OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Committee

Wednesday 4 November 2020

Session 5

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COVID-19 COMMITTEE
0th Meeting 2020, Session 5

CONVENER

*Donald Cameron (Highlands and Islands) (Con)

DEPUTY CONVENER

*Monica Lennon (Central Scotland) (Lab)

COMMITTEE MEMBERS

*Willie Coffey (Kilmarnock and Irvine Valley) (SNP)
*Maurice Corry (West Scotland) (Con)
*Annabelle Ewing (Cowdenbeath) (SNP)
*Stuart McMillan (Greenock and Inverclyde) (SNP)
*Shona Robison (Dundee City East) (SNP)
*Mark Ruskell (Mid Scotland and Fife) (Green)
*Beatrice Wishart (Shetland Islands) (LD)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Dr Gregor Smith (Scottish Government)
Nicola Sturgeon (The First Minister)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

Committee Room 2

Scottish Parliament

COVID-19 Committee

Wednesday 4 November 2020

[The Convener opened the meeting at 09:30]

Covid-19: Scotland's Strategic Framework and Subordinate Legislation

The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020 (SSI 2020/344)

The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment Regulations 2020 (SSI 2020/347)

The Convener (Donald Cameron): Good morning. Welcome to the 20th meeting in 2020 of the COVID-19 Committee. Before we begin, I remind members, witnesses, staff and others present that social distancing measures are in place in committee rooms and must be observed. That means that face coverings must be worn on entering, moving around and leaving the committee room. A limited number of seating positions have been provided to ensure that people are seated at least 2m apart. For that reason, face coverings may be removed once people are seated.

This is a hybrid meeting, with some members participating in the room and others joining us by videoconference. I remind members and witnesses that broadcasting colleagues will operate their microphones.

I welcome the First Minister and Dr Gregor Smith, the chief medical officer. Thank you both for making time to appear before the committee.

The purpose of the meeting is to take evidence from the First Minister and Dr Smith on the Scottish Government's strategic framework for responding to Covid-19, and to consider the secondary legislation that underpins the framework, namely, the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020 (SSI 2020/344) and the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment Regulations 2020 (SSI 2020/347).

I invite the First Minister to make an opening statement.

The First Minister (Nicola Sturgeon): Thank you, convener. I intend to be brief in my opening statement.

I welcome the opportunity to appear here today with the chief medical officer to engage with the committee on the general strategy of the Government in relation to tackling Covid and, to the extent that you wish, on the detail of the regulations.

It might be worth setting the scene with a brief summary of the position that I think that we are in. We have some grounds for cautious optimism that the steps that we have taken in recent weeks are having a positive impact. That is a result of a combination of the household restrictions and the restrictions on hospitality but, more importantly, the compliance of the public with all the rules and guidance. We have seen a tailing off in the rate of increase in infection. It remains to be seen over the next few days whether that continues.

On the other side, we do not yet feel that we have any room for complacency, or that we should take great comfort from the situation that we are in. I tried to set out some of that yesterday. Given the nature of what we face just now, it is not sufficient for us to arrest a deterioration in the situation; we really need to see the level of infection decline significantly. The reason for that is that, if we go deeper into the winter with a high baseline of infection, even a quite marginal increase in the R number would risk the virus overwhelming us, which would have significant implications for the national health service and, of course, for health and lives.

The situation that we are in just now is fragile and requires the utmost care and caution to be taken. Obviously, we monitor the health data closely, but we also consider the wider impacts of the steps that we are taking.

We believe that the strategic framework, with its five levels, gives us the flexibility that we need to respond in a proportionate and targeted way. Should the evidence suggest that it is necessary, it is open to us to apply a single level across the country. However, if that is not merited, our approach gives us the flexibility to respond in a more targeted and proportionate way. Obviously, we need to keep all that under review as we go through the next days and weeks.

I will leave it there, because I suspect that a lot of the detail that you want to hear from me and the chief medical officer will be brought out in the questioning.

The Convener: Thank you. I would like to pick up on the point that you made in closing. If a

national lockdown becomes unavoidable, would you achieve that through the strategic framework?

The First Minister: That would be our aim. When there has been—inevitably, in the wake of decisions elsewhere in the United Kingdom—discussion about the likelihood or otherwise of Scotland moving to a further national lockdown, implicit in some of the questioning has been the view that that would mean a move away from the levels framework. That is not the case. A national lockdown for Scotland would be achieved through the national application of level 4.

In the detail of the framework, there are some choices to be made within level 4. The framework sets out very clearly that, depending on the circumstances, level 4 might or might not include a "stay-at-home" message, perhaps backed by regulations. At each level, and at each time, there might be some choices to be made around the detail. However, should a national lockdown happen—for the record, I state that I hope that it does not have to happen and we will do everything that we can to avoid it, although we cannot rule it out—that would be through the application of a level 4 approach.

The Convener: You touched on the general picture of where we are and the various indicators, some of which are positive and some of which are not so. This might be a question for you and the chief medical officer, First Minister, but, with regard to the five indicators in the framework, is there a hierarchy of indicators? That is, is there one dataset that you turn to first, for example, or is it a much more holistic process?

The First Minister: I will start, and Dr Smith can go into more detail.

We do not have a hierarchy, in a strict sense, and nor do we have a weighting system whereby, for example, 20 per cent goes to one indicator and 20 per cent goes to another; we look at it in the round. As I set out to Parliament last week, even the indicators are not the whole picture; we have to apply context and judgment to them. We will look at not only what the cases per 100,000 are in an area but whether the direction of travel is rising or falling.

I do not want to give the sense that this becomes the key driver, but, obviously, health service capacity is an immediate issue. If we think that intensive care capacity is going to be reached in any one area or across the country, that would drive some pretty urgent action. I am not here to speak for the decisions of other Governments, but, listening to the chief medical officer in England over the weekend, it was clear that concerns about hospital capacity are one of the key drivers of the decision that has been taken there. I am not saying that that is the most important factor but, in terms of urgency, it is one that could potentially prompt some immediate action.

Dr Gregor Smith (Scottish Government): In developing this process and identifying the indicators that inform the process, it was important not to get drawn into too mechanistic a process. The indicators are there to inform the discussion and the judgment that flows from that. No particular weighting is given to any of them. They are all valuable in different ways as we approach the process. Equally, we also take into account a lot of other information—what we might think of as secondary considerations, relating to the demographics of particular areas, the particular constraints of the density of population or people's vulnerability in those areas.

Your description of the process as a holistic one is good. It is a holistic process that, ultimately, requires fine judgments to be made, and those judgments are arrived at through consensus among a variety of sources.

The Convener: In the accompanying documents to the framework, there is a statement that the framework is meant to be more straightforward and transparent. We have all been aware of criticisms about some inconsistencies of application, and we heard some evidence on that last week. For instance, people have raised concerns about certain areas being placed at one level despite coming in at a different level against many of the indicators, about health board areas not mirroring local authority areas, which throws up inconsistencies, and about large local authorities in which measures are determined by the situation in a large urban area and do not necessarily reflect the needs of more remote areas.

Given those anomalies and the need for buy-in from the public, do you consider the new framework to be more transparent and straightforward than what came before it?

The First Minister: I think that it is more straightforward and transparent, but that is a relative answer. I will be pretty straight: to be frank, one of the things that I, as a decision maker, have struggled with is that we are not dealing with an exact science. We are not dealing with a situation—it would make life easier for all of us if we were—in which we can feed certain indicators into a computer and the computer then feeds out the answer for us. As the CMO has said, we cannot have a purely mechanistic process because, unfortunately, the geography of our country, the interdependencies between different areas and the vagaries of how an infectious virus spreads and operates mean that we have to look very carefully at—and, to a large extent, be driven by—the data. We cannot avoid a situation in which we have to apply judgment.

We can take the example of Lanarkshire last week. We look at Lanarkshire, among other areas, very carefully on an on-going basis. If we had considered the indicators purely mechanistically, that would have taken us in one direction, but we also had to consider views from the public health community in Lanarkshire, the local authorities and the police, who all said that they thought that the current package of measures was moving things in the right direction. There was also a sense from the data that things were levelling off, so we had to apply a judgment, given the severity of putting an area into level 4.

It is necessary for me to be straight about the fact that there will always be a degree of subjectivity about such decisions. I do not think that there is any escaping that. The judgment that I have made, in trying to deal with that, is to set out to the public—as regularly and clearly as I can, but I know that I do not always succeed—exactly which factors we are taking account of and how our decisions are driven and arrived at. We also try to embrace and explain the inherent uncertainties—as politicians, we all recognise that that is usually the most difficult thing that any politician can do—and to have on-going and regular dialogue with the public about that.

We would make a big mistake if we allowed ourselves to simply take a mechanistic and almost algorithm-driven approach, because we would then not take account of travel patterns from East Lothian to other parts of the Lothians or from Aberdeenshire to Aberdeen, or of the current position in the Borders, which is sandwiched between the north of England, where prevalence is higher, and other parts of Scotland where prevalence is higher. Those things matter in relation to how the virus transmits, because it transmits on the basis of human interactions.

The Convener: The next questions are from the deputy convener, Monica Lennon.

Monica Lennon (Central Scotland) (Lab): Good morning, First Minister. You mentioned Lanarkshire, so I will stick with Lanarkshire for a moment. We are a couple of days into being in level 3. You were very open in saying that the position in Lanarkshire and other areas would be looked at daily, but it already feels like strong hints are emerging that further restrictions might be put in place and that we might end up in level 4.

What the First Minister and the chief medical officer have said about the holistic approach and there being other factors as well as indicators is very helpful. That is right. This is not a criticism, but there has been a lot of local feedback that it feels as though the goalposts are moving. People do not know whether time is being given for the restrictions and measures to bed in. Can the First Minister say more about that, so that people can better understand the position? You said that you do not put a certain weight on certain factors, but are demographics and pressure on the NHS factors in Lanarkshire that are weighing heavily on your mind at the moment?

The First Minister: Yes—you can take that as read. Those things weigh heavily on our minds. In a second, I will hand over to Gregor Smith, who, as the chief medical officer and as somebody who knows Lanarkshire very well, will give more insight.

I will say a couple of things. I appreciate why people sometimes get this impression but, when I stand up and say things every day, that is not me hinting. It is not that we have taken a decision secretly that we will tell you about in a few days. I am trying to be open about the factors that we are taking account of. I appreciate that that can sometimes lead to speculation that we are on a certain track and that a certain outcome is inevitable, but that is not the case. We genuinely have to assess things regularly. Later, if you want, I can take you through the decision-making process and the timings from now through to next Tuesday, when we will do the first review of the allocation of levels.

09:45

Secondly, I understand that people feel that there is a sense that the goalposts are moving. Again, I need to try to, and continue to, develop an understanding of that, as it is inherent and inevitable in the situation that we face. The virus is infectious and will try to spread and transmit in any way that it can, so we must be tactically smarter than that. Sometimes, that means that we have to change our approach and do things that seem as if we are moving the goalposts. However, although it is more difficult for the public to be in that position than it is to stand rigidly in one position, it is a better position to be in when we are dealing with the opponent that we are just now.

We have to look at the indicators. In terms of the daily consideration of Lanarkshire, since last Thursday nothing has led us to change our judgment that that area should be in level 3. However, for Lanarkshire and across the country, we have to not only look at whether the current level of intervention in any area is sufficient to stabilise the situation, but also whether it is sufficient to significantly improve that. You will hear us talk a lot about that in the coming days and weeks.

I have not seen today's statistics as they will probably come through while I am in this meeting but, as of now and looking at the data and statistics up to yesterday, we can probably say that we have stabilised things at the moment.

However, we have done that at a high level and that is not a good position from which to go deeper into winter.

I use the analogy of the summer. I do not say this with any sense of boasting or complacency, but why are we in a relatively better position than other parts of the UK right now? We took action at slightly different points, but partly it is because we suppressed the virus to a low level during the summer. The increased R number over the past few weeks has been operating from a much lower baseline of infection, so it has not risen as far and as fast as it would have if the baseline had been higher. There is a risk in the winter that we might stabilise things, but at a high level, so that we are at risk of a small increase in the R number. That could happen in the winter because people are inside more. The possibility that the virus could start to run out of control is a key consideration for us in the decisions that we will take during the next few days.

Gregor Smith can amplify and expand on that.

Dr Smith: The arrival of a wholly new infectious disease with a significant mortality in a population that has no previous exposure and therefore no immunity to it means that there is no harm-free way of dealing with it. That is the first starting point.

Every decision that we take, whether at a local or national level, balances the risks that are posed by any particular path. That has been the case with some of the decisions that we have made with local authorities and in the discussions in relation to Lanarkshire.

It is important to pause and pay tribute to the work of not only the local public health teams across the country in the way that they are tackling the arrival of the virus, but the work of the national incident management team, led by Public Health Scotland, which is providing advice in the background. It is constantly looking at, revising and identifying new sources of data that give us more information about the progress of the disease through our society.

One of the important factors that influenced our considerations about Lanarkshire was that we were seeing signs of progress. Therefore, when we start to consider the balance of harms in that context, it is important that we make decisions that are proportionate to the risks that that population faces.

The considered judgement, using all the data that was available, was that with the progress that was being made we could continue to keep a watching brief and make sure that the response did not become disproportionate in terms of the unintended harms that would be caused—both to the cohesiveness of society in the way that we interact with each other and the local economy. We continually face those decisions when faced with the data's conundrums.

Since we made that decision, I have seen encouraging signs that the epidemiology in Lanarkshire is improving but, as the First Minister has already said, it is not enough for it stabilise and show signs of improvement; we need to make sure that, as we approach deep winter, we have taken the level of infection and disease down low enough that, even if the rate of growth increased again, it would not overwhelm local services.

I am encouraged and cautious, and we need to continue to review the situation. My experience of dealing with the virus during the past nine months has shown that we cannot afford to relax our guard at any time. As we have seen across Europe, the virus responds very quickly, which means that we need to monitor the situation continually.

Monica Lennon: My next question goes back to what the First Minister said in her opening remarks—that it is not sufficient to arrest the deterioration and that we would need to see a significant decline, which goes back to my first question about whether the goalposts are moving. To take Lanarkshire and Greater Glasgow and Clyde, we think that case numbers coming down over seven days is a good sign of progress, but what does a significant decline look like to you and the team, First Minister? What would you need to see during the next couple of days if Lanarkshire, for example, was to avoid going into level 4?

The First Minister: This is where it gets difficult, and you will appreciate that it gets difficult for politicians scrutinising the situation, as it does for the public. There is no straightforward or simple answer to that. We have tried to set it out, and I think that we have done so with greater detail and transparency than many other countries have. What we published last week sets out the broad indicators of the levels. In terms of cases per 100,000 for an area to move from level 3 to level 2, level 3 would be looking broadly at 150 to 300 cases per 100,000 over seven days, and at level 2, that figure is 75 to 150 cases.

We want to see areas within those thresholds but it is also important to understand whether, even if an area looks, on the face of it, to be within those thresholds, that is sustainable, and whether the figures are continuing on a downward trajectory. I do not want to go into detail today but, in the past couple of days, I have looked at data that shows that some areas would look to still be within the thresholds of one of the lower levels, but the figures have started to increase a little bit again. That is a factor.

Sustainability is also a factor. Are we seeing changes over one seven-day period or more than one? I know that everybody understands this, but it is worth saying that the move from one level to another is not a neutral act. If you take an area down a level, it will open up more and transmission will increase. A judgment has therefore to be made about whether that area has reached a sustainably low level that will enable it to cope with that increase in transmission.

On Lanarkshire, I do not want to go too deeply into a decision that has not yet been taken, but I do not think that it will surprise anybody to hear that I do not expect next Tuesday's decision about Lanarkshire to be about whether it will go from level 3 to level 2. It will be about whether it stays in level 3 or whether it goes to level 4. That will come down to us judging whether we are seeing cases continue to decline, whether we think that it is a significant enough decline, and whether the pressure on the NHS will be at a level that would not give us immediate worries. Those are fine judgments and we try to explain them within the data, and within the broader context as well as we can.

Monica Lennon: You explained that you are taking a holistic approach to all of this. We have not talked about schools yet. Like many people, I feel torn on the issue and I declare an interest as the parent of a 14-year-old. When the schools went back in August, the rate of positive cases went up.

We all get almost daily updates from local authorities about outbreaks in schools and the numbers of pupils and school staff who are self-isolating. What are you going to do about schools? Are they untouchable, or can more be done to enhance measures in schools? Are you actively thinking about extending the school break over the Christmas and new year period? That did not happen in October—is that something that you regret?

The First Minister: No, I do not regret that, as I have not seen any evidence that that has had a particular impact on our broader, more general picture of transmission. Gregor Smith will want to say a bit more about the science and the evidence on transmission in schools and among younger people.

Broadly speaking—I am generalising here, and Gregor can correct me if I am stating this too simplistically or erroneously—the concern about transmission in schools is reflective of wider community transmission. The concern is not about transmission in schools; it is about what is happening in the wider community and the inevitability of that impacting on schools.

I am always conscious that things that I say will get interpreted in a hundred different ways, or certainly more than one way, but, in the context that we are dealing with just now, nothing is untouchable, because we cannot take that position. I cannot sit here and say, "Come what may, we will not do X" or "Come what may, we will do Y." That would take us into an inflexible position, which it is not sensible to have, given what we are dealing with.

The balance of harms comes most into focus in schools. The more that schools and the school experience of young people are impacted, the more you are doing harm to young people through the lack of proper, normal educational provision and social interaction with peers, friends and wider networks. Our judgment at the moment is that that would be a greater harm than the harm of having schools within the wider picture of transmission. That does not mean for a single second that we are not concerned about, or that we are in any way blasé about, safety in schools. By that I do not just mean young people—obviously, that also covers teachers and those who work in schools. That is why we keep the mitigation measures in schools under review, and we have changed the guidance on face coverings very recently, to give an example of that.

We continue to discuss the right balance to take with teaching unions, local authorities and parents, but I am firmly of the view—as I think is increasingly reflected in other countries, including countries that are going back into very strict lockdowns—that, if at all possible, our objective should be to keep schools open, which I think is in the interests of young people. We will try to do that as far as possible. The price of facilitating and enabling that may, at times, be greater restrictions on the rest of the population, and I think that most people would think that that trade-off is worth making, if we can possibly keep schools open.

Dr Smith: I will approach the question from two slightly different angles. The first of those is to fall back on what the science tells us about transmission across age groups. We know from the evidence that has been collated internationally that transmission becomes more common between people through older age groups. That is not just about children; that applies through to adulthood, too. We can say with a high degree of confidence that transmission between children of young ages, particularly primary school age, is very unusual, and that transmission from children in that age group to adults is, similarly, very unusual.

As children grow older and get towards the latter stages of secondary school, we start to see more evidence that transmission occurs between those young people and from young people to adults.

However, that is not as great as transmission from adult to adult. There is a gradient of risk when it comes to transmission.

When we go back and examine any cases that are associated with schools—I am using my language carefully here—the most common feature that we see is that those transmissions have occurred outside the school environment. They have tended to occur either through social events that have taken place outside school or within families or households. We know from experience and international evidence that those are the most common places for transmission to take place in.

10:00

The risk is being mitigated by the actions that have been put in place across schools to ensure that, where it is seen that there are perhaps other considerations and transmission is perhaps more likely, face coverings, for instance, are recommended and are worn in those environments. That is important, because the UK CMOs have together released a consensus statement about the importance of schooling at this period in time. We produced that a couple of months ago, and I can share it with the committee if it wants me to do so. It is really important that it recognises the public health benefit, distinct from any educational benefit, of continuing schooling for children. We know that creating any disadvantage through education for people at that age has a detrimental effect that they carry throughout their lives. Therefore, protecting schooling and the education system as much as possible is a really desirable goal on public health grounds, separate from trying to control the virus.

The Convener: Our next questions are from Beatrice Wishart, who is joining us remotely.

Beatrice Wishart (Shetland Islands) (LD): Good morning. I think that most people accepted the Covid restrictions and understood that they would help to create breathing space across the summer. The First Minister mentioned the actions that were taken in the summer and their impact on the position that we are now in. Some problems were foreseen and some progress was lost, and there were critical moments and critical movements, such as those of students in September. Given that we are coming up to Christmas and the end of the university term and that people will want to be with their families after an extremely difficult year, what progress has been made on the request for a four-nations summit, which some of my Liberal Democrat colleagues have asked for, to help communication and travel and families that are spread across the UK over the Christmas period?

The First Minister: Forgive me, but I am not sure about exactly what you were referring to when you referred to a four-nations summit. I participated in a COBRA meeting on Monday this week, if memory serves me correctly, and we have four-nations discussions, although perhaps not as regularly as I would like. We had one of those on Saturday.

One of the things that the four nations agreed on Monday was that we would try to reach a common position on Christmas generally and, within that, on students. I think that all of us would inject a caveat that I know is difficult for people, given how fast Christmas approaches. We simply cannot say with certainty right now what the position will be at Christmas and therefore what will be possible and what will not be possible. We know with some certainty that the more we drive the virus down now, the more potential there might be for, not 100 per cent normality, but a greater degree of normality by the time that we get to the Christmas period. We cannot guarantee that the position will be consistent across the UK, so we cannot guarantee that the rules in place will be absolutely identical in each part of the UK, but there is a commitment to try to get as much consistency as we possibly can, and that includes on universities and student movements.

As we have said before, although we have not reached final decisions, because it is, unfortunately, premature to do that, we are looking at a range of options to allow students to be able to go home at Christmas and to mitigate the risks of their taking the virus to different parts of the country and the risks of sparking transmission when they come back in great numbers. The kinds of things that are under discussion, which we have set out before, are staggered end points to the term this side of Christmas; how we can use testing to facilitate the return of students; what students will be advised about their behaviour and potential isolation before they go home and when they get home; and what the balance between in-person and blended learning might be at the start of the new term to mitigate the risks of transmission at that point. We are looking closely at all of that and we will continue to try to reach as much consistency in our decisions as we can across the four nations, for obvious reasons.

Beatrice Wishart: Thank you. I am sorry that I was not clearer in my question. I was trying to get to the sort of plans and protections that would be in place before people start to move around, but I will move on to the disproportionate impact of the restrictions on certain groups, such as people on a low income, women, young people and minority ethnic groups. What consultation on the framework has taken place with those groups?

The First Minister: In terms of consultation, we try to keep up a regular dialogue across different parts of Government with stakeholders in all areas. As we develop the levels approach and the strategic framework, we obviously want to strengthen that consultation as we go. This is just a statement of the obvious, but it is inevitable that, often, consultation in the days leading up to particular decisions will be most intense with the groups and sectors that are likely to be most immediately and directly impacted by those decisions. An example of that in recent times is across certain sectors of the economy—hospitality, for example. We are seeking to develop that consultation more systematically, although my colleagues across Government have regular on-going dialogue with stakeholders.

We have the public health advice that comes through our national incident management team. I think that the edition of that that would have informed last week's decisions has been published already. That advice is in terms of what parts of the country go into what levels, driven by the data and the judgments that we have spoken about. We then have what we call a four harms advisory part of the decision-making process, in relation to which chief advisers across Government look at the wider harms, and we have a range of indicators and data across those different harms.

We have talked already about the indicators that we look at in terms of the direct health harm of the virus, but we also look at indirect health harms including, for example, data on accident and emergency attendances, excess deaths and people avoiding general practitioners or hospitals. We also look at societal harms, looking at education data; welfare fund applications, to give a sense of the poverty impact; crime data; and survey data around loneliness. Then we look at a range of economic harm impacts including on gross domestic product and employment statistics and at the advice of the chief economist. All of that is taken account of as we try to come to a balanced decision.

Although the four harms are, of course, all important, we should never lose sight of the fact that, although they are all influenced by the measures that we take to control the virus, they will all be exacerbated if we do not control the virus. That imperative of controlling the virus always has to be absolutely at the top of our thinking and objectives.

Beatrice Wishart: Thank you. The reference to isolation and loneliness leads me to turn to the situation in the northern isles. I want to understand a bit more about what has been put into practice, because there have been concerns that the solutions to central belt problems appear to be copied and pasted into the islands. The convener touched on that in his opening questions. Shetland Islands Council's political leader said that last week's announcements had an "urban-centric view". What is the evidence base for adding additional measures to levels and does that risk undermining public compliance with the restrictions? I am thinking of areas that are particularly rural and remote in island populations such as Orkney and Shetland.

The First Minister: I will ask the CMO to say a bit about the decision to continue with the household restriction, even for areas at level 1.

The levels approach is an attempt to do what we need to do to tackle the virus without having a one-size-fits-all approach. In any country, if there is a one-size-fits-all approach, it is the approach that is necessary for the most highly populated areas that ends up driving things, to a greater or lesser extent. The levels approach is an attempt to avoid that, as far as we can, and have a proportionate, targeted approach that takes account of the circumstances in different parts of the country, which have different demographics and different geographies, and therefore different risks of the virus being transmitted.

If we were taking an urban-centred approach, Shetland would still be at level 2 or 3, because that is what is necessary for the central belt and other populated parts of the country, but it is not—it is at level 1. However, there is a "but", which is that, at the moment, there is no corner of Scotland or of the globe that is immune—if that is not a dodgy phrase to use when we are talking about a virus—or exempt from the risk of the virus. There have been cases in Shetland—I think that there might have been a case in Shetland in the past few days—so we have to be cautious and take a very precautionary approach, even in the parts of the country where we deem the risk to be relatively low compared with other parts of the country.

When we lift restrictions, it is not a case of getting the level of the virus down, lifting restrictions and everything else being equal. Lifting restrictions is not a neutral act as far as the transmission of the virus is concerned. It creates more opportunities for the virus to spread, so we must do it cautiously. We must make sure that, as we lift restrictions, we do not immediately trigger something. Often, the decision will be to lift restrictions incrementally and not make all the changes at once.

We know that the biggest risk of transmission is inside people's houses, where people are less likely—we can all identify with this—to abide by social distancing or to have the ventilation that is required to minimise the risk, and are more likely to engage in all the human behaviours that, unfortunately, the virus thrives on. That is why we

have decided to be a bit cautious when we take an area down to level 1, which involves, for example, the opening up of hospitality. We took the cautious view that we needed to keep an extra precaution initially, to ensure that we did not immediately put the areas concerned at risk of going straight back to level 2. It is simply a case of caution, precaution and trying to deal with the situation as carefully as possible.

Gregor Smith can say a bit more about that decision, which obviously has public health backing.

Dr Smith: The precautionary approach and the principles that we have used to tackle the virus are absolutely essential. We are continually reminded by the public health community across Scotland of the need for caution, particularly when we move down levels and start to reduce the level of restrictions that we place on society. That is absolutely necessary.

I have previously mentioned the role of the national IMT; here, the role of the national IMT was again extremely important. The feedback from the directors of public health associated with the northern isles was critical in forming the judgment as to how to apply the measures that are currently associated with level 1.

As we start to allow society to come back together and to increase the number of opportunities that people have to interact with one another, there is a very real risk that we will introduce additional new ways of transmission. The view was strongly held by not only Orkney and Shetland but other rural regions of Scotland that moving too quickly presented too great a risk of allowing the virus to re-emerge quickly across those areas. We have committed to keeping the situation under review, and we continue to liaise with the health protection teams in those areas.

Another aspect that is important for those areas is the contribution that is made by travel into them, particularly from areas of the country that are experiencing a higher level of disease. The health protection teams have asked us to assist them in reducing the risk of the introduction of new disease through the importation of cases into their areas.

The Convener: I turn to Annabelle Ewing, who joins us remotely.

10:15

Annabelle Ewing (Cowdenbeath) (SNP): I have a few questions on the issue of economic harm that I would like to direct, in the first instance, to the First Minister. In the past few days, we have seen a lot of to-ing and fro-ing—that is one way of putting it—about the lack of clarity as to the application or otherwise here of the 80 per cent furlough offer in England when it goes into lockdown on Thursday. Can the First Minister update us as to where matters currently stand in that regard?

The First Minister: Matters currently stand—unless there have been any developments since I joined the committee meeting this morning—exactly where they stood last night. On the face of it, we have a commitment from the Prime Minister that the extended furlough—the 80 per cent furlough that is in place for November as a result of England's lockdown—will continue for other parts of the UK beyond that should it be necessary.

That is how the Prime Minister's commitment was interpreted but, as far as I can see, the words "80 per cent" have not been used by any UK Government minister so far. That is the detail that we need to press for. The Prime Minister's statement, like many statements—I am sure that this could be said about statements that I make from time to time—is capable of a number of interpretations. I do not have it in front of me but, at the minimum, he said that Scotland would continue to get the benefit of a furlough scheme. That bit was never in doubt—we have always known that there would be a continuation of or replacement for the existing furlough scheme. The key thing is what terms that will be on. Will it be based on the eligibility criteria that will be in place for November and the 80 per cent? That is crucial, and we do not yet have clarity from the Treasury on it.

It is really important that we get that clarity, for planning purposes and, frankly, for individuals across the country who are worried about their jobs and wages. For example, for somebody who is on the national living wage, the difference between 80 per cent and 67 per cent is significant; it is almost £200 a month. Those are real issues for people, so I hope that clarity will come in the course of today although, if I had been sitting here yesterday morning, I would have said that I hoped that it would come in the course of yesterday, and it did not. However, I live in hope.

Annabelle Ewing: It is very disappointing—that is one way of putting it—that, in the midst of a global pandemic, the UK Government is treating with the Scottish Government in this way. Why do you think the UK Government will not just confirm the position in writing? Would that not be quite straightforward to do, given the army of Treasury officials?

The First Minister: Yes, and I hope that that is what we will get to. I guess that the Treasury is always cautious about committing to things that will cost it more money. However, there is an issue of fairness. Obviously, we are sitting in the

Scottish Parliament, so inevitably our focus is on Scotland, but the issue is not just about Scotland. It is about fairness for Manchester, which in the past few weeks has had to scrabble about and argue over money to support lockdown measures. It is an issue about fairness for parts of the north of England that have had restrictions in place for some time, and it is about Wales, Northern Ireland and Scotland.

The principle is that we cannot just have generous financial support for lockdowns when they are required by the south of England, and we have to have a level playing field of financial support for whatever part of the UK requires restrictions. That principle now appears to be agreed by the UK Government, but we need to see the detail of that.

The situation that we are all dealing with right now is complicated enough without adding to the complication by making Governments in different parts of the UK worry about whether they will have to fit their public health decisions into a window of availability for finance. That would be a crazy way to have to operate. I hope that we can get the certainty that, whatever we need to do and whenever we need to do it, there will be a level playing field on financial support, and I hope that the detail on that comes soon.

Annabelle Ewing: I thank the First Minister for that further answer.

The furlough scheme is not the only issue—there are other issues to do with Barnett consequentials and financial guarantees for demand-led financial support to businesses in particular. What progress is being made in getting clarity on those fronts? Such clarity is of pivotal importance to enable the Scottish Government to take the best decisions at the right time.

The First Minister: That is the second financial issue on which we are seeking clarity from the Treasury, and I am hopeful that we will get that clarity. Whether it is exactly what we are looking for remains to be seen, but I am hopeful that we will get clarity in the next couple of days.

At the COBRA meeting on Monday, there seemed to be an agreement with the Chief Secretary to the Treasury that a reconciliation of the Barnett consequentials position, which was due at the end of November, would be brought forward to the start of the month, so that is progress.

I preface my next comment by saying that the support that has come through the Treasury has been very welcome—I am not quibbling with that. The Treasury holds the borrowing powers, so we have to depend on it for financial interventions. Significant support has been provided, which is good and positive. I also accept that we are in unprecedented times, so things are not necessarily being done in the usual ways right now. I accept all that.

What has happened up to now is that the UK Government has made certain decisions and the Treasury has said, "Here are some guaranteed consequentials for the Scottish Government and the other devolved Administrations—you have to pay for everything out of that until we say it's run out and then we'll give you more." However, it has not told us exactly what we are expected to pay for out of that money.

The last allocation of consequentials provided £700 million for the Scottish Government, but that was before the more recent UK Government announcements about business support and lockdown. We need to know what that £700 million is meant to cover, because it cannot possibly cover the subsequent announcements that flow through into potential decisions for the Scottish Government. We are waiting to get that reconciliation and any decisions about additional support.

The other issue is something that we will not fix over the next couple of days. For example, we can take the UK Government's decisions on business support, which I think are the right decisions; any business that has to shut down and have its trade restricted will get that level of grant for as long as necessary. That is an open-ended, demand-led commitment, and the Treasury is able to give that commitment because it can borrow the money to pay for it.

We obviously want our businesses to have the same open-ended, demand-led commitment, but Barnett does not allow us to do that because it gives us finite resources that we have to live within. The Barnett formula is not ideal for dealing with that kind of expenditure, and we perhaps need to fix that in the longer term, but more immediately, that problem would at least be mitigated if we had a significant additional commitment to resources.

Right now, we are sitting with £700 million that is meant to pay for not only all the commitments pre the most recent ones but, on the face of it, all the most recent commitments that have been made. That is not a sustainable position, and I hope that the situation moves on in the next couple of days.

Annabelle Ewing: Thank you, First Minister—I hope that the UK Treasury is listening to this session and is about to put pen to paper.

Mark Ruskell (Mid Scotland and Fife) (Green): Good morning, First Minister. I will start by asking about the case for mass testing of an entire population regardless of whether people

have symptoms. Slovakia did that last week, and the entire population of Liverpool is being tested.

You spoke earlier about Lanarkshire and a situation in which an area could move up to level 4. Would it be desirable, if an area was moving to level 4, to test the entire population in that area? Would it be achievable, given the concerns that exist around the Lighthouse system?

The First Minister: At the end of your question, you got to a distinction that I was going to start with—the distinction between desirability and efficacy and achievability. I would put the Lighthouse system to one side in this regard, because—and Gregor Smith can talk a lot more knowledgeably about the technologies than I can—if mass testing, which I think is a desirable objective, is to be achievable, I do not think that it will be done through the PCR testing, where the tests go to the labs and it can take at best 24 hours and sometimes longer for people to get their results. Mass testing will be achieved through the different rapid testing technologies, such as the lateral flow devices that are part of the trial in Liverpool and technologies that give point-of-test results, in effect.

The limitations at the moment are not just about the logistics of mass testing, in terms of access to tests, the volume of tests that would be needed and the logistics of delivery. There is also the developing scientific opinion—I will leave Gregor Smith to go into that in more detail. I cannot sit here and tell you right now how often someone would have to have one of those rapid tests, to give people assurance, because if you get tested with a rapid test today and it tells you that you are negative—and there is some evidence that those tests are not necessarily as reliable as the PCR testing—that tells you nothing about your virus status tomorrow or the day after that. There are questions about frequency; it is also about making sure that we do not do something that gives the wider population false assurance about what tests are and are not doing.

I am enthusiastic about moving quickly into the realms of mass testing, and we want to do that, but there are a number of issues along the way that we have to understand and resolve if we are to get from here to there. We are part of UK-wide discussions about the roll-out and deployment of this kind of technology and we are looking carefully, on an on-going basis, at the experience in Liverpool, where the trial is supposed to be getting under way later this week.

Dr Smith: My starting point on this is that I remain convinced that our way out of dealing with Covid-19 and all its impacts on society will come from some technological advance. That might be the development of an effective vaccine or the development of reliable, accessible and acceptable testing that we can do at scale. The development in Liverpool is interesting, because it represents an opportunity to test some of the theories that lie behind that. We are a little way off having all the evidence that we need to deploy that approach at scale in the UK.

My understanding is that people in Slovakia were doing serology-based antibody testing, rather than diagnostic testing, which is a completely different thing, for a different purpose.

When it comes to identifying people who have infection and were previously unidentified, mass testing might in future enable us more quickly to identify people who are carrying infection and isolate them, so that we can break the chains of transmission earlier. However, at the moment, the technology that is available to us is unproven in that regard.

We need to develop a consensus and an evidence base that tells us how often we should test populations. Particularly when we are doing asymptomatic testing, the tests that we use have, unfortunately, a much lower degree of sensitivity than the PCR tests with which we have all become familiar. Although the specificity of those tests is high—so the chances of a positive result not being Covid but something else are almost non-existent—there is a much lower level of confidence in the tests' sensitivity in identifying individuals who have the disease. At present, the tests operate with somewhere between 50 and 60 per cent sensitivity.

We need improvement in that technology and we need further evidence on the frequency of testing that would be most useful in ensuring that we identify cases.

Another aspect of testing that is important, and which the First Minister has already identified, is that testing any individual tells you whether they are positive and are carrying the disease at that time, but given the prolonged incubation period of up to 14 days that we see with Covid-19, we face the continual challenge that people can be in the early stages of incubating the disease, and they will still go on to develop it, but they will test negative if they are not tested at the right time.

10:30

Mark Ruskell: First Minister, over the past eight months I have heard you talk a lot about your concerns about testing and "false assurance", as you have put it. However, you are the First Minister. You offer guidance to people every week on the television through press conferences. If you said to people, "Yes, we are doing mass testing. If you get a negative test, you still need to stick to FACTS and to the restrictions in your area", do you not think that people would listen to you?

The First Minister: People listen, but your question presupposes that we have the logistics, the availability of tests and the scientific confidence in tests to do that, and that the only thing holding us back is my worry about false assurance. That would not be an accurate characterisation.

One of the big things is what you are telling people that a test signifies. Gregor just told us about Slovakia doing antibody testing, which I had not known. A few months back, people talked about antibody testing as the great hope, and maybe it will be again at some point, but right now you cannot tell anybody with any degree of assurance what a positive antibody test means in terms of a person's protection in the future. Similarly, with rapid tests, you can get one today and test negative, but when should you get another one to find out whether you are still negative?

Yes, I think that people, to a greater or lesser extent, will listen to those messages, and they have throughout the past eight months. However, for somebody like me to ask people to trust the messages that they are given, we have to have a reasonable degree of scientific confidence in—if not certainty about—the purpose and the results that we are telling people to rest on.

I would make one other point. I have no ideological position on many of these issues, apart maybe from the herd immunity arguments. I would love nothing more than to sit here and say, "Here is the big, shiny, technological solution that will fix all of this". I am as desperate as anybody is for that.

We have to pursue that as vigorously as we can, but as we are doing that, we have to focus on the here and now and on making sure that the testing that we have available is working as extensively and efficiently as we can get it to work. I am going to sit here now and perhaps betray a little bit of political cynicism. I am not knocking the Liverpool pilot—it is very good and positive and I hope that we will learn a lot from it—but if you were to map when our colleagues in the UK Government started to point at shiny, new, technological pilots and when its current testing programme was coming into question and under stress and strain, you would find the correlation to be quite close.

Let us pursue the technological advances—as Gregor Smith said, in some way, shape or form, they probably are the way out of this for us—but let us not lose sight of what we need to do in the here and now with the technology that we have available.

Mark Ruskell: You hinted earlier that you were considering testing among certain groups, such as students. Are there other groups that need to be considered for that, such as multigenerational households? Medical studies show an increased possibility of transmission where multiple generations are living together, particularly if that includes young adults, and that that can increase the risk of death of older people. Is there a case for testing groups that are particularly impacted by poverty and living in cramped conditions? Should there be guidance or testing for people in those settings?

The First Minister: You can make a case for expanding testing to almost every group in the population, although it will be a stronger or weaker case depending on the group that you are talking about. However, even with the best will in the world, we are going to have a finite testing capacity. That capacity in Scotland is much bigger now than it used to be, and it is still growing.

However, we cannot escape questions about how we prioritise the capacity that we have. We need to do that in a way that is clinically driven, which is what our testing strategy does. It is very much about focusing on symptomatic people. We expect, as we go through winter, that the demand for testing will rise as people potentially have other viruses that may present with the same symptoms as Covid, so we are looking at how we use testing to protect vulnerable groups. We have prioritised care homes and testing staff in care homes, but we are going beyond that now with other people going in and out of care homes. In the NHS, it is about how we protect groups through targeted testing of patients and staff. Then, yes, we use testing to try to learn about or control outbreaks and use it tactically in other areas.

We can make a case for extending that in all sorts of ways, but I have to take account of the clinical advice that says what the prioritisation of that might be. That is talking still within the PCR model of testing. As we see the development and the greater deployment of the new technologies, our flexibility becomes greater to take tests to people and get rapid tests that allow us to do things differently. That is where the genuinely interesting and exciting developments come from.

I suppose that, all through this, I have never questioned, in my own mind or publicly, the central importance of testing. I always have been, and continue to be, a little bit nervous when I hear people talking about tests as if a test is somehow equivalent to a vaccine: that someone gets a test and suddenly they are fine. I know that you are not doing that, but we sometimes hear that. I understand the sentiment, as we all want to have the magic solution to the virus. Testing is hugely important, but we have to be mindful of how we are using it, the prioritisation of it, the tactics and where it fits into a broader strategy. Even with

PCR testing, someone could have a negative test one day that cannot give them assurance for the next day or next week that they are still negative or not at risk from the virus. Those fundamental messages about how people avoid getting and transmitting the virus remain the most important foundational messages that we have and need to continue to deploy.

Mark Ruskell: I turn now to the self-isolation support grant. Obviously, the grant is welcome and is available for people on benefits, but it is not available for those not on benefits but nevertheless on low incomes or in insecure work. A social enterprise in Stirling that pays the living wage wrote to me, saying that it

"would love to pay full sick pay",

but that

"the economic conditions over the last 15 years have never allowed for this."

Currently, only one or two of the enterprise's staff members would qualify, but

"almost every member ... would find themselves in financial difficulty if they had to self-isolate, because they would get only £95 a week"

in statutory sick pay. The enterprise states that that creates an incentive for those on low incomes whose work cannot

"be done from home ... to come in to work and hide ... symptoms ... in order to"

be able to pay

"rent ... and feed ... families."

That information came from an employer. Is there potential to evolve the grant and remove conditions such as having to prove eligibility that probably cause a delay in people applying for it? Is there a case to move the grant to being a less conditional, or even an unconditional, payment to ensure that people are financially able to do the right thing and self-isolate?

The First Minister: Yes, there is a case and we will continue to try to take it forward. What I cannot do is change a finite budget into an infinite budget that can spread in all directions, although I genuinely wish that I could. I am not sitting here using that as an excuse, as it is just a statement of reality. Some of our decisions, such as this one, are constrained by the availability of finance. In terms of the self-isolation payment, we have tried to deliver that in a way that is going to be quick and efficient and with as little bureaucracy as possible, so the way to do that has been through the welfare fund arrangements. Yes, it has qualifying criteria around benefits, but we have tried to build some flexibility into that for particular cases that do not fit the requirements and we have also made it available to people without recourse to public funds.

Obviously, I would like us to be able to give more support to businesses that are affected, but, in terms of the financial support that we are giving, more support for self-isolation is absolutely a priority. That will continue to be such a key compliance issue in the overall battle against Covid. We continue to have those discussions with the UK about levels of statutory sick pay and overall provision of a financial envelope that allows us to advance that. Even within our own resources, we will continue to explore all options to give people the support that they need to do a difficult thing.

The Convener: The next questions are from Shona Robison, who joins us remotely.

Shona Robison (Dundee City East) (SNP): I have a couple of questions about Dundee, but, before I come on to those, First Minister, I want to pick up on something from your earlier exchange with Annabelle Ewing.

To paraphrase, you said that it would be outrageous to have to fit public health decisions into a financial framework that was set elsewhere. How much has the Scottish Government had to plan for that scenario? Given how outrageous that would be, what kind of communication and united front has there been with the other devolved nations, and the English regions, in lobbying the Treasury about that? Can you give us a flavour of how much communication has been going on behind the scenes on that?

The First Minister: It has been a lot. I know that the Welsh Government has very strong views on the matter, as does Northern Ireland, but I will leave those Administrations to speak for themselves. Across the devolved nations, we try to co-ordinate our approaches on these things as much as possible on the basis that we hope that the three of us might be listened to more than just one of us on our own. It does not always work out like that, but we try to maximise our approach.

Wales is in its firebreak at the moment, and at the start of that, the First Minister of Wales called on the Treasury to extend some furlough support and was turned down. Manchester had its struggles a couple of weeks ago.

We all feel a sense of inequity and unfairness. The decision that was taken at the weekend to extend furlough throughout the English lockdown is the right one; I do not begrudge anyone in England a single penny of the support that they are rightly going to get. However, the sense of unfairness is that that decision was made only when it was necessary for all of England to go into lockdown. When other parts of England or other parts of the UK have faced that situation, there

has been no willingness to be flexible. That position cannot continue. There is a lot of common ground between the devolved Administrations, and we will try together, as well as individually, to press that case.

Shona Robison: I want to move on to talk about Dundee, which has been moved to level 3. Clearly, the concerns about hospital beds being overwhelmed within six weeks was highlighted in the decision making around that. There was also a notion that there was an early indication of a blunting of indicators. Can you say whether that blunting has continued as a trend for Dundee, and has the pressure on hospital beds increased or decreased?

On the idea that the indicators are not automatic triggers, I take it from your answer to Monica Lennon that you would need to see a sustained trend, otherwise a city or an area might have to go up and down the levels. What would you need to see in Dundee that would mean a sustainable change in the right direction?

The First Minister: Gregor Smith will want to say more about that. I will not comment too much on the more recent trends. The decision-making process takes place today and tomorrow. We will look at some of the more up-to-date indicators and that will feed into the decision-making process during the next couple of days.

I will say a couple of general things. Please accept that these are general comments and should not be taken as comments on any particular area. Although the levels allocation is something that we will review weekly, I would not expect very often, if ever, a part of the country to go into one level in one week and for that to change the following week. We would need a longer period than that to enable us to be certain that restrictions were having an effect and that things were—we would hope—going in the right direction. Without pre-empting any decisions—Gregor Smith may be about to tell you something completely different, although I doubt it—I would be very surprised if Dundee was to move out of level 3 after just a week at that level.

10:45

When we made the decision last week, there were 185 cases per 100,000 in Dundee and test positivity was over 8 per cent. Both those measures put Dundee quite firmly in the level 3 box. In order for level 2 to open up again, we would need to see a significant reduction in both those indicators as well as in the overall situation. We would want to ensure that the reduction was sustainable and that the direction of travel was going to be sustained.

I hope that when we look at the indicators later this week, we will see some signs of either stabilisation or improvement in Dundee. I cannot say with any certainty right now that that will happen. We would need to see improvement over a slightly longer period before we would safely be able to take the decision to move down a level, which would involve a significant opening up and therefore a higher risk of transmission.

I do not have a complete breakdown of today's figures, but in general, across the country, we have a little bit of an increase in new cases today from previous days. I do not yet have the test positivity rate, and we have a bit of a spike in the number of deaths today. All that will feed in to the broader consideration that we have to undertake over the coming days.

Dr Smith: The discussions in relation to Dundee City in particular were very detailed. There were prolonged discussions with the local public health teams, as we tried to understand the impact not just in Dundee itself but in some of the surrounding areas. We also took into consideration the way that people moved around in those areas. As the First Minister said, the test positivity rate for Dundee was over 8 per cent at that point.

I go back to the answer that I gave in relation to Lanarkshire. We are seeing encouraging signs across the country, not in every area, but in general. We are seeing signs of a reduction in the number of cases that are coming through and we continue to track that day to day in every area across Scotland.

The projections that we had for Dundee showed that there was likely to be a disproportionate impact on general hospital admissions in particular, with some potential for quite a significant impact affecting intensive care unit beds, not just in the immediate future but four to six weeks in advance. All the current measures are designed to try to prevent that likelihood from becoming true, and we continue to monitor and track the data.

What we are seeing across Scotland, from early compliance data in particular, is that people's contact with other people has reduced. That is often the first sign that measures are beginning to work. We have seen a drop of just under 20 per cent in people's contact with other people. That is a positive sign, but it takes between two and three weeks for us to see some of those other signs starting to filter through in the data that we track.

Consolidation and stability are an important feature of the monitoring process. As I said, I would characterise our current position as one of cautious optimism in some areas, but it is too early as yet to make any decisions based on that.

Maurice Corry (West Scotland) (Con): First Minister, I will ask you a question directly. What influence do the views of local leaders—both health and council leaders—have in your decision making?

The First Minister: They have a big impact. In Lanarkshire, for example, the clear view of the leadership—by which I mean the two local councils, NHS Lanarkshire and the police—last week was that they were not in any way denying the severity of the situation, but collectively they thought that the restrictions that were in place and the plans that they had were sufficient to keep the area out of level 4. That was not the only factor in the decision that we arrived at, but it was a material factor. Therefore, clearly, they have an impact.

I take a view that has been—and no doubt will continue to be—misinterpreted at times. We are in a situation now, not only in Scotland but globally, in which Governments are having to take the most horrendous decisions day after day. I would not wish those decisions on anybody right now. However, when you are in the position that we are in, somebody has to be ultimately responsible and accountable. A part of me would love for that to be a local council leader, because that would mean it wouldnae be me. However, I do not think that that would be fair or that it would respect overall democratic accountability in the country. That is why I have taken the view that the buck has to stop with Government; we have to be ultimately accountable for the decisions, so the final decisions have to be ours. That is right. It is not control freakery or trying to carve other people out of decisions; it is just the right way to operate in a difficult situation. However, we listen to a wide spectrum of views, and in that wide spectrum the views of local leaders—who know about their areas, the travel patterns and people's interactions—are absolutely crucial, and we will continue to ensure that they are an integral part of the decision-making process.

Dr Smith: I have almost daily contact with public health leaders across Scotland, and we discuss the IMT framework progress in quite a lot of detail. It is very important that I listen to the perspectives of our public health community—the perspectives of not only the leaders in that community, but a lot of the people who are doing work on the ground. Trying to maintain that contact is very important.

It is also important to factor in how those public health leaders interact with their local health and care systems and the broader involvement of the local resilience partnerships, which members will be aware of. We get a feel from the way that those people collaborate and co-operate at a local level and get a much greater wealth of information that can be applied to judgments and decision-making processes.

Lanarkshire is a very good example. We have spoken about it previously. The contact that we have had with public health leaders in Lanarkshire has given us a sense of how they feel that they are getting on top of the transmission in their communities. It has also given us a sense of the nuances within those communities; Lanarkshire is a broad geographical area and therefore there are different impacts on different parts of Lanarkshire. Along with those things, we factor in travel patterns and the intelligence that public health leaders give about movement in their areas.

The last thing that I will say, which is really important, is that the public health community and public health leaders are our eyes and ears on the ground. They are the ones who are interrogating the data. They are the ones who are understanding, from the conversations that they have with people, the associations that are developing between places where people are going. We get intelligence from that as to what are the common associations between places where people might be contracting this virus. We have used that, very proactively, through the networks that we have, to try and identify the common areas where people might be at risk of coming into contact with other people who are infected.

Maurice Corry: I am very glad to hear that. Having been a chairman on a health board in Argyll and Bute, I am delighted to hear that you pay a lot of attention to what the health and social care partnerships do. Thank you for that.

My next question relates to your comment about the paper that the UK CMOs produced on education and how important it is to keep schools going. Does that apply to colleges and universities?

Dr Smith: There is a knock-on effect. The paper concentrates on primary and secondary education. However, a lot of what we have said is also transferable to higher and further education. There has been overwhelming evidence—even before we faced the pandemic—that education and opportunities through education and employment have a real impact on reducing health inequalities that exist across society.

Ensuring that we maintain an education process, so that there is no detrimental impact on people's life opportunities, has a huge public health benefit, not just immediately but—more important—down the line, for those people and for their families.

Maurice Corry: Is that emphasised in your paper?

Dr Smith: It is recognised in the consensus statement that the UK CMOs produced, which also talks about recognising schools as an environment in which there is contact with children from more vulnerable backgrounds, to ensure that safeguarding considerations are taken into account.

Maurice Corry: First Minister, my final question is for you and is about looking ahead and blue-sky objectives. What has the Government done about getting its allocation of whichever vaccine is chosen? Are you getting your oar in there and making sure that Scotland is on top of all that?

The First Minister: Very much so. We procured flu vaccines and will procure Covid vaccines through a UK four-nations process, and discussions about allocation are well advanced. We have plans in place, which are overseen by a programme board, on how we will start to roll out a Covid vaccination programme.

Clearly, there are big uncertainties right now. We do not know exactly when a vaccine will be available and we do not yet know the exact nature of the vaccine that will be available. Will it be prioritised for elderly and vulnerable people first? How many doses will be required? However, the planning for that, in so far as it is possible given all the uncertainties, is well advanced in Scotland, and the UK-wide discussions are well advanced, too.

Gregor Smith might be able to say a little more about the prospects for a vaccine at some point over the next wee while.

Dr Smith: This is another area on which I am optimistic. Vaccine development continues and there are dozens of vaccine projects globally. The United Kingdom has invested significant sums of money in a number of our own vaccine projects, two of which show early signs of promise and have entered phase 3 trials. We continue to track how projects are going and we are optimistic that they offer encouraging signs that vaccines will become available to us.

We have started work, through the Joint Committee on Vaccination and Immunisation, which is the UK body that advises on our approach to vaccines and immunisation, and which has given preliminary advice on how we should approach a vaccination programme for Covid-19 when a vaccine becomes available, to look at how we prioritise the people who are most at risk in our society. Planning is under way and there are conversations with local vaccine co-ordinators to ensure that, as a vaccine gradually becomes available to us, we deploy it to best effect and ensure that the people who are most likely to benefit from it receive it as early as possible.

Maurice Corry: Will you give local health boards definitive plans on how they roll out vaccines, so that we do not see some of the situations that we saw recently when health boards mixed up the children's flu vaccine programme with other priorities?

Dr Smith: All the detail is currently being worked through with vaccine co-ordinators—

Maurice Corry: Is it being firmly set down?

Dr Smith: It is being discussed in the Scottish and UK contexts, in recognition that there are regulatory considerations, to ensure that as packs become available to us they can be used in the most efficient way.

Stuart McMillan (Greenock and Inverclyde) (SNP): Good morning. I first want to express my thanks, because the Waterfront independent cinema, which is in my constituency, has received £250,000 from the independent cinema recovery and resilience fund.

First Minister, I wrote to you late on Monday afternoon on behalf of people in the hospitality trade in Inverclyde, with whom I had an online discussion on the previous Friday. They expressed concern, in extremely strong terms, about Inverclyde being placed in tier 3, when their perception was that it would be in tier 2.

Referring to the document and the tiering that were published last week, Inverclyde was at level 1 or 2 in the various categories of indicator, apart from the "Present level" category, which was at 3. We are obviously part of NHS Greater Glasgow and Clyde but, with the "ICU forecast" category at 2, there was a sense of frustration as to why Inverclyde had been placed in tier 3 rather than tier 2, from the point of view of trying to assist the hospitality trade to continue trading until the next review. I would be grateful to have further information to allow me to understand why Inverclyde has been placed in tier 3 rather than tier 2.

11:00

The First Minister: Gregor Smith will want to say more about this. The situation may or may not be confirmed later in the week, but I am not sure that we are yet confident about the stability of the raw indicators in Inverclyde. The indicators look low relative to those in the rest of the Greater Glasgow and Clyde area, but are they sustainably low and are they starting to drift up again? There is some questioning to be done there.

As was set out a bit more fully last week, there is also the geographical positioning of Inverclyde relative to the surrounding areas, which have higher levels of transmission. We have travel restrictions in place through guidance, and we are

actively considering whether to give a legal underpinning to those restrictions in future weeks. I will probably say more about that at the review point next week. However, whatever approach we take to travel restrictions, it relies on people abiding by them, and there will always be a risk.

I do not mean to sound pejorative about human behaviour, but we must recognise realities. Because of the geographic situation, if pubs and restaurants in Inverclyde are significantly different in their operation compared with those in other areas of Greater Glasgow and Clyde, that poses a risk to Inverclyde of an importation of the virus. That does not mean that I am saying that pubs must be closed in Inverclyde for as long as they are closed in Glasgow, but those things start to become a bit of a consideration.

I keep making the point, as it is one that everybody must always bear in mind, that, if we took an area such as Inverclyde down a level, that would partly be a recognition that things were going in the right direction there, but we must guard against seeing that as a sort of neutral reward. It is not neutral, because transmission increases as an area opens up in a lower level. Would we be opening up risks of the virus spreading in Inverclyde when the people of Inverclyde are then dependent on hospital services across Greater Glasgow and Clyde that are under quite significant pressure?

To return to the convener's initial question, this territory is much more judgment led and, by definition, a bit more subjective. I understand that it is therefore harder for people to get their heads round and understand it, but it is really important that we take the broader contextual picture into account when reaching our decisions. The decision about whether an area is in level 0, 1, 2, 3 or 4 has a big impact on what will happen with the virus. If we are going to take an area down a level, we have to be sure that everything tells us that we can cope with the increase in transmission that that is likely to allow without things quickly running out of control.

Dr Smith: We started off by talking about the holistic approach that we took when we were making these judgments. Some of them have been very difficult, and I would include the judgment on Inverclyde in the basket of very difficult judgments that had to be made. It provides a good example of why the holistic approach is important. Had we considered some of the data alone without the overall context, different judgments might have been made, particularly if we were stuck and locked into a mechanistic process. That would have been a huge risk for Inverclyde, which we may yet see play out in relation to the data that we are currently tracking there.

One really important consideration is geographical positioning. There are high levels of infection surrounding the area, effectively on all its land-border sides, which places it at much higher risk. We know from the experience of the first phase of the pandemic in Inverclyde that the communities there suffered a disproportionate impact of the virus. Nonetheless, we do not—and nor should we—have confidence that there is a level of immunity there that would protect communities from subsequent infection in the future. We know that the characteristics of those communities—in relation to age, demography and some of their life experiences—mean that they may be susceptible to further rises in the number of cases in the future.

All those factors are taken into that holistic assessment when we are trying to make very fine judgments about how, first and foremost, we safeguard the public health of the area from the threat posed by Covid-19. We continue to track the data in the area to make sure that we are aware of any changes.

One point that has come out in answering the questions today is that, when you see the data on a piece of paper, you are seeing it at a point in time, but it is much more important to see the data in the context of the trajectory and intelligence that come from the public health communities in particular. Once you place raw data into the context of a decreasing trajectory, you can be much more confident about it than you can about data in the context of a trajectory that is oscillating or even increasing. In an area where there is that uncertainty and lack of stability, it is right that the precautionary principle is applied and that, first and foremost, we safeguard public health.

Stuart McMillan: I accept everything that has been said. However, I will highlight the aspect of location and geography. Dundee is in level 3 and Perth and Kinross is in level 2. The distance between Perth and Dundee is shorter than that between Greenock and Glasgow. The same argument in relation to people potentially travelling either way that is used for Inverclyde could therefore be used for Perth and Dundee and elsewhere. That certainly adds to the sense that tier 2 for Inverclyde has not been fully considered or accepted compared with elsewhere in Scotland.

The First Minister: Those things are all fully considered. We will never be in a position in which everybody is happy with the decisions that are reached. The precautionary principle is important if there is uncertainty about the stability or direction of travel of an area, particularly, as the CMO said, if it is an area with a demographic picture that we know has heightened susceptibility.

In relation to Inverclyde in particular, given its experience in the first wave, if you ask me what

side of that cautionary divide I think that people in Inverclyde might want us to fall on, it is the one that says we should not expose the population to higher risks of greater transmission than we judge to be safe at the moment. I absolutely know that it is difficult for businesses, particularly hospitality, just now. However, if we have the virus running out of control in all or part of Scotland, the restrictions that will end up being put on business, including hospitality, will be more severe and, possibly, will be in place for longer.

Suppressing the virus is important for health, life and the sustainability of the economy. To go back to the earlier point about who takes the final decisions and how they do so, that is why those decisions will always be difficult. As I am sure is the case for all members, on any given morning, I can go into my email inbox and have emails about the country as a whole, about different parts of the country and about schools, pubs, and all sorts of things. I will have people saying, "Shut them," and I will have people saying, "Open them," and all sorts of gradations in between. Although those views are all taken on their own terms and are all legitimate—I am not arguing that they are not—we have to come to balanced decisions on them, which is really difficult.

This time next week, I could be sitting here with the picture looking very different—no part of me is complacent about any aspect of this. Nonetheless, although some of the decisions that we have taken so far will not have been right, I hope that most of them have generally been right in a difficult situation.

No one could describe their position in relation to Covid as good, but we are in a position right now that is less bad than that in many other countries. That says to me that the cautious and precautionary approach has served us not too badly and we should continue with it. In the longer term, it could take us to where we want to get to, perhaps more quickly, but with less loss of life and damage to the economy than would be the case if we did it a different way.

Stuart McMillan: After a decision has been taken on the tiering of an area, is there some type of verbal or written briefing for the local authority or health board on why the decision has been taken?

The First Minister: We published a brief statement of reasons last week. We will communicate more detail to local authorities and try to make as much information available as we can on what drives those difficult decisions. The difficult bit of all of this—it will develop as we continue this approach—is explaining as clearly as we all want some of the more subjective and less tangible, in a data sense, factors that lie behind some of the decisions.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): I have two or three questions that I have been asked by my constituents. My first question is a follow-up to Stuart McMillan's question. Why did we change the relevant boundaries from health boards to local councils? Several constituents have asked me that, particularly in relation to Ayrshire. As you know, First Minister, we have three local authorities—North, South and East Ayrshire—that are all at tier 3. The household restrictions have been in place for a while now. The question that I am being asked is: why did we move that boundary? Whereas previously people could move within the Ayrshire and Arran area, they are now restricted to staying within each of the local authority boundaries.

The First Minister: There are several reasons for that decision. Many people suggested that we make that decision. First, local authority boundaries have a meaning—in a political, democratic, decision-making, consultation and accountability sense—that health board boundaries do not. I am not saying that everyone understands the boundaries of their local authority, but I suspect that most people have more of a sense of the boundaries of the local authority that they live in than they do of the health board area.

Secondly, the decision is about getting to a level that is as proportionate and targeted as possible. Health board areas are much bigger than local authority areas. It allows us to go down a level, without going to a level that might be impractical.

On travel, I go back to Stuart McMillan's point about Inverclyde. Previously, the travel guidance for me, a resident of Glasgow city, was not to travel outside the Greater Glasgow and Clyde NHS Board area. However, that would still have enabled me, as a resident of Glasgow city where there is relatively high prevalence, to go to Inverclyde, which has a relatively low prevalence and so potentially complicate things in Inverclyde. We have not talked about travel restrictions very much today, but they are an essential part of a varied approach across different localities. Unfortunately, the wider we make people's ability to travel, the greater risk we have of taking the virus from high to low prevalence areas, which is what we must guard against.

Gregor, do you want to say more on the boundary decision?

Dr Smith: One of the characteristics that we have been tracking, probably since late July, is the contribution that domestic and international travel makes to the re-emergence of virus cases across the country. I have no doubt that travel, particularly from areas of higher disease prevalence to those of lower prevalence, makes a significant contribution. We have to continually remind ourselves that the risk of importing disease to

those lower prevalence areas is very real. Our rural communities in particular have experienced that during the course of the outbreaks that we have been managing recently.

We continue to review the travel restrictions that are in place, but the best way of applying them at this point in time is to ensure that we do not allow travel from higher-tier areas into lower-tier ones, as the First Minister has described. Although there is a little bit of variation even across the level 3 areas, which is significant enough for us to factor it into our thinking, the issue is particularly important when we get to travelling between areas that are at different levels—that has a much greater impact.

11:15

Willie Coffey: To follow that up briefly, did the data tell you that you had to move from an Ayrshire and Arran boundary to having three boundaries within Ayrshire? Was that driven by the data, or was it a result of a general concern that travel is a big issue that could be dealt with better by introducing that measure?

The First Minister: I would not say that the data in Ayrshire drove that decision. This is not the position right now, as there is a level 3 category across all the Ayrshires but, if my home part of Ayrshire, North Ayrshire, suddenly had a low prevalence and East Ayrshire had a high prevalence, the measures that we have taken would allow us to have a differentiated approach, and restrictions on travel would be essential to maintaining that. The approach that we have taken allows greater targeting should the data take us in that direction.

To be honest, the bigger the building blocks, the less ability we have to target and be proportionate. We might again get to a situation in which the virus is spreading so consistently across large parts of Scotland that, in effect, we have bigger building blocks because, although we might still have councils as our starting point, the same level of restriction applies across so much of the country. However, if we keep going in the right direction, the approach that we have taken allows us to be much more targeted and not to have one part of Ayrshire under restrictions that are driven by the experience in another part of Ayrshire, if we get to that position.

Willie Coffey: My next question is about visits to care homes. Some helpful relaxations have been announced recently that are helping care home residents and their families to get through the situation. Is it up to individual care homes to decide whether to permit visits inside? We have had heartbreaking scenes of families standing outside in the rain looking in a window to try to speak to a relative—I have been involved in one of those situations myself. What is the thinking about whether we can permit internal visits? Can we offer any additional help to the care homes that are struggling to provide a visiting facility, whether in a garden or somewhere else? Any measure to help with that would be greatly appreciated by families and residents.

The First Minister: I will ask Gregor Smith to say a bit about the decision-making process and the role of directors of public health in that.

Very briefly from me, I absolutely understand how horrendously difficult it is for families who have a relative in a care home who they cannot visit normally. For all sorts of reasons, that is awful, but it is also very difficult when we have Covid outbreaks in care homes, as that puts the lives of frail elderly people at risk. In this whole situation, every day, we are trying to strike a series of really difficult balances, but the issue with care homes is possibly the most difficult one to get right. There is no perfect way through this but, particularly as we have higher community transmission again, the need to do everything that we can to prevent outbreaks from happening in care homes becomes ever greater. We cannot lose sight of that, albeit that we want to facilitate as much normality for families as it is safe and reasonable to do.

Dr Smith: Many heartbreaking things have happened as a consequence of Covid-19 landing on our shores, but one thing that has been most difficult for people is the restriction on visiting loved ones in the place that they call home. That has been incredibly difficult for families and for staff to deal with over the time that we have been tackling Covid-19. Being able to relax some of those restrictions was in my view a real move forward. It was compassionate, and it recognised that we are talking about people's homes and that the ability to see family, mix with them and be reassured by that contact is very important.

The evidence suggests that the greater the footfall through vulnerable institutions such as care homes, the more the virus is likely to be introduced. There needs to be a balance in how we manage that risk. From experience in this country and by examining experience elsewhere, we have found that, as community cases begin to rise, and we start to see the disease prevalence rise within areas with care homes, they become much more likely to experience outbreaks. There needs to be balanced and proportionate approach to how we assess the risk for those.

We think that, locally, directors of public health, who have shown leadership in managing those outbreaks, are perfectly placed to support that risk management process. Working with care home owners, in particular, to examine the mitigations

that have been put in place for care homes, how care homes are coping, the testing programmes that have been put in place and the participation in those programmes, they are able to make a balanced assessment of where the greater risk lies. Is it in opening up visiting indoors, or is it in restricting visiting and thereby restricting contact with loved ones? Those are very difficult decisions, both for the home owners and for the directors of public health to make. Caught in the middle, of course, are the residents of those homes and their families.

Please be assured that decisions are not being taken lightly. The directors of public health are happy to be part of the decision-making process and continue to be so but, because of the very real public health threat that exists to be introduced into those homes, difficult and unwelcome decisions sometimes need to be made.

Willie Coffey: I appreciate those answers. Do we have time for a third and final question, convener?

The Convener: Yes.

Willie Coffey: First Minister, I want to turn to one of my favourite subjects, and possibly one of your own: football and the ability or otherwise of supporters to participate in the game.

First, however, are we asking a bit much of players? In Scotland and throughout the world, there are a lot of positive tests among footballers in the professional game. Is it fair to ask them to continue to participate to the degree that we are asking them to? Are we asking them to take too many risks, or can clubs put in place sufficient protection for their players and staff?

The First Minister: I should preface my answer by saying that Mr Coffey and I enjoy an Ayrshire football rivalry, but I will not go any further into that. Suffice it to say that I support the senior team in Ayrshire, if not in technical terms in all sorts of other senses.

Are we asking too much of footballers? I am probably the wrong person to ask because, although I support the best team in Ayrshire, I would not describe myself as the most avid practising football fan.

Football, elite sport, and community sport want to operate as normally as possible, and we have tried to facilitate that. Rigorous procedures and protocols are in place to allow footballers and other sportspeople to operate. However, across sports, there have been some breaches of those procedures and protocols that have compromised the ability of sport to continue. In football, we have seen that with Aberdeen and Celtic and, in the past couple of days, with Rangers players, which is equally concerning.

Again, it is like many things in that we have to strike the right balance. We will continue to hold dialogue with footballing authorities, but I do not think that I am mischaracterising the situation in any way when I say that most of the pressure from footballing authorities is to get back to more normality, particularly in having fans in stadiums. Some games are coming up in level 1 areas that might have some ability to have fans in, but we have to be careful about that and continue to be cautious. We will continue to get the balance as right as we possibly can.

Willie Coffey: I remind the First Minister that the team that she supports has never won anything and probably never will, whereas my team has won everything.

The First Minister: We beat your team quite a lot actually.

Willie Coffey: I would like to follow up on the different codes at professional, junior and amateur levels. A number of members have been approached by those who are asking for there to be parity of treatment between the junior and amateur codes. We expect that juniors might be able to go back into action soon, but the amateurs say to us quite clearly that they operate with the same levels of protection that are found in the junior code. Has there been any thinking about permitting the amateur code to recommence soon?

The First Minister: Such things remain under constant review. Gregor Smith can probably talk more authoritatively about football than I can, so he might want to say a word or two.

I make this point in the context of Willie Coffey's question about football, but it is a much more general point. I understand the pressure that we get from all sources to open up and get back to normal, but we are still dealing with a pandemic of an infectious virus. From the Government's perspective, we are still looking at how we sufficiently limit human interaction to avoid the virus taking off again. That involves decisions about individual sectors, sports or other aspects of our lives, but we have to consider, if we were to agree to every request that was made to open up and get back to normal, what the cumulative impact would be on our ability to keep the virus suppressed. Sometimes, the cumulative consideration leads to one area or another thinking that it is not getting parity of esteem or equal treatment. That is difficult.

We try to be as consistent and as even handed as we can, but let us not forgot where we are. We are in the face of a second wave of an infectious virus. If we allow too much normal human interaction to happen, the virus will rip through our

country and do a lot of damage. We have to stop that happening.

Dr Smith: All that I will add to that is that I wholly understand the concerns that have been raised. At this stage in the pandemic, we continue to take a very cautious approach, and rightly so. My colleagues have developed a strong understanding of, and good relationships with, all the sports. They continue to engage with people in the sports to keep them abreast of how things are developing, but they also support them and consider how they can develop mitigations and ways to allow people to get back to action as quickly as possible. We will continue those discussions.

Please rest assured that, when we feel that it is the right time to start to change the restrictions that are in place, we will get the country back to participating as quickly as possible. I say that as a sports enthusiast, not just a football enthusiast.

The Convener: I thank the First Minister and the CMO for their evidence and time this morning. Their evidence has enabled all of us to get a greater understanding of the decision making relating to the framework.

We do not expect to have a committee meeting next week. The committee's next meeting is expected to be on 18 November, when we will consider the motions on the statutory instruments on which we heard evidence today. The clerks will keep members informed.

Before we leave the room, I remind everyone of the social distancing guidance that I stated at the beginning of the meeting.

Meeting closed at 11:28.

This is the final edition of the *Official Report* of this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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