Introduction
The purpose of this brief is to give an update on LIST response to the COVID crisis and recovery.

The locally deployed teams are redirecting their efforts to focus on responding to local priorities for COVID services by providing on-site analytical support helping to source, link and interpret data. The LIST service continues to provide local decision makers with meaningful and actionable intelligence, leading to improved outcomes for the local populations.

LIST analysts are providing a fast-track service to a situation that is evolving quickly. LIST analysts are not only working to local operational needs but are also in a position to provide insight across the whole system. This has enabled shared learning across localities as well as providing broader insight as to what is going on across partnerships and some NHS Boards as well as other public sector organisations.

Benefits/values

Working with local leaders to provide services in local communities is the main focus of LIST, identifying the people in greatest need of health and care services and assessing the availability of the workforce to deliver the care. This allows the local partners to make informed decisions on how to target scarce resources, at a time where the local workforce is facing higher level of absence.

At this stage it is challenging to quantify the benefits of the work we are supporting but we do know that local leaders value the work we provide. While the importance for formal evaluation is recognised, we will be looking for expertise and guidance across PHS to evaluate its whole response to COVID.

By targeting resources quickly it is expected to have maximum impact for localities, including the most vulnerable and by adding value across the wider Public Health Priorities.

How we are working

LIST have a number of approaches:

1. **Embedded locally** - Local analysts are embedded within their health and social care partnership/primary care sector to identify, assess and respond to specific local requirements.

2. **Shared learning** - Co-ordination in place to provide central support for all areas, weekly communications that identifies common requests that we can then offer across all localities and develop a Once for Scotland approach (more details in case studies).

3. **National framework** - Working in collaboration with the Data & Analytical Delivery Cell and across other Cells in PHS e.g. Shielding List, modelling in unscheduled care activity, we aim to use the skills available in PHS to provide joined up services.

COVID requests

LIST have received a number of requests from across Scotland (75 by end of April 2020). These are shared with the Data & Analytical Delivery Cell to inform the wider response and priorities and are recorded in the analytical Trello board.

There are a number of emerging themes LIST have been working on. These are mostly summarised into

1. vulnerable people
2. impact on services
3. modelling for predicted number of cases.
In the sections below we have identified the general themes and have given some examples of the work.

**Themes**

**Vulnerable People**
This includes support to identify the shielding population at risk for COVID as well as local populations receiving primary care and/or social care services. This work ranges from identifying the individuals and supporting planning of services, including geospatial mapping of households to efficiently plan delivery routes.

**Impact on services**
This (activity and caseload) is looking at the current services that are in place and providing information on potential short term changes in demand and capacity of these service. Of particular interest is the home care model and workforce planning tool that was developed from a specific request in Falkirk and is being rolled out to a number of local partnerships.

**Modelling**
Short to medium term modelling for changes in demand and capacity across services, including COVID assessment centres and unscheduled care. Supporting ongoing discussions for long term recovery of services by identifying the possible factors and potential data sources to predict impact on the recovery process.

**Some examples of current requests**
- Projection modelling of COVID cases and impact on hospital activity and on community activity
- NHS Board temporal mapping of COVID cases
- Weekly issue of Shielding Lists to all Local Authorities and local mapping of residents to plan services/deliveries
- Home Care – new demand/resource model designed and offered across Scotland
- Care Home planning model – being scoped
- Unscheduled Care - analysis of new data, changes in pathways, impact on wider system
- New local linkages of data e.g. linkage of shielding people with social care data, district nursing data with social care data
- Identification of other vulnerable people, with co-morbidities – dementia, etc
- New local collection and analysis of GP Practice activity
- Discharge planning – patient flows and pathways, linked to capacity and wider services
- Assist with local linkage and management of home care patients with COVID, as part of testing and contact-tracing plans

**Opportunities to enhance Local/National working**
- Connect across stakeholder and customers
- Promote and encourage multi agency working
- Building a combined and single narrative that tells the story
- Partnership approach – Actively listening to local requirements to develop our national approach

**Appendices - case studies**

**Modelling the Potential Impact of Rising COVID-19 Related Staff Absences on Home Care Provision**

**New ways of using local and national fast track data for COVID response**

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