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Convener
Health and Sport Committee
T3.60
The Scottish Parliament
Edinburgh
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Dear Convener,

IMPACT OF THE COVID-19 RESPONSE ON WORK ACROSS THE HEALTH PORTFOLIO

Covid-19 is presenting us with unprecedented challenges, and health and social care services are the forefront of our response to the current situation. This has meant that we have, quite rightly, had to rapidly refocus our resources to meet these new demands, and this has inevitable consequence on wider work across the Health Portfolio. I therefore wish to provide you with an update on some of these impacts, particularly for those areas for which the Committee has had a particular interest.

I would first like to assure the Committee that, despite the unprecedented challenges at present, we still intend to deliver on our previously made commitments. Rather than stopping working towards these, we are pausing them to allow resources to be freed up to meet the current exceptional demands. Whilst this will have an inevitable impact, particularly on timescales, I will keep careful track of our commitments and ensure that once the current situation has been resolved, these will be prioritised again and delivered, albeit taking into account the changed landscape, lessons learned, and the new operating environment we will have in Scotland.

Although our primary focus of the next few months will be on responding to the pandemic, other high priority areas of work will continue. I would like to highlight some of these for the Committee and provide a short update and impacts the current situation is having, including for Health Boards escalated on the NHS Scotland Performance Escalation Framework. It is my intention that a Board's escalation status will remain in place, although we do not expect recovery processes to continue in their current form. We will continue to review this process with individual Boards and will continue to support Boards, including NHS Ayrshire and Arran and NHS Borders to strongly focus on the Covid response over the coming months.

I am clear that, due to the system wide importance of culture and relationships, management capability and resilience in NHS Highland, focus on these areas are essential. In particular the findings of the Sturrock Report will continue to be a priority area. Likewise, I also expect

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NHS Tayside to maintain focus on the Board's response to the findings of the Strang Report, and on Mental Health generally.

Queen Elizabeth University Hospital

As you are aware, last November, NHS Greater Glasgow and Clyde (NHS GGC) was escalated to Stage 4 of the Scottish Government's performance framework for Health Boards because of issues arising from infection prevention and control (IPC), governance, and communications and engagement with families and patients with respect to the Queen Elizabeth University Hospital (QEUH).

The Oversight Board, chaired by the Chief Nursing Officer, Professor Fiona McQueen, was established in order to lead essential improvement work with the Health Board. Covid-19 will have an impact on the operation of this board, and while meetings will not be held for the foreseeable future as key internal and external staff within the Health Board are being redirected to address the immediate requirements of the outbreak. The Oversight Board will provide a report in May.

We are particularly focussing on the timeline for opening of wards 2A and 2B in the Royal Hospital for Children; our confidence in water safety across the QEUH site; and confidence that the arrangements of IPC are satisfactory and safe. At the same time, a review of affected cases is being taken forward by an independent panel of experts. While the pandemic will slow the work of the Case Note Review, it is not expected to halt it, and key cases are being prioritised for review.

In addition, the Covid-19 restrictions will have some impact on setting up the QEUH & RHCYP/DCN Public Inquiry, particularly with regard to acquiring accommodation, recruitment of Inquiry personnel and procuring services. However, work is continuing on putting in place the necessary financial and management protocols. I also hope to be in a position to update Party Spokespeople and Parliament on the Remit and Terms of Reference for the Inquiry in the coming weeks.

We will continue to work Sir Lewis Ritchie, the Health Board and partners on maintaining and developing the Primary Care Out of Hours service across NH Greater Glasgow and Clyde, which is even more critical during the Covid Response.

Royal Hospital for Sick Children, Edinburgh

An Oversight Board chaired by the Chief Nursing Officer, Fiona McQueen continues to meet with regards to the Royal Hospital for Children and Young People and Department of Clinical Neurosciences, and Mary Morgan continues to act as Senior Programme Director and report directly to the Scottish Government. Mary remains responsible for taking forward the actions to ensure the facility is fit for occupation and overseeing the NHS Lothian action plan to deliver a safe and complaint site for the Royal Hospital for Children and Young People. The priority of the project remains to deliver a safe hospital for the patients of NHS Lothian. Work on the return of St John's Hospital paediatrics to 24/7 operation will continue due to the fundamental importance of this service.

As well as our commitments regarding these two hospitals, the Committee may be particularly interested in the impact of Covid-19 across critical areas in Population Health

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and Mental Health. **Annex A** provides a more detailed update on what work in these areas are being continued, slowed or paused.

Covid-19 places unique demands on our Health and Social Care services, as well as our society as a whole. I wish to again reassure that Committee that, although it is right and proper that we refocus our resources and I am proud of how the incredible staff across NHS Scotland, social services and other essential workers are rising to this challenge, we will not lose sight of all the other vital work across the Health Portfolio, and I am happy to provide the Committee with further updates as the situation progresses.

Jeane Freeman

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IMPACT OF COVID-19

Mental Health

Ongoing work is focused on 6 key workstreams as part of the Covid-19 Response:

- Continuation of Mental Health Services
We are working to ensure NHS in-patient and community mental health quality and integrity of services are maintained within the constraints that we now face. We are working on guidance for service managers with colleagues in Boards and will draw that together into national guidelines.
- NHS Staff Wellbeing
We are working to ensure effective communications and guidance to NHS and social care staff about mental health and wellbeing. For instance, we are developing a communication strategy to support staff mental wellbeing.
- Vulnerable Groups
We are engaging with organisations such as Alzheimers Scotland and the Scottish Council for Learning Disabilities to ensure that our messages are tailored to the needs and understood by some of our most vulnerable groups and that day to day support is maintained. For example, we are ensuring that public health guidance is published in an Easy Read format.
- Restricted Patients
Mental Health Directorate is working on legal changes that will support practitioners during the pandemic. Mental Health Directorate is also identifying changes in practice that can be made that would simplify processes and alleviate pressures on secure mental health service practitioners during the pandemic.
- Additional Mental Health Support
We understand that the introduction of wider isolation and distancing will have an impact on the mental well-being of the population. We are developing mental health support for the population during the outbreak and will shortly issue guidance to help individuals to maintain good mental health. As well as supporting strong and consistent messages to support good mental health. For example, we have increased the capacity of NHS 24's telephone and online services.
- Legal Aspects of Mental Health
Legislative measures have been taken by UK Government in partnership with Scottish Government to introduce temporary changes to mental health legislation in response to the pandemic. This will seek to ensure that people can continue to be treated and cared for in a way which respects their rights but while ensuring that services can better cope with staff shortages. To support this, we have developed guidance on mental health legislative changes.

The Directorate has also established a small central co-ordination team to oversee progress and to link with the wider DG Health and Social Care and Scottish Government response.

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Continuation of existing work

Alongside our response to Covid-19, we will be continuing to progress a number of our Mental Health commitments. This includes key work such as the delivery of additional school counsellors; the development of Perinatal Mental Health and Infant Mental Health Delivery Plans; and performance and improvement support to Health Boards.

Given the reprioritisation of work to address the mental health challenges that Covid-19 presents, all other work within the portfolio has paused. The Committee may particularly wish to note the status of the following:

- Work on both the Independent Review of the Delivery of Forensic Mental Health Services and the Independent Mental Health Law Review have been paused.
- The April meeting of the Children and Young People's Mental Health and Wellbeing Programme Board has been cancelled and work to progress its deliverables have been temporarily postponed. This includes the delivery of the community mental health and wellbeing supports and services, which the Minister for Mental Health wrote to you about on the 10th March.
- The National Suicide Prevention Leadership Group (NSPLG) will continue to do everything it can to keep as much of its work on track as possible during this challenging period. The Group intends to hold its April meeting virtually, permitting members' availability. The NSPLG will publish its midpoint report this Spring.

We recognise the public health challenge we are facing in Coronavirus. The mental health implications are just as important and potentially endure for longer. It is likely that as a result of the Covid-19 outbreak and move to social distancing and social isolation measures, some people may understandably experience emotional distress, or feelings of hopelessness. It is also possible that some people might feel depressed, or that it's all getting too much. There will be people who face difficulties with housing, employment, money, or the wellbeing of our loved ones.

We are committed to providing clear, comprehensive and accessible support for Scotland's mental health. We will work to ensure everyone in Scotland feels empowered to look after their mental health and wellbeing during this time and to support those around them. That goes from simply feeling able to start a conversation about how you feel, to specialist services being available for those who need them.

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Population Health

Active Scotland

While delivery of physical activity programmes by the sport and third sector have ceased due to Covid-19, we are continuing to provide financial support to the sector in order to protect jobs.

The sector is also being supported by both Scottish Government and SportScotland to interpret and access to the additional financial support available to organisations and individuals.

Guidance has been developed and issued to assist the population to remain active during self-isolation and social distancing.

This will include facilitating online physical activity content that can be done in the home. We will also look to provide free access to online platforms to ensure maximum reach and impact.

Dentistry

As of 23 March we have ceased all routine face to face dental care in Scotland. Dental practices are still open to take calls from their patients who have dental problems or concerns and are dealt with using the Advice – Analgesia - Anti-microbial model.

Urgent dental care will continue to be provided throughout Scotland at NHS Board operated urgent dental care centres, this is in effect making the usual weekend urgent care model available 7 days per week. Access is via NHS Board helplines (in-hours) and NHS24 (out of hours).

Dental teams which are 'stood down' will be repositioned to bolster the urgent dental care workforce with immediate effect and will join wider NHS activities supporting the Covid-19 response such as helping with community testing and the triaging of patients.

All development work arising from the Oral Health Improvement Plan is currently paused until after the Covid-19 outbreak is over.

Health Improvement

Prevention work on alcohol, tobacco and drugs

Work has been paused on both reviewing the minimum unit price and on planned health improvement consultations, e.g. alcohol advertising, smoking and tobacco products and drugs law reform.

We continue to support the work of the Drug Deaths Task Force which remains active and focussed on measures to ensure support is in place for people who use drugs during the Covid-19 outbreak, and the minimum unit pricing evaluation (a statutory requirement).

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Consultation on Drug Law Reform

Our commitment to publish a consultation on drug law reform was being undertaken under the broad auspices of the Drug Death Taskforce. The Taskforce will consider how best to progress this under the current circumstances.

Health & Social Care in Prisons

We are focusing on working with the SG prisons team, SPS and NHS Board prison health centres on the management of Covid-19 in the prison environment.

All work associated with the Health and Social Care in Prisons Programme has stopped.

We committed to publish a Strategy for Health & Social Care in Prisons over the coming year. That timescale is now under review as we refocus on tackling the pandemic.

We are continuing to work with SPS and health and care services to ensure continuity of healthcare in prisons and healthcare support for prisoners on release from custody.

Diet and Healthy Weight

We are pausing Primary 1 BMI measurement; face to face weight management services for children, adults and people at risk of or diagnosed with type 2 diabetes. Where possible, we are seeking to maintain targeted weight management support and to provide ongoing support for high risk groups via telephone and/or digital programmes

We are delaying publication and implementation of Out of Home action plan.

Subject to the capacity of partners work led by Food Standards Scotland on folic acid fortification, allergen labelling and calorie labelling will be continuing but is likely to be delayed.

Whilst we are committed to bringing forward the Restricting Foods Promotions Bill we are considering options for scope and timing of the legislation as both Scottish Government and partners in the food sector are concentrating on responding to Covid 19. We will update the Committee once we have reached a view.

We are scaling up work in order to deliver Food Fund for over 70s.

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Health Protection

Population screening programmes

Some of the population-based screening programmes are being paused. These are Abdominal Aortic Aneurysm (AAA); Diabetic Retinopathy; Bowel; Cervical; and Breast. All individuals affected by a delay in screening will be prioritised for screening and further assessment prior to official restarting of the programmes, i.e. their screening tests will not be “missed”, just deferred.

Essential parts of the pregnancy and new born screening programmes continue.

The Vaccination Transformation Programme (VTP)

We have extended the timescale by one year to April 2022. Some work to test supporting IT continues.

Implementation of the Human Tissue (Authorisation) (Scotland) Act 2019

We have rescheduled implementation from autumn 2020 until March 2021.

Transplant activity

Deceased donation and transplantation is being kept under review by NHS Blood and Transplant (NHSBT). All potential donors are now being tested for Covid-19. The aim is to keep deceased donation going where possible, to enable those who most urgently need a transplant to receive one.

In the case of living kidney donation, transplant units are keeping the situation under review but most non-urgent living donor transplants have been postponed to avoid increasing risks to recipients (who would be at high risk if they contract Covid-19 soon after their transplant).

Immunisation and vaccination programmes continue

The Chief Medical Officer, Chief Nursing Officer and Chief Pharmaceutical Officer issued a letter on 20 March making clear that immunisation programmes should not be classified as non-urgent work and underlining the importance of timely vaccinations to protect people at the time of greatest risk from infections. . The completion of some school immunisation programmes will be delayed while schools are closed.

We are also progressing work to procure flu vaccine for winter 2020/21.

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Burial and cremation

Some planned work has been paused to allow partners to concentrate on vital contingency planning. Work paused includes the development of new regulations on powers of inspection and enforcement; new regulations on the management of burial grounds, private burial, exhumation and re-use of lairs; and a licensing scheme for funeral directors businesses.

Strategy and Reform

We have re-purposed our reform resources to support the recovery and renewal across the health and social care system. This will provide a strong foundation for strategy and delivery after the current crisis.

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