

Covid Recovery Committee

**11th Meeting, 2023 (Session 6), Thursday,
4 May 2023**

Standing Committee on Pandemic Preparedness

Introduction

At this meeting, the Committee will take evidence on the work of the [Standing Committee on Pandemic Preparedness](#) and hear from the following witnesses—

- Professor Andrew Morris, Chair, Standing Committee on Pandemic Preparedness, Director/CEO HDR-UK and Vice-Principal Data Science, University of Edinburgh;
- Professor Tom Evans, Professor of Molecular Microbiology and Consultant in Infectious Diseases, University of Glasgow.

At the [previous meeting on 29 September](#), technical issues meant that Members only had 30 minutes with Professor Morris, so many of the issues of interest could not be addressed fully. This session will enable Members to pick these up and to explore the themes more fully. A summary of these has been provided below, along with some suggested lines of questioning/discussion.

[Minutes from the meeting of the Standing Committee on Pandemic Preparedness on 7 July 2022](#) have just been published (25 April 2023), These are the only minutes published since publication of the interim report on 30 August 2022 and provide members with some further insight on the work of the Committee prior to publication of the Interim Report.

Background

The Standing Committee on Pandemic Preparedness is a permanent advisory group to the Scottish Government. It was established to bring together scientists and technical experts in order to advise on future pandemic risks and how to prepare for them. Membership of the Standing Committee is drawn from academia, public health and the Scottish Government.

The Standing Committee's remit extends to:

- advice on preparedness for and response to future pandemics, but not to management of the response to future pandemics,
- all aspects of preparedness in relation to public health and connected issues, but not to economic or wider aspects of preparedness not connected to public health.

Professor Andrew Morris was appointed as the Chair of the Committee by the then First Minister. On 30 August 2022, the Standing Committee [published an interim report](#) in response to the Commission issued by the then First Minister to the Standing Committee. The report detailed what it called four 'big tick' recommendations. These were:

1. To work with Public Health Scotland to develop proposals for a **Centre of Pandemic Preparedness** with the purpose of anticipating, preparing for and responding to pandemics.
2. **Data and analysis as basic infrastructure** is required to understand and respond to emerging threats. Support proposals as to how Scotland can enhance data collection and analysis in a trustworthy way as a matter of urgency.
3. Formalise the connection of **swift and independent scientific advice specific to Scotland** with UK decision-making structures and reinforce international networks.
4. Work across public health, research and industry to create a **triple helix partnership that supports innovation** while also boosting Scottish life sciences and research competitiveness. The interim report is intended to set out recommendations that the Committee felt would be beneficial to set out in advance of the final report. The final report is expected to be published this year (2023).

Summary of discussion on 29 September 2022

Professor Morris addressed questions about links across UK and international scientific networks, groups and agencies. He said that there was a need to:

“strengthen our structures in Scotland and the second is to ensure that they are completely integrated, at the very least with UK ones. Science is agnostic of sovereign borders... I am clear that the scientific community needs to collaborate nationally and internationally to curate that best advice, which can then be acted on by politicians”

He was also asked about the effectiveness of COVID spend. He said that a major new budget line was not expected for pandemic preparedness. But that “The two principles of good pandemic preparedness are, first, a very good and strong health and care system—that is the foundation.” He went on to state that there were three or four areas where targeted strategic investment was required, but did not elaborate.

While unable to comment, he did say that the committee could think about “what “really good “looks like for Scotland in the context of a global ecosystem for pandemic preparedness”. He went on to say that the committee had taken a practical approach, “to consider what an outstanding pandemic preparedness system for Scotland would look like” and to learn from the best internationally, and to do so with humility.

He was asked what kind of body the recommended centre for pandemic preparedness should be. Professor Morris said that form should follow function, function should follow purpose, and that governance should follow structure (form). He envisaged a number of principles regarding the centre:

- “we want the body to transform medical defences by coalescing Scottish expertise in vaccines, therapeutics and diagnostics
- we want it to ensure so-called situational awareness, which is the data piece. That means early-warning systems and real-time monitoring of any epidemic or pandemic outbreak
- we want it to be really tightly integrated with our national health service, social care bodies and Public Health Scotland.
- we must ensure clarity of leadership. In other words, who gets up in the morning every day and is responsible for pandemics?”

Professor Morris was asked to comment on the place of behavioural science in pandemic preparedness, especially given the differential impact on those with existing health vulnerabilities and conditions. His response was that we should beware of complacency – that the next pandemic could be worse, and even man made. He stressed that interdisciplinarity was key to good preparedness, which had quickly emerged during the early days of the pandemic precisely because there were no effective pharmaceutical interventions. He also mentioned a House of Lords Committee Report on risk. [Preparing for Extreme Risks: Building a Resilient Society](#). The report identified several issues that the pandemic had exposed:

- that the UK went into the Covid pandemic with too much self-confidence.
- there was excessive secrecy
- we need to challenge systems. (“By that I mean that, moving forward, exercises that test our pandemic preparedness will be important”)
- the cascade component of risk: “we often look at risks as discrete risks, whereas the concept of cascade risks is important. For example, who—before

Covid—would have envisaged the impact that a pandemic would have on exam results?

Professor Morris was asked about a response to the report from the Scottish Government. He said that he anticipated one, but there is no response to the report on the Standing Committee's website.

He went on to outline priorities for the following months:

- “we have set up four so-called task-and-finish groups to consider each of the four main recommendations and flesh them out as to their purpose, function, leadership structure, governance and resource implications.”
- “I have suggested to the team that we hold regional meetings across the country, so that we get out of Edinburgh and consult, in an open and transparent way, members of the public as well as learned societies such as the Royal Society of Edinburgh, the Scottish Science Advisory Council, the NHS and social care colleagues.”
- “we have set up an international reference group,... It will meet three times. Transparency is key, so all our minutes and activities will be published openly”

Lastly, Professor Morris was asked about spending and focus on preventative measures, and the tensions between the extreme measures to control spread in the event of a pandemic and the wider harmful impacts of the pandemic and the responses to it.

On the former, he recommended that genomic sequencing of respiratory pathogens be ongoing in order to be able to ensure that capability and readiness are embedded in NHS services.

On the latter, he said that there were few international studies that had carried out a wider cost-benefit analysis of responses to the pandemic. However, from the outset, the Scottish Government were aware that harms would be much wider than on direct health outcomes, but in the event, this did not greatly modify the response to the pandemic, which focused on immediate health harms and protection.

Key issues

Members may wish to pick up on the themes above and to explore the following areas:

- **Current Standing Committee activity and progress of the final report:**
 - **What meetings have been held, what activity has the Committee undertaken over the past six months?**
 - **When do you expect the final report to be published?**
- **Current four nation working on pandemic preparedness**

- **What are the areas where ‘targeted strategic investment’ is required to establish a good pandemic response for the future?**
- **What would ‘really good’ look like for Scotland in terms of pandemic preparedness?**
- **What progress has there been on establishing the centre for pandemic preparedness?**
- **Have you gathered more evidence on the broader impacts of the pandemic and pandemic responses with regards to wider health harms such as excess deaths, and social and economic harms? If not, do you have the expertise available to the Committee to provide that evidence?**
- **Have you had any response from the Scottish Government to your interim report?**
- **What is your opinion on the readiness of Scotland should the next pandemic emerge in the next year or so?**

Anne Jepson, Senior Researcher, SPICe Research

Date 27 April 2023

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