OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Committee

Thursday 14 January 2021

The Scottish Parliament
Pàrlamaid na h-Alba

Session 5

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COVID-19 COMMITTEE

2nd Meeting 2021, 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)
*John Mason (Glasgow Shettleston) (SNP)
*Stuart McMillan (Greenock and Inverclyde) (SNP)
*Mark Ruskell (Mid Scotland and Fife) (Green)
Beatrice Wishart (Shetland Islands) (LD)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Alex Cole-Hamilton (Edinburgh Western) (LD) (Committee Substitute)
Professor Jason Leitch (Scottish Government)
Michael Russell (Cabinet Secretary for the Constitution, Europe and External Affairs)
David Stewart (Highlands and Islands) (Lab) (Committee Substitute)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

Virtual Meeting

Scottish Parliament

COVID-19 Committee

Thursday 14 January 2021

[The Convener opened the meeting at 10:30]

Subordinate Legislation

Health Protection (Coronavirus) (Protection from Eviction) (Scotland) Regulations 2020 (SSI 2020/425)

Health Protection (Coronavirus) (Restrictions and Requirements) (Miscellaneous Amendments) (Scotland) Regulations 2020 (SSI 2020/439)

Social Care Staff Support Fund (Coronavirus) (Scotland) (Amendment) Regulations 2020 (SSI 2020/469)

Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 9) Regulations 2020 (SSI 2020/471)

Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 10) Regulations 2021 (SSI 2021/1)

Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 11) Regulations 2021 (SSI 2021/3)

The Convener (Donald Cameron): Good morning, and welcome to the second meeting in 2021 of the COVID-19 Committee. We have received apologies from Monica Lennon and Beatrice Wishart. David Stewart and Alex Cole-Hamilton join us as their substitutes—welcome.

The committee will take evidence from Michael Russell, the Cabinet Secretary for the Constitution, Europe and External Affairs, and Professor Jason Leitch, the national clinical director for the Scottish Government. As a ministerial statement on the latest levels review was not scheduled for this week, the evidence session gives members the opportunity to take evidence on this week's ministerial statements on the Covid-19 vaccination plan and the Covid-19 education update, as well as on the statement that the First Minister gave yesterday at First Minister's question time.

We will also consider six Scottish statutory instruments, as set out in the agenda. Members might wish to note that the committee took evidence on the draft version of SSI 2020/439 at its meeting on 17 December 2020 and on the draft versions of SSI 2021/1 and SSI 2021/3 at its meeting on 8 January 2021.

I also note that a draft version of the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 12) Regulations 2021 was provided by the Scottish Government after the meeting papers were published. The regulations are therefore not formally on the agenda but have been circulated to members as they relate to the First Minister's statement in Parliament yesterday.

I invite the cabinet secretary to make a brief opening statement.

The Cabinet Secretary for the Constitution, Europe and External Affairs (Michael Russell): Thank you for inviting me to give evidence on the regulations. Due to the time that is available today, I will not cover them all in detail in my remarks, but it is important to note that they all take important steps to protect people not only from the new variant of coronavirus, but from hardship that might arise as a result of the pandemic.

The regulations that are before us ensured that people were not at an increased risk of homelessness over the festive period. We now extend that commitment to people in levels 3 and 4, which covers the whole country. As a result of the new variant, it has become even more important to ensure that people do not need to find a new home, or are not forced to move from one place to another as they have nowhere to go.

The Social Care Staff Support Fund (Coronavirus) (Scotland) (Amendment) Regulations 2020 provide financial support for social care workers who were shielding and not placed on the United Kingdom Government's job retention scheme by their employer. I am sure that the committee will welcome the regulations—it has discussed them previously with the Cabinet Secretary for Health and Sport.

The other regulations that are before us make a number of changes to the local levels regulations. The most recent and significant changes include moving most of Scotland to level 4, with all other areas moving to level 3, and introducing a stay-at-home requirement for everyone living in level 4 areas. The new requirement is significant and was not introduced lightly. It was essential that we took action to ensure that our national health service is able to cope alongside the usual increased demand during winter.

As the First Minister set out yesterday, we have also made the decision to implement a further

tightening of the lockdown restrictions, to ensure that they are as effective as they must be in suppressing the virus. We intend to make a number of changes, and the regulations that will give effect to those changes have been shared with the committee in draft form, for which I apologise, but that it is a result of the urgency of the situation.

The changes include limiting the availability and operation of click and collect retail services to only essential retailers. All other click and collect services must stop from Saturday. We are also no longer permitting customers to go inside to collect takeaway food or coffee. Any food or drink outlet wishing to offer a takeaway service will have to do so from a serving hatch or doorway, to avoid any indoor mingling.

New rules are being introduced on the consumption of alcohol in outdoor public places. From Saturday, it will be against the law in all level 4 areas of Scotland to drink alcohol outdoors in public. Of course, that is the case anyway in many areas, through local regulations, but that measure will now be nationwide. It is still possible for pubs and other venues to sell takeaway drinks. However, those are for people to consume at home.

The other changes announced this week include permitting work in a private dwelling only if it is essential for the upkeep, maintenance and functioning of the household, and an amendment to the stay-at-home requirement to ensure individuals are not remaining outside of their homes for non-essential purposes. Both those changes reflect the spirit of existing guidance, so should not require any change in behaviour for most members of the public.

Although the additional restrictions are, sadly, necessary, it is not all bad news: we have now vaccinated more than 80 per cent of care home residents and more than half of front-line health and social care workers.

Our aim is, as the First Minister and the health secretary said yesterday, to vaccinate all over-65s and those with extreme clinical vulnerability by the end of February. That means that, by the start of March, 1.4 million people will have at least received the first dose of vaccine.

As the First Minister also said yesterday, vaccination offers us a route back to a more normal life and gives us real hope for the future. I hope that that gives the people of Scotland the motivation to continue to stick with these difficult but necessary restrictions to our everyday lives to keep ourselves and our loved ones safe.

I hope that those remarks are useful to the committee. Jason Leitch and I stand ready to answer any questions.

The Convener: Thank you, cabinet secretary—that is useful. I now turn to questions. I remind members that we have approximately eight to 10 minutes each for questions, so it would be helpful if we could keep our questions and answers concise. I will indicate whether there is time for supplementaries once all members have had a chance to ask their questions.

I will ask the first question. Looking at the protection from eviction regulations—SSI 2020/425—the policy note states that

> “Where possible, the Scottish Government has informally consulted with public bodies and other relevant stakeholders”.

Will the cabinet secretary elaborate on what informal consultation was undertaken in relation to the protection from eviction regulations? How is their use being kept under review?

Michael Russell: It is appropriate that I get Kevin Stewart, the Minister for Local Government, Housing and Planning, to give you details of that consultation because he is responsible for it. However, I can say that the regulations are not new—we are talking about their extension. They were extended to 22 January and are now extended to 31 March. I think that everybody would agree that that is essential.

There was, of course, consultation on the regulations when they were first introduced in the first Coronavirus (Scotland) Act 2020, which seems a long time ago now. Clearly, that consultation was useful and guided us on what the regulations should be.

There are, of course, exceptions related to criminality and antisocial behaviour. Anybody who has dealt with such situations, as most MSPs will have, will realise how necessary those are, but it is also essential that people are not put in an awkward and difficult position.

I will undertake to get the housing minister to write to the committee to give further details.

The Convener: My next question is probably best directed to Jason Leitch. Are you seeing in the data on infection rates any sign of the situation stabilising or even improving? Are there any glimmers of light?

Professor Jason Leitch (Scottish Government): Thank you for having me back again, convener. “Glimmer” would be as far as I would go. The last time that we spoke a week ago, we were talking of a doubling time of two weeks. Let us say—these numbers are not accurate—that we had gone from about 750 to 1,500 cases in two weeks. That would suggest that we would be at 3,000 cases within another two weeks. The doubling time is an important indicator of the rate

of acceleration of a pandemic anywhere in the world.

That doubling has not happened. It would appear that, in the main, the boxing day restrictions, which we are now seeing in the numbers, have led to cases stabilising at around 1,700, give or take 200 in either direction. The number appears not to be falling—it appears to be a little stuck—but it is not accelerating, so it is correct to use the word “glimmers”.

I would balance that by saying that we should remember that those 1,700 positive cases have translated into 107 intensive care admissions in the past week. The hospital and ICU admissions have not yet slowed, because we are hardwiring in prevalence and positive cases. However, I would say yes, I think that there is some hope that the acceleration has slowed.

The Convener: My final question, which is about the vaccine, is again probably best directed to Jason Leitch. In the vaccine plan that was announced yesterday, there are figures for vaccine wastage. Can you explain the circumstances of wastage, and say whether, in your view, the estimates in the vaccine plan are acceptable, realistic and so on?

Professor Leitch: We have a rounded figure of 5 per cent for wastage of vaccines—that is what we use for the flu vaccine, and the World Health Organization says that that is the rough global average. It is difficult to be sure, but I would absolutely hope that we would get wastage down below that figure. In the flu vaccine roll-out, we get it significantly below that, but, for planning purposes, it is traditional to talk about 5 per cent wastage.

Wastage happens for a number of reasons. Some vials might be bust, the seal might be broken so the vaccine cannot be used, or something might happen with the syringe. The process is human: someone has to take a syringe, put a needle on it and put it in the vat. They could make a mistake, such as get the sterilisation wrong, or the needle could fall. There could be all kinds of human error—it is rare, but possible.

In addition, at the end of the day, all the doses of vaccine may not have been used. It will come in vials of various sizes, depending on whether it comes from Pfizer or AstraZeneca. Of course, we would try to use it up. That is one reason that I might be asked why a 40-year-old clerkess in the hospital got the vaccine, for example. That would probably have been to use up some of the wastage—for example, if an ICU nurse was working and did not turn up for their dose.

There is some wastage, but I would hope that we keep it to an absolute minimum. Everybody in the vaccine clinics wants to use every precious dose of it—you can be absolutely assured of that.

The Convener: Thank you—that is very helpful.

David Stewart has the next question. Before he begins, I ask him whether he has any relevant interests to declare.

David Stewart (Highlands and Islands) (Lab): Thank you, convener—I have no relevant interests to declare.

My first question, which is on the protection from evictions, is for the cabinet secretary. I thank him for his statement and warmly welcome the protection, which I think he said is now in place until the end of March. How many households are likely to be protected by the new legislation? Is there any—[*Inaudible*.]—or in extending it for the whole of this year, in light of the Covid crisis?

Michael Russell: I thank David Stewart for those questions. It is almost impossible to predict the actual numbers, given the nature of evictions. Each eviction is unique, and there will be different reasons for them. We will monitor the situation, and we will—I hope—therefore be able to say how many evictions we think have been avoided, but even doing that is difficult.

The very fact that the legislation is now in place will mean that people recognise that they should not proceed with an eviction on that basis. If David Stewart will permit me to do so, I will ensure that the Minister for Local Government, Housing and Planning is made aware of those issues and is looking at them.

10:45

On extension, we should remember that, when the emergency legislation went through Parliament, we gave a clear undertaking in relation to every aspect of the emergency legislation that we would not use it to substitute for the normal process of scrutiny of legislation. Where we can do it, we are extending those things that require to be extended. Of course, the legislation will fall on 31 March, and it allows for one further period of extension, which would be until the end of September.

Some time ago, I made a commitment to the committee—which I think I also made in the chamber, in the statement on the two-monthly report—that we would introduce proposals for the extension of the legislation, particularly as the due date for its expiration falls when the Parliament will no longer be sitting. Given where we are now, I think that it is fairly obvious that we will have to introduce those proposals. However, I do not think that it would be sensible to take individual proposals and make piecemeal cases for them.

I do not think that anybody would want the protection from eviction to lapse while there is still a need for it. We extended the regulations from their original end date until 22 January, and we have now done so until 31 March. We will keep the matter keenly under review. If the circumstances of the pandemic are such that it continues to be required, I think that you can expect it to be extended further.

David Stewart: Thank you.

I have a wider question for Jason Leitch. The Joint Committee on Vaccination and Immunisation said recently:

"The current evidence remains that increasing age is the single greatest risk factor."

However, following the publication of the Imperial College London paper, there has been some discussion of the suggestion that younger people might be slightly more at risk when it comes to the United Kingdom variant. Could you clarify those issues?

Professor Leitch: Thank you that very important question, Mr Stewart.

Other variants will come and the situation may change, so I have got used to providing the date when I give such information. The position may vary over time but, as of today, the variant that we are dealing with across Scotland and across the UK gives people the same disease but it is more transmissible. Therefore, a young person is extremely likely to have a mild course of the disease. The difference in mortality between the over-80s and the under-19s is stark. That is why the JCVI, with our agreement, has decided that vaccination should be prioritised strictly on the basis of age groupings.

There are three exceptions to that, and it is important for everybody to understand them. One is for health and social care workers who are treating people with Covid and are seeing the virus a lot. They will be protected early, as will people with pre-existing conditions, who fall into two groups: those who are clinically extremely vulnerable or shielding; and those who are vulnerable in another way, such as the flu vaccine group. They will all be vaccinated earlier.

However, in the main, the disease is still very mild in the young and still quite hard to transmit among very small children. We are not seeing any increased numbers of Covid cases among primary school kids or nursery kids beyond what we would expect because of the prevalence of the virus in the country.

The Convener: The next question comes from John Mason.

John Mason (Glasgow Shettleston) (SNP): The question of long Covid has been raised with me a few times. Where are we with that? In the past, various figures have been cited—it has been said that 10 per cent of people still had symptoms after three months, but it has been suggested that, in Italy, the figure is 40 per cent. Do we have any idea of whether the vaccines are having an impact on long Covid?

Professor Leitch: What we are now—

Michael Russell: I think that that is a question for Jason Leitch.

Professor Leitch: I am sorry, Mr Russell—I should have let you give it away.

It is fair to say that we do not fully understand what we are now calling post-Covid syndrome, or long Covid, for short; nobody does. For the first time across the UK, the National Institute for Health and Care Excellence—NICE—the Scottish Intercollegiate Guidelines Network, which is our version of NICE, and the Royal College of General Practitioners have published a joint statement and guideline for workers in primary care, in particular, so that GPs and community nurses can understand it a bit better. That contains the most up-to-date information that we have about what long Covid is and the symptoms that people present with.

However, long Covid is poorly understood at the moment, just because of the length of time that it has been around. The numbers are also poorly understood. As you say, Mr Mason, we are defining it at around three months. It seems to be more prominent as people age. So far, it appears that, just as the acute disease affects older people more, so does the chronic disease. We are not seeing it in children, but we are seeing it in older age groups.

It is a mixture of inflammatory disease, cardiac disease, tiredness and post-viral diseases. Consequently, we think that, initially, the best place to deal with it is in primary care—in general practice—and then people will move through the specialities, such as cardiology or rheumatology appointments, as required. We will keep that under constant review.

There is no indication yet whether the vaccine will help. My basic instinct is that vaccination, if it prevents people from getting severe disease, would reduce post-Covid symptoms. That is what we would expect to see over time.

John Mason: Thank you—that was helpful.

The deep-end practices—those GP practices that serve the 100 poorest areas, which include parts of my constituency—have raised the point that life expectancy is lower in the poorer areas, which means that if we start the vaccination

programme with the oldest people, we will initially do more vaccinating in the better-off areas. That seems strange to me; someone in my constituency is likely to die at 65, but a person in Bearsden is likely to live to 85, yet the person in my constituency who is 65 and in very poor health will have to wait much longer for the vaccine. What is your response to that?

Professor Leitch: You are right; it is very difficult. An 85-year-old in one part of our community can look much like a 70-year-old in another part of our community. As with most infectious disease, there is a gradient of equality. We have discussed previously at the committee the fact that Covid, like most infectious diseases, exposes inequality in society.

It is very hard to think of a way of accurately measuring that risk and applying it to the vaccination programme. The JCVI has ethicists, virologists and others to make those kinds of difficult choices. When we remove everything else, the thing that we are left with is age—age is the biggest risk. Inequality, ethnicity and obesity are all in there, but all of those are shrouded by age. That is why the JCVI went for age as the basis for vaccination.

We will get to the 75 and 70-year-olds pretty quickly as part of the vaccination programme, so you can reassure your constituents and the deep-end practices that we will get to them as quickly as we possibly can.

John Mason: That is great. I might come back to that another time.

Finally, I understand that we will require international arrivals to have been tested before they come and that, at the point of entry, only spot checks will be carried out. Given that so few people are travelling, why will only spot checks be carried out? Could we not check 100 per cent of people who arrive?

Michael Russell: I will take that question. The final arrangements for the new dispensation are being put in place. At present, I understand that there will be fairly rigorous checking for those involved. However, I want to find out precisely what the thinking on that is at the point of implementation, which I think will be tomorrow. I will come back to you.

Many people agree that the firmer and clearer we are, the better. First, there should not be international travel, except in the most exceptional circumstances. Secondly, if such travel is undertaken, those involved should put themselves through a very rigorous process in order to ensure that they do not bring in or take out disease. I will ensure that the committee gets a fuller briefing on how the system will operate.

I think that Jason Leitch has an additional point to make.

Professor Leitch: It is just a brief one. I can tell Mr Mason that 100 per cent of passengers will be checked before boarding; the spot checks will be carried out post arrival. No one will get on a plane without having been tested, which will be 100 per cent checked. The present plan is that Border Force will spot check a number of arrivals as a double-check to make sure that the departure check was intact.

Michael Russell: I should point out that there is a penalty for the carrier as well as for the individual. That has tended to be quite an effective way of ensuring compliance, because carriers—particularly in the current circumstances—do not wish to be fined heavily for breaching the regulations or allowing them to be breached.

The Convener: John Mason has a follow-up question.

John Mason: Will the carrier do the checking at the departure airport, just as it checks a passport?

Professor Leitch: I am not sure that we know the exact logistics of that yet; we do not know where the check will be done if someone is in, for example, Antigua, Mexico City or Paris. However, at some point in the series of checks through passport control and customs, the individual will have to have a check. The final responsibility will be the airline's at the gate, so the airline will have to be sure that the check has been carried out. Where in the processing the checking will be done will be a logistical challenge for the airlines, just as they have to check passports at some point in the boarding process.

John Mason: Thank you.

Michael Russell: There will be a responsibility on the carrier, so it will check that.

The Convener: Our next set of questions comes from Mark Ruskell.

Mark Ruskell (Mid Scotland and Fife) (Green): Good morning. I welcome the extension of the evictions ban to the end of March, but I am aware that a number of European countries have a wider winter evictions ban. I would be interested to know the views of Kevin Stewart, the Minister for Local Government, Housing and Planning, on that. Obviously, we have an emergency evictions ban in relation to the Covid crisis right now, but I am interested to know whether that will feed into wider housing policy as a consideration.

Michael Russell: I cannot speak for Kevin Stewart on that matter, which needs to be taken up directly with him. It is not specifically related to the Covid situation, in which it is clear that there should not be evictions in almost all

circumstances, given that we are living through a pandemic. I say almost all circumstances, because Mr Ruskell will know, as I do, that there are circumstances in which it is intolerable to live next to people who are behaving in a way that is utterly selfish and destructive, and eviction is sometimes necessary to cope with that.

However, the presumption at the moment is very much that people should be able to continue to live in their houses and not have to seek somewhere else to live during this difficult period. The wider policy, though, will be for Mr Stewart and is a matter worthy of discussion.

Mark Ruskell: Okay. Turning to the vaccine strategy, it was clear from the statement that Jeane Freeman made to the chamber yesterday that the Government is following the JCVI advice and that the priority at the moment is those who are clinically vulnerable.

My question is about the next stage. Looking ahead at the months to come, when it comes to 18 to 50-year-olds who are not clinically vulnerable, when and how will the Government be able to consider the prioritisation of particular professions, such as teachers, whom we have had discussions about previously, or shop workers or other essential workers? Is the Government looking at that, or is it a case of going back to the JCVI and asking to be told what to do? Is the Government looking at political priorities and the wider harms to the economy and society that are caused by Covid in the context of how it prioritises the 18 to 50-year-old group? I am not sure who wants to answer that.

Michael Russell: I think that Jason Leitch needs to answer that, but I will make one point. We are keen to ensure that we follow the JCVI advice, and that is what we are doing. That is our priority at present; we want to make sure that we get the initial vaccination process done as quickly as possible with public buy-in and understanding. The wider, continuing policy is a separate issue, which Jason Leitch might want to address, as he has much more experience of it than I have.

11:00

Professor Leitch: It is the second of the scenarios that Mr Ruskell identified. We will seek and take advice from the JCVI. The JCVI is on-going and active; it meets all the time. It has already changed its advice on vaccination for the disease a couple of times—for example, it has changed its advice on pregnancy and breastfeeding and on the gap between the first and second doses.

A very active set of intellectual academics and operational delivery people make those choices. They already know that the question about phase 2 prioritisation is one that they will have to answer. They cannot answer it today, partly because we do not know which vaccines we will have by the time we get there. We might well have a different batch of vaccines, including the ones that we already have—for example, we hope to have the Moderna vaccine by then. We need to see the research on the Moderna vaccine in relation to matters such as how it will be given, how it will arrive and so on.

I imagine that there will be some form of prioritisation of the age 18 to 50 group, and the JCVI will help us with that. Mr Ruskell's questions about whether key workers should be given priority and whether kids should be vaccinated before adults or vice versa are completely legitimate.

Mark Ruskell: Are you saying that you expect there to be some flexibility in how the Government can interpret the JCVI advice? I am thinking about the fact that if I was offered a vaccine in the second phase, I would be prepared to wait a few weeks if it meant that a shop worker or teacher could get it ahead of me. I am sure that everybody who does not have an underlying health condition is thinking about how much of a priority they are and when they should get the vaccine. I am not sure how the Government will make sense of that. Will it just be a clinical decision?

Professor Leitch: In the main, it will be a clinical decision. However, we have seen some slight variation across the countries even within the JCVI advice. For example, we have followed the JCVI advice but, because of our geography and the nature of our country, we decided to do care homes as quickly as we could. In England—partly because of its scale—the decision was made to get into the over-80s at home slightly before us. We will catch up with each other and end up in the same place within weeks.

Therefore, I think that there will be some flexibility, but I would expect the JCVI advice to be pretty strong. Although it will not say, "Mark Ruskell should get the vaccine during the first week of June," it might say that those in his age band—I would never suggest which age band that was—should get it at this point in the process as opposed to that point in the process, based on risk.

Michael Russell: I want to stress a key point, in case we divert into the minutiae. I understand the desire for a debate, but there is an overriding priority, which is to get the job done, and to get it done as quickly, efficiently and effectively as we possibly can.

The First Minister uses the analogy of our being in a race between the virus and the vaccination.

We want to win that race, so it is important that we all work towards that end.

Mark Ruskell: I will move on to the University College London study that came out yesterday. There is some positivity in there, but two worrying aspects jumped out at me. One is the fact that less than half of people who develop symptoms are going on to request a test. We have to wonder why that is; is it fear of loss of income or some other factor? Another conclusion of the study is that more than one third of people are not self-isolating for the recommended period.

What are your thoughts on that? How do we support self-isolation and ensure that people who should get a test go on to get one, whether that is a polymerase chain reaction test or a different one?

Michael Russell: I will let Jason Leitch deal with the majority of that, but I repeat an answer that the First Minister gave to Patrick Harvie yesterday. We continue to work as hard as we can to make sure that the messages get across that those people who have symptoms should have a test and that there is support for isolation. Those are important messages that we need to make sure get across.

I have said to the committee before that there is a role for all us—regardless of the party that we are in and the job that we have—in sending out those messages. Anyone who has symptoms should get a test. The First Minister says that every time that she does an event. Support is available for isolation, and we want people to draw down and use that support.

Jason Leitch might want to comment on the study.

Professor Leitch: That is an excellent point. We sometimes think that the disease is slightly more linear than it actually is and that our response should therefore be linear. We must have programmes for testing, contact tracing and self-isolation, but when people get symptoms, they do not suddenly think, “Oh, I’ve got Covid.” The symptoms develop gradually, as with the cold or the flu, so people sometimes hesitate to trouble us, or they do not understand whether it is a cold or Covid.

Inequalities quickly become relevant. I can self-isolate because I have a salary. I have a job that will support me in self-isolation and a house that allows that to be relatively straightforward. I can have groceries delivered. However, most of the world does not look like that; the situation is much more difficult. People have childcare challenges or caring responsibilities. We might be asking someone to self-isolate when they do not have the support of their employer .

There are multiple layers here—I think that that is what Mr Ruskell is getting at—and they must be dealt with in sequence. Through the public health advice to employers and to individuals, we have tried to tell people that self-isolation is the most important thing that they can do. However, if someone who is an Uber driver or who works in the gig economy or is a student is asked to self-isolate for the second or third time, that is not as straightforward for them to do as it would be for you or me. We must be conscious of that in the support and advice that we give and in elements such as the languages that we translate our resources into, so that we make self-isolation as straightforward as we can for people.

Mark Ruskell: You are showing a lot of consciousness of the problem, but I still do not see the self-isolation support grant being made available to anybody other than those who qualify for universal credit. That probably does not include Uber drivers. Is the self-isolation support grant as available as it could be?

Michael Russell: The First Minister made it clear yesterday that we continue to look at the issue and to find ways to assist with that. We want to do so; there is no unwillingness to do so. The First Minister also indicated—if I remember her answer correctly—that local authorities are trying to be as helpful as possible in signposting alternatives if people are turned down for the self-isolation support grant. She made it clear that she wants that to continue. We are keen for that to happen and for the people who need support to get it.

The Convener: I will move to questions from Alex Cole-Hamilton. If you have any interests to declare Alex, please do so before you ask your questions.

Alex Cole-Hamilton (Edinburgh Western) (LD): I have no relevant interests to declare.

I have a few questions, and will ask them quick-fire, because there is a lot of ground to cover. My first question is for the cabinet secretary and is on an issue that we cover a lot. Then, I have some questions on the restrictions and on the vaccine.

We are not yet at the peak of the second wave, but it is clear that significant aspects of our health service are not overwhelmed in the way that we expected them to be when we prepared the original coronavirus legislation. Why, therefore, do we continue to have the temporary changes to the Mental Health (Care and Treatment) (Scotland) Act 2003, which double the amount of time for which people can be held under an order and remove the need for two doctors to sign off on that? I know that you will tell me that the Royal College of Psychiatrists says that that is the right thing to do, but I am looking at the matter from a

human rights perspective, which suggests that that the provision should be repealed as soon as possible.

Michael Russell: I have answered that question on each occasion on which we have had a report; I will answer it again in the same way.

The situation has not changed. The professionals who are involved believe that the provision should be in place because they believe that it could be needed. It has not been used, and we hope that it will not be used, but it is still needed.

We can have the debate each time there is a report on the legislation. Alex Cole-Hamilton will no doubt make the point again when the legislation comes up for renewal. We review every provision on a two-monthly cycle; if we come to the conclusion that the balance in an issue has changed, we will recommend removing the provision. We have not yet done so.

Alex Cole-Hamilton: Okay.

Michael Russell: It is, in a sense, a case of an irresistible force meeting an immovable object on the issue, in relation to you and me. I do not want the provision in the legislation—I am not a fan of it—but the people who believe that it is necessary are qualified, so I tend to listen to them.

Alex Cole-Hamilton: We also need to listen to human rights professionals.

Michael Russell: As I do.

Alex Cole-Hamilton: Yes, indeed.

I have a couple of specific questions on the restrictions that were announced yesterday. They come from a number of emails from constituents who are looking for clarity that I am unable to give. I will address the first question to Jason Leitch. It was clear that private construction work—workers in people's homes—was allowed only for maintenance and upkeep. However, I have had people who are in the middle of knock-throughs and extensions asking whether they are allowed to continue and, if they are not, whether the workmen are at least allowed to make the property weather tight, safe and secure.

Michael Russell: Jason Leitch does not need to answer that because the answer is quite clear. Workmen would not leave a property not weather tight or safe. That would be a criminal offence, so it is quite clear that they should finish such work. However, they should not continue with non-essential activity.

I will stress again something that I have stressed to the committee often. The purpose of the regulations is as vital, or more vital than, the detail of them. The purpose of the regulations is to stop people from mixing; in that example, regulations will stop people mixing indoors. It is absolutely clear that when it is not essential for people to mix indoors, it should not happen. It is not essential that some work be finished but, equally, homes cannot be left unsafe. It is necessary to apply a clear and logical approach. I know that it is difficult for MSPs when we get people asking for definitive views, but if we go back to the purpose of the restrictions, that will lead us to the correct conclusion.

Alex Cole-Hamilton: I will move on to the prohibition on drinking in public. I understand the reasoning behind it, but I have had questions about what it means. Is it a prohibition on all drinking outdoors? For example, if, as we are allowed to do, we meet one other person in their garden, do the regulations mean that we cannot have a glass of wine with that person? How far does the prohibition on drinking outdoors go?

Michael Russell: Socialising is not to be encouraged. I strongly counsel people against planning even a one-to-one party in their garden. A restriction on consuming alcohol in public places already exists. I am speaking from my constituency, where that restriction exists as a local government by-law. The restriction is to prevent consumption of alcohol in public places and, specifically, to prevent circumstances such as have been seen in parts of Edinburgh and elsewhere, as you will know, with people gathering at pubs that are selling alcohol at the door, so to speak, as if the people were in the pub. Again, it is the purpose of the regulations that is really important—they are to stop people gathering.

Therefore, if you wish to have a glass of prosecco, for example, in your garden, nobody will come around to stop you, seize the glass from your hand and dash it to the ground, but we do not want people gathering together, because that is where the risk is. Jason Leitch might want to say something about gathering, because such vectors are the issue.

Professor Leitch: It is pretty straightforward: it is illegal to leave your home except for essential reasons. Socialising in somebody else's garden is not an essential reason. You and your household can drink in your garden, if you wish—prosecco or whatever—but you should not leave your house to socialise with other people in their gardens. You can leave your home to exercise with a single other person from another household—to walk, run or cycle—but you are not permitted to leave your house for socialising.

Alex Cole-Hamilton: That is very helpful. I thank both of you.

I move on to the vaccine. I am sure that lots of other MSPs have also had this experience. It is overwhelming and inspiring to see the number of

retired clinicians, and trained clinicians who have left the profession to do other things, who are saying that they want to volunteer to help with the vaccination effort. If you Google "Volunteer to help with the Covid vaccine", you are taken to a very shiny NHS England portal where you can do exactly that for the vaccine effort in England, but there is, apparently, no such portal in Scotland. Why is that?

Michael Russell: Jason Leitch will have to answer that.

Professor Leitch: In the vaccine deployment plan that was published yesterday, we have a couple of ways for people to offer both their premises and their individual help.

We do not need more volunteers just now, because 4,000 people have done the vaccination training. They include dentists, optometrists and people who would, conventionally, vaccinate for us, so we have enough people. I cannot remember the exact numbers, but we have a set of people who vaccinate and a set of support staff who help with that. They include military personnel and others, who will help with traffic in the mass-vaccination centres. We are absolutely on track to have the workforce that we need. If we need more people, we will put out a call for them; the health boards will do some of that for us. Therefore, at this stage of the vaccination programme, we do not need mass volunteering.

11:15

Alex Cole-Hamilton: Thank you. I have two final questions. First, if we have enough vaccine and vaccinators—as, it seems, is starting to be the case—is there anything to stop us offering appointments to people 24/7?

Professor Leitch: There is nothing to stop that, but would you want to go for your vaccine at 4 am when I can give you it at 8 pm? The 24/7 idea makes good headlines, but it has taken on iconic status of which it is not worthy. The fundamental answer to your question is that, if you want 24/7 vaccination, you can have it. However, we have vaccinators working their socks off round the clock, from 8 am to 8 pm—in care homes, for example, which I think do not want vaccination at 3 am. If a midwife who works night shifts wants vaccination at 3 am, that is already available in the national health service. The 24/7 idea makes for a nice front page, but it is a red herring. If you want the front-page headline, then yes—24/7 vaccination is available.

Alex Cole-Hamilton: Okay.

Yesterday, in the Cabinet Secretary for Health and Sport's statement, we heard about deployment of UK armed forces. She quantified that and said that only about 33 Army personnel are helping with vaccination roll-out in Scotland. That seems to be a small number. Why is that and why cannot more of them be helping?

Professor Leitch: I can answer that.

Michael Russell: Before you do, I say that I presume that the answer is that more are not needed. This is not a new thing; we are grateful to the armed forces, as we have been from the beginning. At an early stage of the pandemic, when we were doing the first emergency legislation, I went into St Andrew's house and found a conference room to be full of military personnel. Military personnel have been assisting from the beginning, which has been very helpful. I hope that Jason Leitch can give you a specific answer on the numbers.

Professor Leitch: There is a bit of a misunderstanding about military personnel. Almost all the clinical personnel in the armed forces work for the NHS. The armed forces do not now have many dedicated clinical personnel; they work for the national health service and are deployed to Cyprus or Afghanistan, for example, when they are required. We already have vaccinators, intensive care unit doctors and oral surgeons, which is my specialty. In addition, we use armed forces personnel for the logistics part of the puzzle, which is where that number of about 30 staff comes from.

If we need more personnel to staff vaccination centres, as we did in testing centres, we will do that again. With testing, we transitioned to the Scottish Ambulance Service running a lot of testing centres, which was an appropriate thing to do, because the armed forces do not want to be there for ever. That is what we have done with testing and that is what we will do with vaccination. Military personnel have been hugely helpful; they have made themselves available for this point of the pandemic, too, so we will use them as we need them.

Alex Cole-Hamilton: Thank you.

Maurice Corry (West Scotland) (Con): On that point about military staff, for those who do not know, from my experience and as Jason Leitch said, the majority of our medical staff—reservists and regulars, but particularly reservists, who form the core of Army medical services—serve from within the NHS. That is done because it keeps their experience up to date with modern teaching and methods. Under legislation on military aid to the civil authorities, they can be called up at any time. That clarifies the matter.

I will move on to my couple of questions. I am getting a lot of questions about the vaccination programme for teachers and classroom support staff, and there is concern that they are not seen

as a priority. I know that the matter has been addressed by my committee colleagues, the cabinet secretary and Jason Leitch, but is there anything further that we can do to give them confidence? That question is being raised with me day in and day out.

Michael Russell: I will let Jason Leitch address the medical and clinical aspects. I can simply confirm what John Swinney said again yesterday and what the First Minister has indicated, as has Jeane Freeman: we keep the matter under review.

We understand the concerns. I am a former education secretary, so I fully understand the concerns that come from teachers, classroom staff and others in schools. We are keeping things firmly under review, but we will be driven by clinical need and by what we believe is the effective way to operate. That is how it should be. Jason Leitch might want to say a few words.

Professor Leitch: We have done the basics. Mr Corry has raised communication with school professionals, including classroom assistants, teachers and everybody else. We should make that communication as good as we can make it. I live with a teacher; she and her pals ask that question, which is a legitimate question to ask. When it is answered, the vast majority hear the answer and think, "Let's make schools as safe as we can using everything else, then catch clinically vulnerable teachers and staff." We will catch those who get the flu vaccine and all teachers and support staff over the age of 50 among the first priorities. We will then get to those who are at much lower risk.

It is about explaining to people the risk of being in schools. I understand why it feels riskier than it is in reality, but we have to explain that, and I have tried to do so. I have done video clips for teachers and I have spoken to the unions and to many schools to try to get the message across. However, there is always more that we could do, of course.

Maurice Corry: That would be great.

I want to move on to a question about communications, because communications is really my area. Community councils have been asking me whether there could be some sort of publication of headline facts—maybe five key points—as we progress each day through the process. I wonder whether that could be done under your communications package, Professor Leitch.

Professor Leitch: That is not a bad idea. You have given me the opportunity to say that the marketing department in the Scottish Government has played an absolute blinder. It has done amazing work pretty much seven days a week to get communication and marketing out there.

It is not a bad idea to get to community councils, but my question would be how we would access them and whether there is a way to get to them all. Would it be done via local authorities? It might not happen daily, but we could give them information to share in sequence, because we need members of the Scottish Parliament, members of the United Kingdom Parliament, other elected officials and everybody locally to get the message across.

Maurice Corry: That would give positive reinforcement. The way to do it would be through local authorities that manage the community councils. I am attending a community council meeting tonight in Rolleston near Paisley, and I know that I will be asked what are the five key points. I appreciate that you have said that the idea could be considered.

Finally, on winning the race, which the First Minister puts across, and which you have both re-emphasised today, I suggest that all party leaders come together and appear in the Scottish Parliament holding placards with FACTS—one with an F, one with an A, and so on—to show that we are winning the race together. Nothing is more powerful than a cross-party statement.

Michael Russell: I entirely agree. There should be views that differ on some of the detail of the programme, and we can scrutinise the programme, but there should be unity around the outcome of the programme. It is not within my gift to ensure that party leaders do things, but I would be keen to see people coming together and being positive. Both your suggestions are good, Mr Corry, and I will take them on board. Maybe you should speak to your party leader and get her to suggest that to my party leader, then maybe, although it might be above our pay grade, it can be done.

Maurice Corry: I shall do that, cabinet secretary. Does Jason Leitch have any comment on that way of delivering the message?

Professor Leitch: That is an excellent idea. Across the world in the pandemic, political leadership has proved to be crucial. I would, of course, say that we would need to do what you suggest in combination with clinical leadership. The places that have communicated the message well have done both—clinical leadership and political leadership have often been done together. I agree that more consensus across the parties, at least in focusing on the prize, is important.

Maurice Corry: Quite rightly, as you have said and as has been said on many occasions, positive reinforcement makes people make their minds up positively and not negatively—to get the vaccination and to stop being an antivaxxer, or whatever is the case. That is important.

Professor Leitch: Perhaps we should also say that that should be irrespective of political allegiance.

Stuart McMillan (Greenock and Inverclyde) (SNP): How many staff will the social care staff support fund affect, and will the cabinet secretary ensure that the fund will guard against hardship for social care staff?

Michael Russell: On the second point, the answer is yes, as that is what the fund is intended to do.

On the first point, I do not think that anybody knows precisely how many such workers there are as, quite clearly, they self-identify. It is regarded as a small number, but those people nonetheless need to be taken care of. That is why the regulation is in place: to ensure that nobody suffers hardship as a result of the circumstances in which they have found themselves. From now on—indeed, as I understand it, from last year—those individuals will be furloughed or paid in the normal way; however, there was an anomaly at the start of the process, and the regulation deals with that.

Stuart McMillan: Thank you for that.

John Mason touched on pre-departure testing earlier. Can you clarify whether that is a four-nations approach? Could it have happened sooner, and were there any particular reasons why it did not?

Michael Russell: It is a four-nations approach. In the fullness of time, we will discover why certain things did not happen at certain stages. There is a question of making sure that borders are not porous—that people do not travel. That has been a key issue. Certain powers exist in Scotland, and certain powers do not. Stuart McMillan and I are very aware of that, as I am sure others are too. The important thing is to get as effective a process as possible so as to make sure that the virus is not carried into or taken out of the country.

So that we do not get completely distracted by the view that having a test is the be-all and end-all, I want to stress that the simplest answer is not to travel. That is the law at present. People are not to travel except in exceptional circumstances. That is the message that I want to get across.

Stuart McMillan: Thank you. My next question touches on that, but it is not so much about now as about the future. I know that, in the past, there has been some dialogue about it. Are you aware of any research into or planning around the effects of reopening global travel, bearing in mind that various vaccines are being utilised across the world and various strategies are being utilised to deliver those vaccines in different countries?

Michael Russell: I am not aware of any such research, but Jason Leitch will know much more than I do about vaccination across the globe. There are different approaches. Yesterday, I had a conversation with somebody in Canada about its programme, and they expressed reservations about some of the issues there. Obviously, there are problems and possibilities in every country. I am not aware of global travel issues, but Jason Leitch might want to talk about global approaches to vaccination.

Professor Leitch: That is really important for the medium term. We must be clear that Scotland, and the UK more generally, is currently an exporter of the virus. Our numbers are high, and we are exporting the virus to other places. However, I really hope that there will come a time when our numbers are again low enough for us to talk about importation of the virus and to make it clear that we have to do something about that.

For a year, the WHO has said that one of the key elements of control is importation. As I have said many times, that is not necessarily anything to do with country borders. It might mean importing the virus into Elgin, or into Scotland, or into the whole of the UK. There has to be a policy position—which is partly above my pay grade—on what is to be done about importation. That is partly a Scottish problem, partly a UK one, and partly a global one. The WHO will take a view as we move through the pandemic, as it has done at every stage, about what vaccination means for that.

The vaccine helps with individual protection. We do not yet know, and will probably not know for another six weeks or so, whether it helps in relation to transmission. We expect that it will—most vaccines do—but we cannot be assured of that until we have enough vaccine in people and can monitor over time whether it stops transmission.

Then we will have to do some work on whether one vaccine does the same as another vaccine. We expect all the vaccines to be roughly the same, but we need time to confirm that. The WHO and international researchers—often led by UK researchers—will do some of that work for us.

11:30

To go back to travel, it is an Achilles' heel for us. Tens of thousands of people are still arriving in the UK every day from international destinations. We now have quarantine for some travel corridors, and pre-departure testing will start in the next few days, but none of that is foolproof. None of that can stop the virus completely. As we get the numbers down—which we did in June—we need all the Governments, with public health advice, to take a view on what we are going to do about

importation of the virus. Those measures will not be forever—we are not banning global travel for a decade. Those measures are about not having a third wave.

Stuart McMillan: Thank you. I am thinking more about the second half of this year, and particularly the final quarter.

The vaccines have been rolled out. There are various strategies—in Scotland and in Europe, it is about infection rates in the older population going down; in other countries, it is about the rate in the working-age population going up. There are various vaccines, which reportedly have different efficacies.

At some point, global travel will reopen. My concern is whether the vaccines and the strategies that are being undertaken will be enough. Will they ensure that global travel will once again be safe and that the importation can be reduced to a minimum, so that we can start to reopen economies, get our tourism sector working the way that it has done in the past and have a better quality of life than we currently do?

Michael Russell: I think that we should ca' canny on such speculation at this stage. As the First Minister has indicated, we are at a very perilous moment of the pandemic. We need to focus on what to do to ensure that we move through it and that we do so as safely as we possibly can. Undoubtedly, the issues around what happens thereafter in terms of travel are important, but I would not start speculating about when or how that will happen. Let us get this job done. That is what is important—to get this job done.

Stuart McMillan: Okay. Thank you.

The Convener: Our next questions come from Willie Coffey.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): Good morning. I have a couple of questions; the first is for Mike Russell. The issue that is raised most commonly by my constituents in Kilmarnock and Irvine Valley is the numbers of people who are still gathering at supermarkets and retail parks.

In relation to non-essential retail, my understanding is that if an outlet sells items that are deemed to be essential, such as food—tins of food, cat food, dog food and so on—that shop remains open, but people can still buy other products when they go there. A lot of my constituents feel that the outlets need to address that to give us a chance of reducing the numbers of people who are going to those places. They seem to be the last places out in society where multiple gatherings of people are still taking place—that is quite obvious.

Is there anything that we can do to assist with that, such as reducing or restricting the non-essential products that those retail outlets can sell?

Michael Russell: I think that we gave an indication yesterday of our desire to further restrict that, regrettably. That would be, first, by restricting the click-and-collect process even further and defining what is and is not acceptable to buy in that way.

Secondly, we stressed that people should not leave the house unless it is for an exempt purpose. You cannot leave the house in order to mill around a shop, on the off-chance that you can buy something other than cat food, for example. That is a really important message that we need to get across to people: there is no normal shopping being undertaken.

The third thing is to ensure that local authorities are advising retail premises whether they can stay open, which local authorities are empowered to do, and, if they can, how they can operate as a business. We are encouraging local authorities to do that. It is a lot of pressure on environmental health officers. In some areas, they are carrying a big burden because of the complete Brexit boorach that has developed, particularly in relation to exporting foodstuffs and fish and shellfish. However, there is a role for local authorities in this area, and we are encouraging and supporting them to fulfil it.

My final point is that people do not have to do this. I know that it is difficult to stay at home and leave only for exercise or other specific reasons, but they do not have to go to retail parks and shops, and they should not go. People should be saying, “Do not go to these places. Go out for the essential purposes for which the shops are open.”

Willie Coffey: Yes, but what people are saying is that some shops are exploiting that. They are selling essential items—I gave the example of cat food and so on—but they are also selling other things that people do not really need. Can we restrict that?

Michael Russell: We have to be very careful about that. If a shop is open, it is open. We saw the difficulty in Wales when there was an attempt to define things in that way. However, the range of shops that is open is limited, and their purpose is to sell essential items. We should encourage people to do only that. We are trying to encourage people to do the right thing, and we are restricting the opportunities to do the wrong thing—both are important.

Willie Coffey: Jason Leitch, do we know about the test positivity rate among supermarket and retail workers? Many of my constituents say to me that they are particularly worried about that

because that is where crowds are gathering. Supermarkets are the only places where large crowds are still gathering. Do we know whether the test positivity rate among supermarket and retail workers is higher than that in the general population?

Professor Leitch: The evidence that I have seen is that it is not. It is a bit like the teacher story in that it follows community prevalence. Let us be clear that that is too high just now, so there are too many positive tests in all those groups. However, it does not appear to be a particular risk, which is testament to the work of employers to protect staff as well as they can with protective screens and personal protective equipment and to the work of those individuals and their ability to protect themselves in places where it is actually more likely to be transmitted, such as break rooms, teacher staff rooms or the back office in Asda where people have their lunch, for example, because people let their guard down. Although there have been a couple of outbreaks among supermarket employees, the numbers are not big and it appears to follow the prevalence in society.

However, I take your point that those people are taking a risk for us. They are at the front line, just like our teachers, early years workers and health and social care workers. I am hugely grateful to them for doing that. If the pandemic has taught us one thing it is that the people who make the wheels of our society turn are really important to us. We should continue to protect them, to monitor those numbers and to put in place anything that we need to.

Willie Coffey: Are we doing enough, however, to manage the numbers of people going into supermarkets and retail centres? From what my constituents tell me, it would appear that there are no limits to the numbers of people being allowed in and that there is no management of the people as they mix and mingle in supermarkets or stores. Can we think about doing more to encourage supermarkets to manage the numbers going in? They must be the last places left where we have large numbers of people mixing and mingling. It would surely help us to reduce those numbers.

Professor Leitch: They are one of the last indoor places—

Michael Russell: I am sorry to interrupt, but could I just make a point? I do not think that I can allow Mr Coffey to get away with saying that. Work is being done, and supermarkets are making that clear. For example, this week, a number of supermarket chains quite rightly announced that they were going to restrict access to people who were not wearing masks and they were going to reintroduce much wider spacing.

I accept that we need eternal, constant vigilance on the matter, but I do not accept that nothing is happening. I would not want the outcome to be that people say that nothing is happening—things are happening, and individuals who go into stores should be aware that, first, they do not have to go in; secondly, they should not go in if the store is crowded; and, thirdly, they should queue in a socially distanced manner if there are other people there.

I am sorry for interrupting, Jason—I just wanted to make that point firmly.

Professor Leitch: I was going to make exactly the same point—maybe not quite as firmly. Following meetings with Ms Hyslop and others around the enforcement of some of those things, which have perhaps slipped since the first lockdown in April and May, I think that the supermarkets have had a good week with regard to stepping up.

There is a responsibility on the employer and on us as individuals to choose quieter times if we possibly can. That is not always easy—some people will not want to go in the dark; some will not be able to walk there—and I understand that the issue is perhaps not as simple as I suggest.

I agree with the fundamental principle that stores are one of the last indoor places where people can potentially come together, but people should not go there for social reasons. Supermarkets are often a way for people to see their pals, but people should not stop to talk to their pals if they can. They should get their essentials when it is quiet, and leave. Employers at supermarkets have to play their part in helping to feed through that information.

Willie Coffey: If one has been in a supermarket recently, nothing there helps one to avoid bumping into, and passing by, other customers. My point about nothing being done is that the stores do not seem to try to manage that issue when people are in the store. It is a bit of a free-for-all. Arrows might be painted on the floor and so on, but people just mix and mingle when they are in. That situation brings additional risks, which we could try to do more about.

Michael Russell: If that is the situation, there are undoubtedly additional risks. As Jason Leitch has indicated, we are working with supermarkets to ensure that they play their part; many are aware of the issue and want to do so. We are reflecting on those issues in the regulations and will continue to do so.

Individuals have a responsibility too and should endeavour to go when it is quieter as much as they possibly can, to keep their distance—everybody is used to that now—and to say to

others that they want to keep their distance if they have to do so.

As Jason Leitch said, nobody should use the excuse of a shopping trip for socialisation. I know that a lot of people regard shopping as a social activity—I do not—but in these times, it is not.

Annabelle Ewing (Cowdenbeath) (SNP): I have a number of technical questions, which will probably be for the cabinet secretary, on the regulations that are before us today. I will ask questions of Professor Leitch if I have time.

Stuart McMillan asked a question on the Social Care Staff Support Fund (Coronavirus) (Scotland) (Amendment) Regulations 2020 and it was answered. I am pleased to see that the regulation before us today widens the eligibility.

On the issue of reasonable excuse to be out of the home, with regard to travel particularly, I do not know whether the cabinet secretary noted a report in the papers today about a family in Wales that was caught short during a visit that went over the 5-mile limit, or whatever the equivalent is in Wales, to see a relative in a care home.

My understanding is that the position in Scotland is different and that to travel more than 5 miles to visit a relative in a care home is okay. It would be helpful if the cabinet secretary could clarify that point for folk who have read that newspaper report today, because I do not think that it contained any mention of the fact that the position in Scotland is different.

Michael Russell: The regulations specifically make it clear that a visit to a care home in the circumstances that you mention is exempt from the staying at home rule. Travelling for that purpose is clearly permitted. There are other regulations on care homes—for example for a single individual on an outdoor visit—and restrictions in tier 4 areas, but that one is clear.

Annabelle Ewing: Thank you for that clarification.

I also seek clarification on SSI 2020/471 and the ban on travel between Scotland and the Republic of Ireland. I understand that the motivation for the ban, inter alia, is the fact that Ireland went into a level 5 lockdown in December and the regulations came into force in Scotland on 26 December. Is the ban such that a non-cohabiting couple, one of whom resides in Ireland and the other in Scotland, would be unable to visit each other? Of course, one would also have to look at the regulations pertaining in Ireland, but as far as Scotland is concerned, would the fact that they are a non-cohabiting couple be sufficient to exempt them from the travel ban?

11:45

Michael Russell: I do not think that there is such an exemption, but I do not want to give a definitive answer at this stage. I would rather answer the question in writing.

The question is apposite, because in an hour and a half or so I shall be talking to Simon Coveney, the Irish Minister for Foreign Affairs, and we will be discussing, among other things, the Brexit regulations and the bans on travel. I believe that the exemption that you mention is not sufficient, but we will check that and confirm it in writing, and will do so quickly.

Annabelle Ewing: I am grateful to the cabinet secretary for that—it is a particular constituency interest.

In the First Minister’s statement yesterday, reference was made to forthcoming statutory guidance for employers that will, in effect, reiterate that if somebody was allowed to work from home during the first lockdown they should be allowed to work from home now. When will the statutory guidance be published? Again, it is a pressing issue for a constituent.

Michael Russell: The guidance will be published shortly, but Ms Ewing should take it as being effective now. The regulation on working from home is quite clear—it is the default position—and it would be difficult for an employer to justify not allowing someone to work from home without there having been a substantial change in that person’s role. That person’s circumstances in the first lockdown would have to be different now. I would advise employers not to attempt to justify such a decision. Ms Ewing should take it that that is the position now, and it is a position that can be quoted now.

Annabelle Ewing: I turn to a different issue. Short of phoning in to “Off the Ball” on Saturday—although I recommend that people listen, because it is very informative on a host of issues—it is good to have an opportunity to speak to Professor Leitch. I have read alarming reports that there is a shortage of oxygen in some hospitals in England, and that the advice is to dial it down, which, if you were a patient, would be particularly concerning. I think that the shortage has been acknowledged by the UK Prime Minister. Could Professor Leitch provide an assurance that that is not a situation that pertains in Scotland?

Professor Leitch: Thank you for your kind words about “Off the Ball”. I am not sure that it is a universally held view that they want me on the football programme, but for now, getting the message across to an audience that does not listen to “Good Morning Scotland” or the “Today” programme is hugely helpful. It was quite good fun, if I am honest, but do not tell them that.

The oxygen challenge is related to intensive care and high dependency. It is not so much that England does not have enough oxygen; it is to do with the scale of intensive care required, and the piping, resourcing and everything else that has to go into getting high-flow oxygen to very sick people. One of the key ways of treating this disease is to give someone who is struggling to breathe high-flow oxygen while their body takes time to recover. When people are very sick with this disease, their treatment is oxygen heavy. It is not that the tanks do not have enough oxygen in them; rather, it is the logistics of doubling, tripling or quadrupling intensive care unit capacity. You do not build brand new, shiny intensive care units; you put people in theatres or wards that do not have the same infrastructure as ICUs. That is why some English trusts have been struggling to get enough oxygen to enough people.

My colleagues in England have moved people around or airlifted them, and they have also put mutual aid arrangements in place. We have done that by moving cases from Carlisle into Dumfries. That is exactly what we should do, and the authorities there would do the same for us.

At present there is no oxygen challenge in Scotland. We have enough of both the oxygen itself and the kit that is required to get it to patients. However, we should not be complacent. As was said at the beginning of the meeting, in the past seven days there have been 107 intensive care admissions in Scotland. In peacetime our intensive care capacity is around 120 beds, which we are already reaching just because of Covid cases. However, we are well beyond our usual peacetime capacity now: we have available space and people should not be worried. I mention that figure simply to put in perspective what Covid has done to the national health services of the UK.

We look on in horror and fear at what has happened in the south-east of England. However, this is not a competition. I am in touch with my colleagues there. I feel for them, and we want to help them as much as we can. Equally, though, if bits of England do not have such challenges and neither does Scotland, we want to keep the prevalence down so that we will not have to face them.

Annabelle Ewing: I take the provision of mutual assistance as a given—we are human beings. However, equally, it is comforting to know that, at this point, we do not have that problem in Scotland. Presumably, contingency planning is always reflected upon to ensure that, as far as possible, we do not reach that point here.

The Convener: For the record, I would like to correct an issue that has arisen on the cabinet secretary's earlier answer about the eviction legislation.

We are aware that the measures in the Coronavirus (Scotland) Act 2020 already amend the law on evictions to provide for longer notice periods, and those have already been extended until the end of March 2021. However, the regulations that we are scrutinising today refer to the specific time-limited ban on the enforcement of eviction action, which have been in place since 11 December 2020 and are due to expire on 22 January 2021.

Mr Russell, when the Minister for Local Government, Housing and Planning responds to the committee we would be grateful if we could understand the monitoring of those specific regulations and any potential plans to extend them rather than the provisions of the Coronavirus (Scotland) Act 2020.

Michael Russell: Thank you for drawing attention to that. Yes, it is the regulations to which you have referred that the committee is specifically addressing today, but we believe that there is a clear requirement to continue with such actions. I will ask the housing minister to respond to the committee on that.

The Convener: That concludes our consideration of item 1. I thank the cabinet secretary and the national clinical director for their evidence.

Item 2 is consideration of the motions on the subordinate legislation on which we have taken evidence under item 1. Cabinet secretary, would you like to make any further remarks on the instruments before we take the motions?

Michael Russell: No, thank you.

The Convener: Are members content for motions S5M-23684, S5M-23749, S5M-23807, S5M-23809, S5M-23826 and S5M-23828 to be moved en bloc? Any member who is not content with that approach should type N in the chat box.

It appears that members agree that the motions should be moved en bloc. I therefore invite the cabinet secretary to do so.

Motions moved,

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Protection from Eviction) (Scotland) Regulations 2020 (SSI 2020/425) be approved.

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Restrictions and Requirements) (Miscellaneous Amendments) (Scotland) Regulations 2020 (SSI 2020/439) be approved.

That the COVID-19 Committee recommends that the Social Care Staff Support Fund (Coronavirus) (Scotland) (Amendment) Regulations 2020 (SSI 2020/469) be approved.

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Restrictions and

Requirements) (Local Levels) (Scotland) Amendment (No. 9) Regulations 2020 (SSI 2020/471) be approved.

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 10) Regulations 2021 (SSI 2021/1) be approved.

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 11) Regulations 2021 (SSI 2021/3) be approved.—[*Michael Russell*]

The Convener: Does any member wish to speak on any of the motions? If so, please indicate that that is the case by typing R in the chat bar now.

As no member has indicated that they wish to speak, I will put the question on the motions. The question is that motions S5M-23684, S5M-23749, S5M-23807, S5M-23809, S5M-23826 and S5M-23828 be agreed to. Does any member disagree? If so, please type N in the chat bar now.

Motions agreed to.

The Convener: I confirm that the motions are agreed to. The committee will publish a report to the Parliament setting our decision on the statutory instruments that we have considered at today's meeting in due course.

That concludes our consideration of item 2 and our time with the cabinet secretary. I reiterate our thanks to the cabinet secretary and the national clinical director for their attendance. That concludes our business for this morning. The clerks will update members on the arrangements for future meetings in due course.

Meeting closed at 11:57.

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Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

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