, noting that there were no outstanding actions. The Cabinet Secretary drew the Group's attention to the papers provided for information from the ALLIANCE as part of their "People at the Centre" series and the EQIA they had undertaken on their work; on the Programme for Government, and the further information provided, under action 18, on the establishment of a portfolio board and sub-groups. The Cabinet Secretary reported that, as per the suggestions made at the last meeting, a presentation on ICT and Health and Social care would feature on the agenda for the next meeting.

Item 4: Public Health

4 Richard Foggo, Director of Population Health at Scottish Government thanked the Cabinet Secretary for providing the opportunity for himself, Susan Webb as Director of Public Health and Angela Leitch as Chief Executive of Public Health (Scotland) to commence a discussion with this group, with a view to developing a world class public health system. He advised that key to this would be to build a guiding coalition behind the work around the best of our current public health system to inform how the exemplary Covid response could inform future public health challenges in Scotland.

5 In discussing the presentation, Richard wanted to obtain a sense of the contribution the broad range of members on the Group could bring to the work. The work was presented as a companion piece to the presentation on primary and community healthcare which would follow.

6 He reiterated there was no distinct transformation agenda for public health and that the topic absolutely weaves through, not only primary but also social care, so it was not about setting up distinct and separate pathways, rather around bringing out the qualities of a world class system within what which we already see. The work would be around optimising services which rely, absolutely on a qualitative engagement with the public.

7 Susan Webb picked up the presentation to provide some background from the local perspective, experienced through her public health partnership, where the members were advised that NHS Grampian and Shetland have strong partnership working built on over the years, which has in the past few months grown stronger than ever due to the shared sense of purpose and urgency of the situation.

8 There were differences from work undertaken in the past. As part of Test and Protect, the group heard how dental and HSCP colleagues had been brought together to help with swabbing, as well as trained third sector and local authority staff

to provide proactive support around call handling. But what had been really helpful was the logistical mind-set of the military officers to identify trigger points when need to stand up, in respect of the unpredictable coronavirus.

9 It had been important for local authority and public health to work together to determine the public health measures to implement in communities but also in terms of response. Compliance measures implemented in the hospital sector had been critical and shared impetus that “we need to make this happen and happen urgently” made a real difference. Incident management teams had strengthened the message and public sector communications came together around social distancing across the sector as was understanding role within community to support complex messages.

10 In order to support the wider public health teams, daily huddles took place, to answer questions and address points to enable them to respond to queries and issues smoothly, within communities but equally to provide information around situations which hadn’t worked so well. In terms of strengthening governance, the second thing to be mindful of was that we shouldn’t create new structures but built on those already there, with a view to sharing intelligence and amending the response according to changing demands.

11 The Cabinet Secretary thanked Susan for her view, advising that this was a good opportunity for both herself and colleagues to record thanks for the leadership and very hard work in dealing with the outbreaks and to Susan, in particular, for managing the Grampian one. **The Cabinet Secretary asked that her thanks be relayed back to the staff undertaking the work on the ground.** She reflected that much had been learned as outbreaks have all been very different, with no magic template but that they all require good clinical judgement and local knowledge, which she wished to record her thanks and that this be passed on to colleagues.

12 Angela Leitch went on to provide perspective from a national level, thanking the Cabinet Secretary for the opportunity. She noted that Susan had covered a range of relevant points but wanted to reiterate the point that many of the components of a world class system are already in place but that she had been cognisant of the challenges throughout the pandemic to enhance relationships and processes in order to prevent disease and illness earlier.

13 Angela went on to talk about the importance of strategic planning. She noted that throughout the piece, there was an opportunity to join the reform agenda with that of the policy i.e. Programme for Government, Child Poverty, Independent Care Review, as well as Rights Respected, United National Convention of Rights of the Children, which will combine and provide an opportunity to further enhance a world class public health system for Scotland. Key to that was collaboration sustainable delivery. Undoubtedly, community is at the heart of that, first and foremost and Susan had witnessed this, first-hand. There was a tremendous resilience to be seen in communities with what was already there but this had been enhanced as a result of collaboration of communities, public and third sector and that had been incredible and it was in this way, she advised that equality would be addressed too.

14 Services deal with disadvantage and we cannot provide a solution on our own – there is a need to do so, together, with renewed effort on existing structures at local, national and regional level. She went on to advise that over the past 6 months, working with the Director of Public Health in particular, but also with health boards, local authorities and COSLA, work had taken place around the safe reopening of schools. That was an example of local, national and regional work where a package was arrived at, with partners around infection guidance for schools and also development of the enhance surveillance programme. Key partners can manage pandemic. Drawing upon further examples and the use of data is paramount to learn from and work is ongoing with NHS board Chief Executives around supporting the remobilisation of services to turn data into intelligence. More of this will be seen, moving forward, working with local communities and organisations.

15 Finally, there is thinking around the opportunities to extent technologies, such as Near Me, however, there is a need to be mindful of mitigating against digital exclusion and exploration around embedding further opportunities for consideration within NHS pathways. There is a strong foundation but, through collaboration, there is an opportunity to take this to the next level and make this first class, as per the Programme for Government.

16 The Cabinet Secretary noted the need to be mindful of the infrastructure required to enable this world class public health system to be developed as a key focus, i.e. the "what". In relation to "the how", consideration was required around how we engage within communities and what enabling infrastructure was required.

17 Carey Lunan expressed her excitement around the role of Public Health Scotland into the future and that it should be of no surprise that she was keen to be involved in regard to population health, as a lot of public health work had been done at macro level, with general practice and primary care so implementing this at micro level. She envisaged achievements through quality clusters with data and primary and community healthcare leads and advised of the huge potential to think around how health inequalities might be tackled. She had been engaged in a number of meetings with individuals which had taken place to look at this.

18 Stuart Currie advised that the key issue was about people realising what was already available at local level and flagged the role of community planning partnerships where all the key partners already work together and building on this structure. He went on to advise that what he sees in his own areas is a confidence in the people working within the systems and no sense of panic and a sense of relief on the ground that there are these teams to deliver the best outcomes possible, e.g. within schools.

19 Donald MacAskill felt that a piece of work needed to be done around the awareness of information alerts for parents, schools and children to ensure that, for families that are excluded, particularly ageing and care homes, these messages were being received.

20 The Cabinet Secretary agreed that there was much to be put in place that need to be embedded as we move forward, when we are no longer dealing with the virus in the way we are at the moment.

21 Eddie Fraser described the whole purpose of health and social care partnerships were to improve wellbeing of community. Councils spend much time in his areas looking at improvements in health, housing social care, the importance of economies and skills and of how people can access good work to have a good life. He advised that Integrated Joint Boards (IJBs) are more about delivering health and social care services in communities. He reflected that one of the saddest thing was when you witnessed generation after generation still in poverty. He referred to the Black Report of 1968 and of the need to work together with the strategic planning groups of IJBs to ensure all are involved.

22 George Crooks felt that it was a great opportunity, through the Covid response, to link together back-end databases and join these up to allow a move from aspiration of population health into empowering people to make better wellbeing choices with the data we already have. There is a need to be mindful of what is required for the future and build it now so that we can move forward in readiness and be less reactive but this requires a step back to be taken, now, so that we get to where we want to in the future.

23 Sir Lewis reflected on George's comments around the power of data and intelligence, agreeing that now is the time to move in that regard, with past use being slow over the years. This could bind us all together as we move forward. In terms of remote and rural we need to keep our eye on as it could push people apart. Glad to hear Susan talk about trust and relationships. He advised that fair weather is a good place to build relationships but in adversity they are strengthened.

24 John Burns advised that health boards' engagement with community planning partners is where much of this work could be embedded and reflected back to link with public health priorities. There had been a lot of interesting practice pre Covid, with comments around community health building and the role of public health as anchor institutions. He wondered how this presented an opportunity to strengthen communities and support to them through employment. There was much to consider and, from the health boards' perspective, the strength of public health has been seen, however, the key is that it is about a system and how it can embed the contributions of so many.

25 Harry McQuillan considered that, for him, this was about community planning partnerships and how their thoughts get transcribed into real action. He has previously asked his colleagues where they saw their place in the world, some may not see a role for themselves in this work and yet there is an opportunity to harness the networks of thousands people who are seen each day to contribute and ensure that the public message gets through. Digitally, if they were able to access parts of the electronic patient record (EPR), for example to access information around ageing sensory impairment, that could help them contribute to the patient's welfare.

26 Theresa Fyffe advised that, from a nursing perspective, across primary and acute care, from listening to all points made and, particularly hearing about the relationship between public health and population health, it appears that an opportunity has been presented. What is needed now is to embed and get more traction on key areas.

27 Richard Foggo picked up on a number of key points which is that this rich conversation be taken away and built on clear sense and consensus. He advised that Susan, Gabe; and Angela would want to engage around what those are and discuss the next steps. There is lots of consensus on the wider non-health networks, into communities and on the Covid response, which have connected into public health and re-energised relations. We need to develop a plan around this to ensure there is support so that when there is a move out of the pandemic phase there is a springboard to move to the next phase. **The Cabinet Secretary invited Richard and colleagues to come to a future meeting to set this out.**

28 The Cabinet Secretary thanked the speakers for their presentation. It was at this point that she apologised for having to leave the meeting and handed over to Elinor Mitchell.

Item 5: Report from Primary & Community Health Care Mobilisation Sub Group

29 Elinor Mitchell, introduced this item, reflecting on the strong links in relation to a world class public health service and the work needed to be done in primary and community care which was the cornerstone of our health service.

30 Aidan Grisewood advised that much of the ground had been covered by Richard in the previous presentation but to remind members, that he had done a presentation earlier in the lifespan of the group on the initial response when members had been asked to go away and think about the priorities for recovery and beyond and those which might impact against outcomes.

31 In talking through the slides, Aidan explained a bit about the establishment of the group and its members, many of whom are on, or are represented on this group. Initially they have met weekly to get momentum, for which he is extremely grateful. Sir Lewis advised that he had chaired sessions with the remote and rural group, expanded to ensure that all rural areas were adequately covered to identify risks and opportunities. Whilst there is a lot of work ongoing around response and recovery, it remains a challenge around what to focus on and of system wide enablers where there could be added value as a group.

32 The group were advised that mapping had been done in the first instance around what had been done in terms of response and recovery across the system. In term of contributing around the scale and what was done in relation to Covid response/impact, through critical but contributing more broadly to outcomes set pre-pandemic to get a clear view of foundations for the future to identify what to build on.

33 One of the first things undertaken was a review of the data and evidence which was helpful to set out in terms of scale in the system. Much data was harvested, in and out of year and has been mapped, however, there are still gaps in terms of knowledge, which has been picked up. The Group were advised there is more data in community and nursing which is not currently being fully used.

34 WebEx connectivity was intermittent and deteriorated throughout discussion of this item to the point where it was abandoned. Elinor thanked Aidan for his work which has helped provide a steer around what would be required to be done and

issues around the data which is not being used. **Group members asked that the group membership list be circulated.**

35 There was a discussion by those who were able to connect and the following issues were flagged:

- Workforce across primary and community care is a critical enabler, independent practitioner groups, recruitment, staff development, building on enablers i.e. independent prescribers, wellbeing;
- Mental health, health inequalities, variety in interfaces;
- Learning through Covid, care home and hospital at home interfaces;
- Need for better data, critical and evidenced based gaps and evaluation;
- Building back better – public health;
- Short, medium and long term;
- Key reminders around community and primary care in relation to scale/benefits to patients and sustainability of services, including finance now and to support future investments;
- Whole system approach – including involvement/linkage with social care (IJBs, education, fire police all joined up in parallel so there are cross cuttings); and
- Communications, relationships and engagement to drive service delivery.

36 Due to technical issues, Elinor drew the item to a conclusion and it was agreed that the item would be rerun at a future meeting, due to its importance.

Item 6: Paper on Unscheduled Care Redesign

37 Helen Maitland advised that an update paper is circulated for the perusal of members. A Ministerial meeting, with resulting actions had moved business on. The Cabinet Secretary is keen to understand the background and behavioural science around how services are accessed and this intelligence would feed into population health considerations. A readiness assessment would be undertaken and over the next 6 weeks, the implementation phase would be progressed.

Item 7: Date of Next Meeting(s)

38 The next meeting of the Group is scheduled to take place on 9 October, 2020 at 0900 hours.

39 The meeting concluded at 10.30 hours with Elinor Mitchell thanking members for their contributions and apologising for the disruptions. Elinor asked that the Secretariat explore different format options for future meetings for discussion with the Cabinet Secretary. Further details on this would be relayed in due course.

Scottish Government
22 September 2020