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13 October 2022

Dear Convener

Thank you for your letter of 23 September 2022 setting out the conclusions and recommendations from the COVID-19 Recovery Committee's recent review of "communication of public health information and messaging relating to COVID-19." I welcome this opportunity to provide a response to those recommendations including an update on work being undertaken by the Scottish Government since I gave evidence in June.

The table at Annex A sets out our detailed response to the Committee's recommendations and issues highlighted including our ongoing actions in addressing them.

I agree with the Committee that it is important to prepare communication plans for future pandemics and as such, learnings from the COVID-19 pandemic are informing a revision of our previously existing pandemic plan which was based on the pan-flu scenario. This work is ongoing.

From the outset of the pandemic we have designed our communications approach to be clear, consistent, evidence based and audience focused. Furthermore our communications and marketing campaigns for the general population were, and continue to be, designed to encourage safety behaviours which protect all individuals, including people at highest risk.

Regular polling to monitor the mood and attitude of the nation during the pandemic has routinely shown that the Scottish Government is well trusted to deliver information on coronavirus.

The Scottish Government takes an evidence-led approach to communication development and delivery. We segment our audiences, select the most relevant and

cost effective channels, and undertake primary and secondary research to uncover actionable insight. We then co-develop or test our creative product with audiences and stakeholders, and work with partners to ensure effective joins are made and maximum impact is achieved. In addition, we devise measurable objectives against which we evaluate all work on an ongoing basis to ensure our communications benefit from continuous learning to be as effective as they can be. All national communication plans cover the following:

- Policy outcomes
- Role for communications
- Target audience
- Research and insight
- Smart Objectives
- Strategy & Idea
- Channels
- Products
- Evaluation

Our communications plans will continue to remain agile and will respond to the public health need throughout the autumn/winter period and beyond as required.

I would like to thank you and the Committee members for your continued interest in the vital role that the communication of public health information has in protecting the health and wellbeing of Scotland's people.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Maree Todd', written in a cursive style.

**Maree Todd MSP**

Committee recommendation/issue	Response
<b>Future communications planning and tackling of mis/disinformation</b>	
<p>Recommendation that the Scottish Government prepares communication plans for future pandemics and ensures that any learning from the COVID-19 pandemic is reflected in these plans.</p>	<ul style="list-style-type: none"> <li>• We recognise the importance of a good communication plan for a future pandemic. As the Committee is aware The Standing Committee on Pandemic Preparedness, Chaired by Prof Andrew Morris, published their interim report on 30 August and will publish their final report next year.</li> <li>• In addition the Scottish Government remains alert to the threat posed by any new variant of COVID-19. Public Health Scotland has worked in collaboration with Scottish Government, Local Government and other partners to draft and publish their plan for monitoring and responding to new SARS-CoV-2 variants and mutations (VAMs). This plan works in tandem with the National Respiratory Surveillance Plan for Scotland to form an Outbreak Management plan that sets out the processes needed to identify, investigate, risk assess and respond to SARS-CoV-2 VAMs of COVID-19 in Scotland.</li> <li>• The Respiratory Surveillance plan includes a variety of COVID-19 monitoring programmes both in the community and in high risk settings as well as waste water, which give accurate information allowing us to identify variants of concern that may emerge. The VAM plan outlines a multiagency response to outbreaks or emerging variants of concern. This learning from Covid will inform plans and communications for any future pandemic</li> </ul>
<p>Recommendation that the Scottish Government gives further consideration to the idea of an independent fact-checking service to tackle misinformation and disinformation as suggested by witnesses.</p>	<ul style="list-style-type: none"> <li>• While the Scottish Government agrees with the Committee that it is crucial we continue to tackle misinformation and disinformation, we do not believe that it is best done through the creation of a new fact-checking service.</li> <li>• In addition fact-checking itself can only address specific instances of the problem of disinformation , and does not address the root causes of the misinformation/disinformation issue. Efforts to counter disinformation extend beyond core UK and Scottish Governments, and beyond simple fact-checking, for example, Scotland has led the way within the UK in requiring ‘imprints’ (certain details to show who is responsible for material) to ensure that all digital campaign material can be traced to source. We will continue to be active in this area, working with partners to learn and share best practice.</li> </ul>

## Communicating with individuals on the Highest Risk List

The Committee notes the Minister's view is that we are currently halfway through the pandemic. The Committee considers that it is important that all members of Scotland's society should feel included as we move through the next phase of the pandemic and into recovery.

The Committee is therefore concerned to hear views from those who were on the highest risk list that recent communications have not addressed their concerns. The Committee recommends that the Scottish Government works with representative groups to review the needs and concerns of people on the highest risk list to consider how these can be addressed in public health messaging going forward.

- The Scottish Government agrees with the Committee that it is important to include all members of Scottish society as we move into the next phase of the pandemic and into recovery.
- Throughout the pandemic, our communications with the c180,000 people considered to be at highest risk were developed in collaboration with those who have lived experience of shielding. We regularly consulted with approximately 6,100 people on the Highest Risk (formerly Shielding) List who signed up to participate in research.
- We communicated directly with this group through multiple channels, including regular letters from the Chief Medical Officer, through a text messaging service, through social media, through dedicated pages on Scottish Government's websites, through First Minister's briefings and through media coverage.
- In a survey of almost 4,600 of those at highest risk, 91% stated that the communications they have received from the Scottish Government have been helpful (January 2021).
- Scotland's Highest Risk List ended on 31 May 2022 after publication of a clinical review of the scientific evidence that has emerged over the last two years in relation to each of the groups originally considered to be at highest risk from COVID-19. Scotland's Chief Medical Officer wrote to everyone on the Highest Risk List prior to its ending to set out the reasons for this and to reassure them that we are able to rapidly and more accurately identify individuals at highest risk for advice and communications should we need to in future.
- Many people who were on the Highest Risk List no longer have a higher risk than other people in Scotland, thanks to vaccination, emerging evidence regarding risk and better treatments. We published guidance online for people in Scotland who do remain at highest risk from COVID-19 due to a health condition or medication that suppresses their immune system at that time:  
<https://www.gov.scot/publications/covid-highest-risk/pages/guidance-for-immunosuppressed-people/>
- We have for some time now been asking people who were on the Highest Risk List to follow the same advice as the rest of the population unless advised otherwise by their own GP or specialist clinician who know their health condition best. The vaccination programme has significantly reduced the risk for the majority of people, including many who are immunosuppressed, and new medicines are now available to treat people at higher risk who are eligible.
- We recognise, though, that people who have been considered at highest risk may find it more difficult to adjust to living with COVID-19, and that is why we continue to fund, promote and pilot a number of initiatives designed provide reassurance, and to protect people who need more protection from viruses, including COVID-19. These include the Distance Aware scheme, the British Red Cross's Connecting with You service, and the Covid Sense Signage pilot.

	<ul style="list-style-type: none"> <li>• Our communications and marketing campaigns for the general population were, and continue to be, designed to encourage safety behaviours which protect individuals as well as people at highest risk.</li> </ul>
<p>The Committee notes the concerns expressed by witnesses regarding the clarity of the “Covid Sense” public health campaign and the impact on those people who currently do not feel safe with health protection measures no longer being in place.</p> <p>The Committee therefore requests that the Scottish Government provides an update on the findings from its review of the COVID safety signage scheme, which is currently being piloted. In particular, the Committee would welcome clarity on how the Covid Sense public health campaign will address the issues highlighted in the evidence received during this inquiry going forward.</p>	<ul style="list-style-type: none"> <li>• An evaluation questionnaire for the Covid Sense Signage Pilot was launched on 1 September 2022 and closed on 20 September 2022.</li> <li>• We are currently evaluating responses which will help to inform decisions about the continuation of Covid Sense Signage and communications over winter and beyond.</li> <li>• We have discussed early insights of the evaluation with the COVID Adaptations Expert Advisory Group for their advice on the next steps for the scheme. Ongoing discussions around adding value and evidencing impact continue. The pilot remains open to current participants and any new businesses and organisations who would like to take part at this time.</li> <li>• The Covid Sense (marketing) campaign is a general population campaign that ran from March to September 2022. Following a positive evaluation of initial burst of the campaign in March, it was decided to continue with the campaign at a low level over the summer.</li> <li>• The Covid Sense (marketing) campaign will be replaced in November by a communications strategy that encourages people to stay well this winter in order to protect themselves and others including those most at risk.</li> <li>• The new ‘Stay Well this Winter’ campaign is set against a backdrop of a reduced pandemic threat level, no legislated restrictions and the cost of living crisis is bringing other pressures to bear on households and on businesses.</li> <li>• In the context of a general public who are stating their reluctance to engage with COVID-19 communication after two and half years of the pandemic, messaging for winter requires to be prioritised with the main focus being vaccination, with ongoing NHS service redirection and signposting messaging.</li> <li>• However, safety behaviours will be included to remind people to protect themselves, others and, importantly, those at risk. This will be delivered via a simple creative device to support a risk based approach and individual choice to align with the current public opinion and infection levels.</li> </ul>

**Vaccination programme: Communication and uptake**

The Committee considers that a high level of uptake by those eligible for the booster vaccination programme will be vital to the ongoing Covid response.

The Committee also notes from its earlier work last autumn that some people who are eligible for the booster may feel fatigued by further Covid measures, or may be hesitant to be vaccinated.

The Committee is also aware from this inquiry that misinformation and disinformation about vaccination persists. A communications strategy that accompanies the booster programme will be key to addressing these issues.

- The Scottish Government agrees with The Committee on the importance of maximising uptake of the vaccination among the population. The challenge faced in encouraging the population vaccinated is potentially greater at this point than in 2021 for the factors highlighted by The Committee.
- We are undertaking a range of communications and marketing activity to ensure those eligible for vaccination in autumn/winter are aware of the programme and the benefits of vaccines, and are encouraged to come forward when invited.
- A national marketing campaign is also taking place, supported by a range of activity aimed at the wider eligible population, as well as targeted activity aimed at specific communities or groups.
- Public Health Scotland has produced a range of national accessible information materials to support informed consent for all eligible cohorts, and NHS inform will continue to provide up to date information on the programme.
- We continue to work across the four nations to share learning and intelligence, which has proven to be a key success of the programme. This includes monitoring misinformation and disinformation which could adversely affect the success of the winter vaccination programme and taking proactive steps to ensure accurate information is available from reliable sources such as NHS inform and the Scottish Government website.

The Committee is concerned that vaccine uptake rates among some communities in Scotland, including Polish and Gypsy/Traveller people, remains low despite the issues around reaching these audiences being well known. Given the Committee’s ongoing interest in the vaccination programme, it requests that the Scottish Government provides further information on how it intends to raise uptake amongst the groups where uptake has been low for those eligible for the autumn booster.

- Inclusion of access has been an important guiding principle throughout the vaccination programme, ensuring a balance is struck between pace and ensuring no-one is left unprotected, in particular those most at risk from the virus.
- In response to impact assessments, emerging insights, research and data we have worked with Health Boards and the voluntary sector to engage with under-served communities to ensure vaccinations are accessible and person-centred, with targeted delivery models to support increased uptake and help people, who may experience barriers or feel less confident, to come forward for vaccination.
- Our National Vaccine Inclusive Steering Group, made up of third sector groups, Health Boards, PHS and other key partners, continues to inform our inclusive approach.
- Examples of inclusion activity as planned by Health Boards include working with specialist statutory and third sector organisations to ensure they reach certain underserved groups, such as those experiencing homelessness, substance misuse and people from Gypsy/Traveller communities.
- The Scottish Government provides information to MECOPP who have a Community Health Team that work directly with Gypsy/Traveller communities.

- **Gypsy/Traveller community outreach & engagement examples:**

1. **NHS Forth Valley** liaised through support workers who had a pre-existing relationship with the Gypsy/Traveller community. These link workers were provided with myth-busting vaccine information to address concerns from the community. The Scottish Ambulance Service used a vaccination bus to take clinics to community members.
2. **NHS Grampian** Health and Social Care Partnerships monitored the arrival of communities into the Health Board area and used Gypsy/Traveller Liaison officers to ensure vaccine information shared with community and route to vaccination clear.

- **Polish community outreach & engagement examples:**

1. **NHS Greater Glasgow and Clyde** held a focus group with community members to identify specific concerns from the Polish community, then had a Polish speaking Public Health specialist record a video to address the concerns raised. Links to this video were distributed to local Polish shops via QR codes.
2. **NHS Tayside** engaged with the Polish community by distributing posters and printed material providing vaccine information in Polish to local businesses and community groups.

In addition, the Committee requests further information on the proportion of people in high-risk groups that have been fully vaccinated (i.e. have taken up all available doses) to date.

- We are rolling out the winter vaccination programme in line with the clinical advice of the Joint Committee on Vaccination and Immunisation (JCVI). The JCVI has recommended prioritising according to clinical risk, recognising that age remains a dominant risk factor.
- While the cohort for those at higher clinical risk from COVID-19 varies based on the status of individuals, and is therefore difficult to compare over the course of all COVID-19 vaccination programmes, we are making excellent progress in vaccinating the most vulnerable this winter. As of 2 October, 982,218 winter vaccines have been administered in Scotland. Of these, 491,342 were COVID-19 vaccines and 490,876 were adult flu vaccines. 93.9% of winter adult COVID-19 vaccines have been co-administered with a flu vaccine.
- Vaccinations for older adult care home residents began on 5 September, and 75.5% of this cohort have now received their COVID-19 winter booster, thereby ensuring the most clinical vulnerable are protected first. Appointments for those aged 65 and over started on 19 September, and 34.0% have since received their COVID-19 winter booster as of 2 October.