



Mobilisation Recovery Group

Note of Meeting

0900-1100 hours on Monday 29 June 2020

Via WebEx

Present

Jeane Freeman (Cabinet Secretary)	Cabinet Secretary for Health & Sport, Scottish Government
Marion Bain	Deputy Chief Medical Officer, Scottish Government
Andrew Buist	Chair, British Medical Association GP Committee
John Burns	NHS Board Chief Executive's representatives
Sandra Campbell	Convenor, Scottish Social Services Council
Dr David Chung	Chair, Royal College of Emergency Medicine
Iona Colvin	Chief Social Work Adviser, Scottish Government
John Connaghan	Interim CEO, NHS Scotland
George Crooks	Chief Executive, Digital Health & Care Institute
Cllr Stuart Currie	Health & Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA)
Tom Ferris	Chief Dental Officer, Scottish Government
Joe Fitzpatrick	Minister for Public Health, Sport & Wellbeing, Scottish Government
Eddie Fraser	Chief Officers' Group representative
Theresa Fyffe	Director, Royal College of Nursing (Scotland)
David Garbutt	NHS Board Chairs Group representative
Cllr Kieron Green	Vice Chair, IJB Chairs & Vice Chairs Group
Annie Gunner Logan	Coalition of Care and Support Providers
Philip Grigor	Scotland Director, British Dental Association
Clare Haughey	Minister for Mental Health, Scottish Government
Pauline Howie	NHS National Boards
Andrew Kerr	SOLACE, Health and Social Care Spokesperson
Jason Leitch	National Clinical Director, Scottish Government
Dr Carey Lunan	Chair, Royal College of General Practitioners
Elinor Mitchell	Interim DG, Health & Social Care, Scottish Government
Dr Lewis Morrison	Chair of Scottish Council, British Medical Association
Diane Murray	Deputy Chief Nursing Officer, Scottish Government
Peter Murray	Chair IJB, Chairs & Vice Chairs Group;
Donald MacAskill	Chief Executive, Scottish Care
Joanna Macdonald	Chair, Adult Social Care Standing Committee - Social Work Scotland
Peter Macleod	Chief Executive, Care Inspectorate
Harry McQuillan	Chair, Community Pharmacy
James O'Connell	National Staff Side representative - UNITE
David Quigley	Chair, Optometry Scotland
Sir Lewis Ritchie	Mackenzie Professor of General Practice

Claire Ronald	National Staff Side representative - Chartered Society of Physiotherapy
Professor Jackie Taylor	President of RCPSCG and Vice Cabinet Secretary of Scottish Academy (substituting for Miles Mack)
Ian Welsh	Chief Executive, Healthcare & Social Care, Alliance Scotland
Carole Wilkinson	Chief Executive, Healthcare Improvement Scotland

Apologies

Miles Mack	Chair, Academy of Medical Royal Colleges and Faculties
Jane Anderson	National Staff Side representative - Unison

In attendance

Jann Gardner	Chief Executive, GJNH Chief Executive
Helen Maitland	Unscheduled Care Director, Scottish Government
Christine McLaughlin	Director for Planning, NHS Scotland, Scottish Government
Rose Marie Parr	Chief Pharmaceutical Officer, Scottish Government

Official Support

Andrew Fleming	Official Support, Scottish Government
Helen MacDonald	Official Support, Scottish Government
Marty Shevlin	Official Support, Scottish Government

Note of Meeting

Item 1: Welcome & Introductions

- 1 A roll call was taken and apologies noted as above.

- 2 The Cabinet Secretary welcomed attendees to the first meeting of the Group. She noted that the work for the next phase/s to safely resume paused services will be guided by Re-mobilise, Recover, Re-design, The Framework for NHS Scotland (the Framework), which was published on 31 May 2020. The Framework recognises that it is now time, cautiously and safely, to begin to start to restart as many aspects of our NHS as is possible - starting on services where further delay for individual patients would seriously risk their situation deteriorating and the condition worsening.

- 3 The Cabinet Secretary recognised that this is not a straight forward task, noting that the Group's advice will be key as we continue to plan how the NHS and its planning partners can safely and effectively respond to the extraordinary demands of Covid-19, both now and in the future. This inaugural meeting would invoke a feel for what had been achieved thus far, dictate the future pace, and how that advice would inform the development of NHS in Scotland. Further, it was noted that given the need to maintain the tempo of work in this important area, the Cabinet Secretary was keen to move to fortnightly meetings with the next meeting occurring week commencing, 13 July, 2020.

Item 2. Aims & Objectives of Group

4 Before covering the Aims and Objectives of the Group, Andrew Fleming provided members with an overview of the Framework and the role it will play guiding how we plan to safely resume paused services, working across the whole health and social care system, with Health Boards and their planning partners, while critically maintaining capacity and resilience to respond to the pandemic as it develops. He noted the many challenges in this work including balancing capacity across the HSC system, the need to redesign treatment pathways so that they remain safe for staff and patients and the growing risk of rapidly rising waiting lists and potential non-Covid harms; particularly in the context of releasing Covid restrictions.

5 Where we can we want to retain as much good practice as we can and build on this to support longer term change. It is widely recognised that our response to the pandemic has led to some remarkable innovations in service delivery which, despite the challenges of responding, have offered many benefits to patients, e.g. digital technology has enabled more services to be delivered at home or in the community.

6 The Framework seeks to provide guidance to the process of remobilisation. It sets out the assumptions, principles and objectives for safe and effective mobilisation. It also sets out the approach to clinical prioritisation. Working across the whole system, it recognises the need to work in partnership to determine clinical priorities - covering primary care, emergency care urgent care planned care community care and social care. Finally all this work need to be underpinned by evidence.

7 He emphasised that underpinning the framework was the need to take the work to re-mobilise, recover and re-design the NHS forward on a whole system basis, in partnership with partnership with all key stakeholders; that staff and public safely were critical; and that actions to restart services should be evidence led and aligned to clinically priorities as appropriate. He noted that this Group was critical to this.

8 In turning to the aims and objectives of the Group, Andrew referred to the draft Terms of Reference paper which set out the purpose, role and remit of the group – emphasising the purpose of the Group to provide advice on health and social care policy and delivery in the context of the response to the Covid-19 epidemic and to drive forward activity on a whole system basis in line with the Framework and will address issues arising from this.

9 The Group discussed the draft Terms and Reference and the following points were made.

10 Claire Ronald felt it vital that representation was sought from the Allied Health Professional Association, as there would be a requirement for them to support the recovery of the NHS.

11 Annie Gunner Logan noted that third sector bodies had sought clarification on how they and intermediate bodies could feed into this process. She advised that, her role on the Group was to represent the Coalition of Care and Support Providers, as opposed to having a wider role, however, in order to minimise the number of teams required to participate, she could act as a conduit for third sector views.

12 Philip Grigor of the British Dental Association, advised we consider the inclusion of a practising dentist on the Group, to best represent the profession.

13 In responding to these points, the Cabinet Secretary advised that she would reflect on these views. She noted that the Group was advisory and needed to be focused but that outputs could be pursued through delegated work streams, upon which a number of individuals could be invited for their areas of expertise.

14 The Group's Terms of Reference were AGREED.

Item 3. Planning for the next phase of mobilisation

15 Christine McLaughlin introduced the next item which was in 3 parts - an overview of the phases of mobilisation to date, a review of the whole of the health and social care system in terms of achievements and next steps; and finally coverage of the next phase of mobilisation to March 2020.

16 First of all, Christine highlighted the significant change which had been implemented across the HSC system - in terms of acute bed surge capacity, creation of NHS Louisa Jordan, reconfiguration of primary and community care services to provide Covid-19 hubs; good partnership working in social care to reduce delayed discharges; prioritise home first and other innovative solutions; and use of digital technology (Near Me, NHS Inform). She noted that NHS Boards had been asked to provide initial remobilisation plans up until the end of July, which had been reviewed by Scottish Government. The next iteration of plans out to March 2021 would be requested from NHS Boards this week and she sought any views of any issues which in this either via the discussion at the meeting or in correspondence thereafter. Christine also set out how the various phases of mobilisation (re-mobilise, recover, re-design/re-new) might be visualised as a portfolio of work.

Discussion Points on the phases of mobilisation:

17 Andrew Kerr advised that much had been done around Recovery, and that Renew and Remobilise were almost the same issue and of the dangers of separating which might result in a return to pre-pandemic working practices at a time when innovation had moved forward, with whole system integrated working now in place.

18 David Garbutt advised it would be useful for this Group to have sight of the benefits and challenges as assessed by staff around the huge amount of work which had taken place in Health & Social Care.

19 Lewis Morrison highlighted the implications for staff and the need to be mindful for their welfare. It was his view that remote clinics are more tiring for staff, amongst other factors and there is a need to consider future requirements in terms of post and undergraduate training.

20 Jackie Taylor highlighted the interface between Primary and Secondary care amongst one of the things which worked particularly well during the pandemic response due to the joint approach, particularly around the delivery of emergency and non-emergency care. It was important to retain the benefits from this and a Primary Secondary Care Interface Group – for all Boards moving forward, which had been useful in managing care at Home and home care appointments but only if they have a workforce to provide care in this way so there was a need to be mindful to ensure capacity for training and education in the future.

21 Peter Murray asked that the short and long term objectives are applied together as these need to be hand in glove with the work of the Integrated Joint Boards for a single, whole system, approach.

22 Annie Gunner Logan referred to slide 8 in the presentation noting good partnership working with social care. She advised that this has not always been the experience of third sector organisations on the ground, and suggested that greater support may be necessary.

23 The Cabinet Secretary noted the points made, agreeing it would be helpful to see any lessons learnt work to feed into planning and delivery moving forward. She agreed no organisation had found the demands placed upon them to be straight forward, and she acknowledged the importance of these points and the need to have discussion with colleagues in regard to recruitment and staff wellbeing at a future meeting.

Review of the whole System - Unscheduled Care

24 Christine continued her presentation by offering a review of the whole health and social care system, starting with unscheduled care. She noted that an enormous amount of change had taken place within unscheduled care to maintain capacity during the initial phases. It was also the case that we need to attune to the challenges moving forward - as volumes return to pre-Covid levels, getting ready for winter; preparing for a second surge etc. Christine referenced the Group which Calum Campbell and Angelina Foster were leading on redesign of urgent care work - which topic might be a candidate for further discussion by the group.

Discussion Points:

25 Andrew Buist worried that the focus in this area could be overly hospital heavy and referred to the letter sent on 4 May around equity in the interface work providing assurance that work undertaken in one area would not have an impact in another.

26 Carey Lunan advised on concerns of a return to silo working, whilst also recognising the need to keep the emergency department safe.

27 David Chung advised of the positive things which had been happening as a result of the pandemic, but of the need to be mindful of the impact of these in other areas of the system, as also the need for emergency department to schedule it's work in a more managed way in order to care for itself and "lock in" the good.

28 The Cabinet Secretary acknowledged the importance of being cognisant of primary care colleagues concerns in relation to unscheduled care and of ensuring joint working on a whole system basis.

Primary & Community Care

29 Christine went on to discuss primary and community care. She reported the significant changes and mixed solutions, including the Pharmacy First initiative, Community Care and Treatment Centres and to consider what this means for planning, linking with the IJBs and read across as taken forward.

Discussion Points:

30 Andrew Buist highlighted that cervical screening was due to recommence for urgent cases, and also the Seasonal Influenza Vaccine Programme , this would require support due to restrictions on nursing workforce and PPE.

31 Sir Lewis spoke of the great opportunity to do something different to transform primary care services, whilst retaining the good work which had been done and move forward with aspirations, as the current conditions were right.

32 Harry McQuillan encouraged a whole system view and advised that capacity could be built in for the Seasonal Influenza Vaccine Programme by community pharmacy contractors, who had already engaged in supporting further unscheduled care through an extended Minor Ailments Service and the launch of Pharmacy First. He would be keen to understand where their role fits best.

33 The Cabinet Secretary welcomed these comments

Social Care

34 Christine moved to discuss Social Care where the Group heard how PPE, testing and work to support staff and services had been expanded to increase activity. Interdependencies had been identified and there was a need to understand end to end pathways, so they, in turn, could be understood by citizens.

Discussion Points:

35 Cllr Currie agreed that it was important to understand, identify and solve problems in order to keep people out of the Emergency Department. Recruitment and retention - which was an issue pre pandemic, still existed. Issues are not always financial, in nature. There is a need to recognise the profession and ensure advancement of staff too.

36 Donald MacAskill agreed with the points around recruitment and retention which have remained, throughout the pandemic, however, improvements – at pace, had been seen in particular areas, such as palliative/end of life care, pharmacy, GP and in particular the uniqueness of the function and roles. He went on to advise that staff are now exhausted with no further supply of staff to provide support over summer. Brexit is a major cause for concern for the workforce cohort; and there remains a distinct challenge in the social care sector in relation to a shortage of nursing workforce.

37 James O’Connell advised of the need to be mindful of and include good practice examples to encourage understanding, with a plea for NHS and social care approach with the patient at the centre and aligned/collaborative with COSLA so that funding is released quickly to local authorities, providing surety, moving forward.

Mental Health

38 Turning to Mental Health, the Group heard about the establishment of the wellbeing assessment hubs and the exploration of expansion of these further.

Discussion Points:

39 The Minister for Mental Health spoke of the huge advance in Unscheduled Care/Mental Health as well as the appetite to retain and expand the Mental Health Assessment Units. The Minister was mindful that Mental Health should have a seat round this table and wondered if an invitation could be extended to the Royal Colleges to retain the focus.

40 In relation to the Mental Health challenge, Ian Welsh advised of the need to address the importance for communities and of service user representation. Multiple groups have been actively testing networks so there is a rich information for discussion with Jason Leitch’s team to pick up with across the country.

41 Carey Lunan agreed that Mental Health is a challenge across the NHS and echoed Ian’s thoughts. MH component to at least 50% of consults at the current time – some pre-existing, some new. Since to the establishment of a Mental Health Nursing Team within her own general practice onward referrals to specialist services have reduced by around 70%, enabling quick interventions at times of crisis and management of chronic MH issues. This model would work well to manage the workload within the community if extended in other areas.

43 In terms of mental health representation, the Cabinet Secretary noted that the Alliance are involved, as part of this Group to provide representation and that Jason may want to advise around how the patients voice is to be considered.

Scheduled Care, Cancer & Diagnostics

44 Christine went on to review the remaining areas of the health and social care system, scheduled care, cancer and diagnostics. The Group heard about the enormous task of restarting services which had been paused and of the process of

clinical prioritisation to ensure that the backlog was addresses, safely, together with the development of guidance for Covid/non Covid working.

45 Innovations were noted, such as the publication of the Framework for Delivery of Cancer Surgery and Rapid Diagnostic Centres, procurement of a number of mobile MRI and CT scanners; and qFIT testing.

Discussion Points:

46 Lewis Morrison spoke of the difficulties in separating Covid/non Covid clinical areas, workforce related issues and the impact for Boards, this would have on job plans and systems to deliver elective treatment services and the pressures this would have on diagnostic services.

47 Jackie Taylor was keen that the rationale for elective/diagnostic data linkage is understood and faultless in order to ensure the patient journey is seamless and at the core of business.

48 John Burns reported that he is leading a small group with Chief Executives continuing into renewal of key points ensuring whole system working, clinical prioritisation and safety for patients which are common threads in discussions and working with Christine McLaughlin.

Risks & Next Phase

49 Christine spoke of the significant risks affecting planning, including Winter and the potential for managing a second wave of Covid-19, and which require to be assessed.

50 A great deal of work around next steps has been undertaken by Boards to date. A further letter would issue to Boards by the end of this week seeking revised remobilisation plans to end of March 2021. This commission would seek a response in terms of revised plans by the end of July, 2022. Meanwhile, Christine would welcome any particular comments from members around this commission on any specific points to be addressed asap.

Discussion Points:

51 Donald MacAskill reiterated Brexit as a particular risk to the Health and Social Care sector in addition to an emerging issue around medical consumables (not PPE) and, as such, should be mentioned in the risk register.

52 Carey Lunan had been in early discussion with colleagues at the Scottish Academy around additional risks, including the approach required to be taken by the NHS in relation to public messaging around what can be realistically be expected; and which she will consult further with Christine around.

53 James O'Connell advised that the next phase of planning to March, 2021 will require some planning assumptions to be made, around staff capacity, workforce planning and the need for these to be considered as they have key implications.

54 Peter MacLeod spoke of the continued focus required for care homes and the need for both a stock take prior to moving to the next phase, acknowledging there may be a tendency to step back; as well as a review of Care at Home – which was a critical issue reflected by other members also. A national group has been convened and mapping ongoing through the Care Inspectorate around ‘wrap around care’ and the integrated joint boards are looking to restart improvement plans. A plea was made to further explore use of telecare and telehealth moving forward, referring to the progress made through Near Me, with no time for reflection.

55 Theresa Fyffe highlighted leadership as a key consideration for all areas which required a focus going forward, which the Cabinet Secretary agreed was an important point, with all members leaders within their own area of responsibility.

56 Sir Lewis spoke around an increase in team work at an early stage in the pandemic, with decision making a common goal and the need to harness that with the current public support currently in place.

57 The Cabinet Secretary summed up this section advising that there was an opportunity to consider and shape the future as a collaborative effort moving forward and thanked all for really good contributions.

Item 4. Innovation & Good Practice

58 Jann Garner spoke to her presentation in this area, which returned much interest with questions asked about whether the focus of the discussion was too acute focused.

59 The Cabinet Secretary asked that further work be undertaken to include engagement with primary and community care as well as social care, so the good work which has happened there is optimised as well as the substantial opportunities embraced. Group members agreed that there was a requirement for an early connect with the multiple additional stakeholders, including housing/housing associations and were supportive of the potential impact that such a centre could have in spreading best practice and new ways of working.

60 It was agreed that Jann will take forward the points raised to enable a more integrated approach to the new Centre for Sustainable Delivery and revert back to the group at a later meeting.

Item 5. Reflection

61 The Cabinet Secretary asked the Group members to reflect on the discussion of the Group and the comments made throughout, with a view to identifying work streams which may fall from these to take work forward - noting the next meeting would be week commencing 13 July 2020.

62 David Garbutt reflected of the importance to keep the pace and look at the work streams for workforce and future training needs, in particular and perhaps a refresh of the Digital Strategy.

63 David Quigley spoke of the massive opportunity for providers of services to reduce the volume presenting to secondary care by integrating better, his providers by enabling access to patient management systems.

64 Cllr Currie reflected that many of the issues were not new, however, he was impressed by the good practice which had been happening across the system, particularly in relation to shielding patients. He noted that there was a need to establish a process around implementing some of decisions made by the Group across the system. He highlighted the short window for opportunity and of the present public support, with some of the greatest issues being technological.

65 The Cabinet Secretary noted that value of digital consultation tools but also recognised that face to face engagement is required in order to read non-verbal signs and of the importance of making a diagnosis. There is a need to remember that Scotland is primarily remote and rural in nature and of the need to maintain a personal connection with its citizens.

66 Additional comments and a call for agenda items were invited by the Cabinet Secretary to enable an agenda to be shaped and short life working groups to inform this convened; with the need to approach the task in an integrated and manageable way. Comments were sought by the 3 July 2020.

Item 5. Date of Next Meeting/Future Meeting Dates

67 As noted at the start of the meeting and due to the pace required to move forward this work, the Cabinet Secretary expressed a wish to meet fortnightly initially, with the next meeting to be scheduled some time, week commencing 13 July, 2020.

68 Potential further dates are scheduled for 27 July and 17 August at present, however, clinical colleagues have expressed that Monday meetings can be a challenge, therefore, in addition to scheduling the next meeting, officials will be in touch around the most suitable weekday for members to ensure that they are included and actively involved.

69 The meeting closed with the Cabinet Secretary thanking all members for their useful and thoughtful contributions.

70 The meeting concluded at 1100 hours.

Scottish Government
14 July 2020