OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Committee

Thursday 18 February 2021

Session 5

The Scottish Parliament
Pàrlamaid na h-Alba

Thursday 18 February 2021

CONTENTS

	Col.
CITIZENS PANEL	5
SUBORDINATE LEGISLATION	26
Personal Protective Equipment (Temporary Arrangements) (Coronavirus) (Scotland) Regulations 2021 (SSI 2021/50)	26
Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 16) Regulations 2021 [Draft]	26

COVID-19 COMMITTEE
6th 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:

Sam Anson (Scottish Government)
Jo Eismont (Citizens Panel)
Neil Hunter (Citizens Panel)
Professor Jason Leitch (Scottish Government)
Allan Perris (Citizens Panel)
Roland Reid (Citizens Panel)
Alex Rowley (Mid Scotland and Fife) (Lab) (Committee Substitute)
Michael Russell (Cabinet Secretary for the Constitution, Europe and External Affairs)
Christine Watkins (Citizens Panel)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

Virtual Meeting

Scottish Parliament

COVID-19 Committee

Thursday 18 February 2021

[The Convener opened the meeting at 09:37]

Citizens Panel

The Convener (Donald Cameron): Good morning, and welcome to the sixth meeting in 2021 of the COVID-19 Committee. We have received apologies from Monica Lennon. I welcome Alex Rowley, who joins us as her substitute.

At its meeting on 26 November 2020, the committee agreed to convene a citizens panel in January 2021. As a result, the Covid-19 citizens panel was established to discuss and respond to the following question:

"What priorities should shape the Scottish Government's approach to COVID-19 restrictions and strategy in 2021?"

The panel comprised 19 individuals who were broadly representative of Scotland's population. It met virtually, over four Saturdays in January and February 2021, and its report was published this morning.

We will take evidence from representatives of the panel on its recommendations. I welcome to our meeting Jo Eismont, Neil Hunter, Allan Perris, Roland Reid and Christine Watkins. I thank them for the great work that the panel has produced. The committee understands that you have all given up a lot of time to take part in the panel's work and to produce its recommendations, which will be useful in informing our scrutiny of the Scottish Government's response to Covid-19. We intend to use the panel's report and your evidence in a future session with the Scottish Government. The committee's clerks will provide you with details of that in due course.

We will start by hearing short opening remarks from each panellist.

Jo Eismont (Citizens Panel): Thank you for having us here. Being part of the panel has been rewarding and also fascinating. I am really proud of the recommendations that we have agreed and the report that has been submitted.

We have all lived through the past year, which has been so difficult. At times, certainly on my part, it has felt as though the public has been powerless and voiceless in the face of the decisions that have come to rule our day-to-day existence. Being part of the panel gave us an opportunity to have a deeper understanding of the data behind the decision making and a window into the range of opinions that the Government has had to deal with. I think that we all came away with a solid understanding of why the Government has made the decisions that it has had to make so far and of the issues that all members of the Parliament grapple with so regularly.

Seeing how the pandemic has affected everyone on the panel was moving. We have all had different experiences, such as furlough, redundancy and the loss of loved ones. Having been separate from other people for so long, coming together meant that we could share our stories a little bit. That was very sobering, but it brought the group together and gave us a strong sense of purpose.

It is so important that people like us are given access to our Government and that platforms such as the citizens panel exist so that we can play an active part in democracy. I want to be really clear, especially for people who might consider doing something similar in the future, that it never felt like a tick-box exercise. At every single step we felt listened to and respected, and our opinions were never set aside—they were central to everything that the panel did. I really felt as though the recommendations in our report might be a key part of what happens next. I am sure that I can speak for the rest of the panel when I say that that is how we felt.

I feel as though we are now at a key point in the pandemic. The roll-out of the vaccination programme is moving forward at pace. For some people, though, the issue will be battling against our human nature to want to be with our families, friends and colleagues again after so long. That is why how the Government communicates what happens next is so important. It is also why our report makes recommendations that will seek to eliminate Covid from our society as much as possible, so that we can address the other elements of it that have had to take a back seat for now.

Neil Hunter (Citizens Panel): Thank you for having me here.

I agree with everything that Jo Eismont has said. The main thing that I came away from the panel with was our shared experiences. Our members were drawn from across the population. We all had different experiences, which helped in producing our report. Discussing our shared experiences got us to the crux of the matter when we were producing our recommendations. They brought home to us how difficult the decisions have been for the politicians and Governments involved. Every one of us had had different life experiences with Covid, but we had all experienced lockdown. We brought all that into the

preparation of our report and the making of its recommendations.

Allan Perris (Citizens Panel): I thank Jo Eismont and Neil Hunter for what they have said, which has summed up a lot of our views.

I found it intriguing to take on information from the various witnesses that we heard. We were given ample time to study and debate all the issues that were brought to us. I know that it is a hard job for the Government to put everything together, but I think that it has done so in a good way. I hope that our panel's recommendations will have helped us to make progress during the pandemic.

I thank Alistair Stoddart and his team for the way in which they facilitated the panel. They were so helpful.

In working with the panel, I was amazed by the passion of our younger members, who were so knowledgeable about different topics and subjects. To be quite honest, they were a breath of fresh air.

I also found it interesting to get the honest views of some of the witnesses, such as Professor Raj Bhopal, the immunologist; he was so honest about his opinions. It was also interesting to hear about the study on the new variants and that sort of thing—I thank all the witnesses for their time.

09:45

Roland Reid (Citizens Panel): I will make a few points.

I have not been directly affected by Covid, but my first conversation with another panel member was quite salutary. He had lost a very close family member and all of his family had suffered from Covid. That brought home to me the impact of the pandemic. One of our other panel members is a cancer nurse, and she told us about the impact of the pandemic on patients, which was also very moving.

My second point is that the panel members who are here this morning very much reflect the population of Scotland. I knew that we were an ageing population, but I did not realise how significant that was. My group—the over-65s—probably represents 66 per cent of the Scottish population. Our area of interest is probably our own health and the roll-out of the vaccination.

Nevertheless, I stress that the panel was very aware of the impact of the pandemic on younger people. We specifically asked for a representative from the Scottish Youth Parliament to attend. That person was Maya Tams-Gray, and her being there was helpful for us.

I will reiterate what other witnesses said by saying that it was a privilege to be involved in the panel. We heard from about 26 speakers and they all seemed keen to give their time—in fact, they often went over their time—to answer all our questions. I appreciated that.

I also want to thank the parliamentary staff who seemed to work day and night to put together presentations and reports between sessions. I am grateful for their commitment and, as Neil Hunter said, passion.

Christine Watkins (Citizens Panel): [*Inaudible*.]—from the panel has said; they have covered it well.

It was a privilege to be involved. I found it invigorating to be involved in discussions, given that we hear so much on the TV. It was invigorating to be part of the discussion and feel involved.

As everybody else said, there were excellent speakers. Allan Perris mentioned younger people who brought fresh air into the process and came up with probing questions. Some of them are perhaps working and are not able to be here. However, we were not all of the demographic that you see on the screen; there were some younger people. There was a wide range of opinions from a wide demographic.

I am looking forward to hearing more about what will happen next.

I would also like to thank the facilitators, particularly given that we had to do the meetings on Zoom. They were creative in being able to achieve a good discussion despite the limitations of Zoom and us not all being together.

Although there are only five panel members here, I would like to say that I feel as though I became part of a team. I enjoyed that team work, and I am going to miss them. Thank you for inviting us to be involved.

The Convener: I thank everyone for their observations and reflections. Chris Watkins's point was about doing the work virtually. That was a real challenge, and credit is due to the organisers and everyone on the citizens panel for making it work and for producing the report.

We will now move to questions. Committee members will have about five minutes each, so we should try to keep questions and answers concise. We have about 45 minutes remaining—we started late—and I would like to allow some time at the end to allow members of the panel to ask questions of the committee. To assist our broadcasting colleagues, members should indicate who their questions are for, and wait a moment for the microphone to be switched on before speaking.

My question is probably directed to Neil Hunter, given that he wanted to cover the direct harms of Covid. One of the central recommendations in the report published today is that

"the Scottish Government should clearly state its aims, including what it considers to be an acceptable level of infection"

in order for its strategy to be taken forward. Do you want to add to that, or do you have any reflections on what that means to you? What might an acceptable level of infection be?

Neil Hunter: That relates mostly to the Government's strategy for suppression or elimination. The panel agreed that an elimination strategy would be the far better strategy to go for, but we also saw that the reality of the situation was that there would need to be a combination of the two—suppression followed by work towards elimination overall. However, during the suppression phase, after achieving a good test and trace system and a good ability to close our borders, everyone would have to accept that there would have to be a level of virus transmission at which we could free the population. Everybody was talking about the R number. If that could be lowered sufficiently, there was an acceptable level of infection, at which point we could allow the population to gradually come out of the lockdown process, still using suppression techniques and aiming for a strategy to eliminate the virus altogether.

Jo Eismont: I will build on what Neil Hunter said. Some of that came from a discussion about communication strategy, and we talked about how, initially, a year ago, we were all on board with protecting the national health service. However, it feels as though the Scottish Government strategy might have evolved over the year to more of a strategy to save lives by getting case numbers down as low as possible. There has been a bit of a disconnect, so, now, people do not understand that that is what is required of them. They think, "Hang on. They said to protect the NHS. Case numbers are low enough, so we can open up again." The strategy has had to change to respond to the new variant, and I am not sure that that has been communicated as effectively as the previous message.

The Convener: I will now turn to Alex Rowley MSP for his questions.

Alex Rowley (Mid Scotland and Fife) (Lab): I would like to focus on the action to mitigate the societal impacts of the virus. First, I congratulate the panel on its work. As we try to bring democracy closer to the people, one approach that has been favoured is citizens panels and involvement. The panel's input will be important.

The panel supported a green recovery. We all keep saying that we need to bounce back better with a green recovery, but what does a green recovery mean to the panel, and what discussion did the panel have about that?

The Convener: It would be helpful if Roland Reid could start, and then others can come in.

Roland Reid: That was an interesting discussion. We were aware that the way that the panel was operating, through BlueJeans, demonstrated that there is different way of functioning. There is the opportunity to work from home, which perhaps means less travelling. We were also aware of the impact that the pandemic has had on retail, which might change forever. For panel members living in urban areas, one of our discussions was about what will happen to city centres, perhaps including some of the things that were happening anyway.

People's interest in cycling and walking could be encouraged. One of our panel members, Audrey, lives in Dumfries, which was cited as an example of a place where the local community is looking to take over some old empty properties to revitalise the town centre. Community involvement in the move towards a green economy is really important. The panel demonstrated, across the spectrum of people involved, that there is a great deal of talent in the community. It is a matter of encouraging and supporting that community to become active and to work with others to move forward with a green recovery.

Christine Watkins: Following on from what Roland said, we were looking at how there are many sectors in which a number of people will not be able to get work again. We therefore need to look at what kind of new areas they can work in. Investing in and promoting the green recovery gives opportunities for that, perhaps around new technologies and research in tidal power, for example.

For any economic development, it is also important that the green recovery be incorporated into all sectors. For example, if we are developing new ideas about giving people loans or getting businesses back on their feet, perhaps we need to look at sustainable standards and requirements around that and encourage looking at green aspects.

It is also about further involvement in areas such as Government private partnerships in green technologies and using the green investment bank. There are lots of opportunities. Although nobody wanted to be in the crisis, coming out of it could be a time for opportunities and for really taking on board some of those green issues.

Alex Rowley: I have one more question, then I will allow other people to come in.

Roland Reid mentioned town centres, which—as he said—were certainly a part of the economy that was moving in a different direction. Did the panel hear any evidence that we might be able to rebuild safe social spaces or create new social spaces, either specifically in town centres or more generally? As we open up, will we be able to go back to crowded bars and theatres and so on, or did the panel take any evidence that said that we need to look at how we interact with other people and what that will mean for town centres and the economy?

10:00

Christine Watkins: I do not have a lot to add to what Roland said. However, one of the things that came out of a group discussion I was part of was that maybe town centres will never again look as they did previously. If we are considering that, we need to go much wider than retail and be more creative in what we use our town centres for. That could mean more cultural things and community involvement. We should discuss with communities how they would like to see their town centres used.

Stuart McMillan (Greenock and Inverclyde) (SNP): I will put my first question to Roland Reid and Christine Watkins, given their opening comments. Was there any discussion about the timescales for the reopening of society and the economy, bearing in mind what happened last year? Were any lessons learned from last year? Do you have any suggestions and for going forward?

Roland Reid: We learned that things probably opened—[*Inaudible*.] Professor Devi Sridhar made that point, citing that, last July and August, Scotland was doing well and we were on a trajectory towards elimination. However, the problem was the return of people from holiday reseeding the pandemic. The premature reopening of hospitality premises also probably had an impact. The great achievement during last summer was then lost as the pandemic spread again. Therefore, the lesson is to be very cautious. It might be unwise to give dates as such. As Neil Hunter or Allan Perris said, the approach needs to be governed by the R number rather than on achieving a specific date. The other witnesses might correct me, but I do not think that we discussed dates at all.

Christine Watkins: We did not discuss dates. I do not know that I can add much to what Roland Reid said. One thing that became clear was that we were concerned to ensure that the health harm caused by Covid has to be the priority before anything opens. We have to be cautious in that regard.

The only other thing that I will add is that we perhaps need to lock down faster if the cases are going up. We cannot be too overcautious when it comes to saying that we have to lock down. We should consider a regional approach to that, so that we do not close economies in places where there is not much Covid; we should try to keep lockdowns to smaller areas as much as possible.

Stuart McMillan: Do you mean that we should potentially reintroduce the five tiers, or do you think that the approach should apply to smaller areas?

Christine Watkins: We did not speak specifically about that; we spoke about the need for the approach to be regional so that the whole country's economy was not shut down if it did not need to be.

Stuart McMillan: I have one other question on the issue of harms, which you just touched on. In the report, there is a recommendation to put more resource into the national health service. One of the four harms relates to the economy. Not working or being furloughed can have a negative effect on people's mental health. Obviously, that has a knock-on effect on the first of the harms—that is, the direct health impacts. Was there any discussion about that? I genuinely understand the point that is made in the report about the need to focus on health, but the economy is also important as a prevention mechanism.

Christine Watkins: One of my colleagues was preparing to look at that area a bit more, so perhaps they could speak about it before me. I have been speaking quite a bit.

Stuart McMillan: Okay. Does anyone want to respond to that?

The Convener: I will bring in Allan Perris and Jo Eismont.

Allan Perris: I am sorry, but could you go through the question again, so that I get the main points?

Stuart McMillan: Sure; no problem. Part of the report discussed putting more finance into the NHS to help with the harm on health. However, if the economy is not working—if people have been furloughed or made redundant—that has a knock-on effect on people's mental health and on the main aim of protecting the NHS. Did the citizens panel discuss that?

Allan Perris: Yes. We discussed the knock-on effect. Basically, we were concerned with trying to protect the NHS. We were really concerned that, initially, people who contracted the virus were not using the track and trace system, and they were scared of being furloughed or sent home. I can give the example of my son, who caught Covid the week before last. He generally earns £600 a week,

but he was told that he had to be furloughed and that he could claim only statutory sick pay of £98 a week, which does not cover, for example, his food, electricity and mortgage bills. Obviously, for large numbers of the population, being in such a situation would have knock-on effects. The fear was that people would not self-isolate, which would put a bigger burden on the NHS. We discussed topics such as that.

Jo Eismont: We wrestled with that issue a bit. However, it was not an all-or-nothing focus on the first harm; it was more of a balance. We wanted to focus on Covid directly, because that is the way that everything else can reopen, but the other three harms came hot on its heels. It was not the case that we did not want to put any focus on the economy; it was simply a recognition that dealing with Covid has to come first, because we will struggle to open anything else if we do not.

Mark Ruskell (Mid Scotland and Fife) (Green): This is fantastic work. We will only scratch its surface this morning, but we will keep referring back to it—it is great.

Mr Perris just referred to self-isolation and some of the difficulties that some people face. Do the witnesses—particularly Chris Watkins—have any more thoughts on that?

Christine Watkins: I am sorry, but please could you repeat what you said about self-isolation?

Mark Ruskell: Do you have anything to add on the challenges of self-isolation?

Christine Watkins: We recognised that that has been incredibly challenging for some people on two fronts: their mental health and financially. We talked about the need to support people with their mental health issues, and there are creative ways in which that can be, and is being, done. We discussed the mental health aspect more than the financial aspect.

There had been some discussion in Government and on the news about the demand for a payment for people who have to self-isolate. We discussed the issue. My memory of that is that there were lots of pros and cons to doing that. There are challenges, but the matter should be explored more. There should be a particular focus on enabling employers to allow employees to be away from work without employers losing their business. There is also a problem with employers forcing employees to come into work. We should therefore be looking at employers taking responsibility and at how the Government can support them to do so.

Mark Ruskell: This is perhaps a question for Allan Perris, and possibly also for Jo Eismont. One of your recommendations is about the need to have in place a ready-made plan if—or, I guess, when—we have another pandemic. I am interested in who you think should maintain that plan. Do you have thoughts to expand on in relation to that, Allan?

Allan Perris: Not really—I am sorry. Perhaps Jo can expand on that a little.

Jo Eismont: We talked about the need for an independent oversight committee, so that we can prepare for a future pandemic and really quickly implement the lessons that we have been learning since last year.

We do not really want to have a long period of inquiry, at the end of which, in a couple of years, lessons are learned. We know things now that we did not know last March, and we want an independent committee to be able to implement the lessons quickly, such as ensuring that we have enough appropriate personal protective equipment.

We recommended that the oversight committee is independent in order to lift it out of politics, and we want to make sure that it exists while being nothing to do with parliamentary terms.

I do not think that we had any further discussion about what the ready-made plan would consist of—that probably goes beyond our remit—but the discussion came out of a desire to have an independent body that could take on the work and lift the matter out of politics.

Mark Ruskell: Should the body have a remit in relation to wider pandemics due to any future severe acute respiratory syndrome—SARS—virus or flu? Should it be like a resilience committee?

Jo Eismont: Yes. We heard from Jason Leitch, who said that a pandemic is a number 1 or number 2 issue for every Government, and so we should always be in a pandemic-ready state. That is probably where that discussion came from.

Beatrice Wishart (Shetland Islands) (LD): I echo what other colleagues have said and I, too, thank you for all your time and input into the citizens panel.

I think that this question is probably for Chris Watkins. I represent an island community. I noticed that all the participants lived in mainland Scotland. There are issues, such as travel, in relation to which islands are distinctly different, but, of course, there are also common issues across rural areas. You recommended that

"The Scottish Government should improve connectivity (Broadband), in particular for tackling isolation for young people in islands and rural communities."

Will you give a bit more background to that recommendation?

Christine Watkins: I am struggling to remember exactly some of that discussion. I live in a rural area where we struggle with public transport, and I know that some communities really struggle with broadband. We were lucky in the community where I live because we ended up being a pilot project with BT and a lot of money was put into getting us well connected. However, I hear of other communities where that is a real struggle. Therefore, if we want people to be able to work at home and keep young people in our communities, we need to look at that issue much more.

I cannot really think of much more; I do not think that I was in the group that suggested that specific recommendation towards the end of the process. Perhaps one of my colleagues can add a bit more.

Jo Eismont: On the back of what Chris Watkins said, on the final day, day 4, of the citizens panel, we had witnesses join us, and we had asked for people from islands to be among them. There was a student who had come from one of the islands and is now at university in Dundee and another islander. They talked us through their experience—the social isolation and how blended learning was difficult because connectivity was an issue. That is where the recommendation came from.

10:15

Beatrice Wishart: That is helpful. For my final question, I will stay on the theme of what we can do for young people in recovery. You recommended investment in skills development and education. Can you give examples of what you have in mind and expand on those?

Jo Eismont: I do not have any examples. I was not part of that discussion. Perhaps if any of my colleagues were, they will jump in.

Beatrice Wishart: Does anybody have anything to add?

Roland Reid: We had a very interesting speaker—a headmaster from a rural school in Aberdeenshire. What he stressed was not so much the educational aspect of schools in rural areas, but the importance for the children to come together and—[*Inaudible*.]—of isolation, particularly in rural areas. Therefore, school has two roles: the educational one and the aspect of socialising for young people.

Maybe this is not directly related to your question, but the young speaker from Orkney, Ms Gray, said something interesting. She said that, in Orkney, the students can normally rely on getting a summer job in hospitality, which just did not happen this year. That really impacts financially on young people, who are reliant on those part-time jobs; it perhaps also impacts on their health and wellbeing and their ability to socialise.

Beatrice Wishart: Thank you, Roland. That was a very helpful point.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): I thank the witnesses for all the work that you have done. It helps us greatly in thinking about how we try to manage the problem.

Somebody mentioned self-isolation sick pay. I am sure that other members have, like me, had lots of constituents coming forward to say that they are still ill with Covid, many months after having picked it up, but are having to go back to work. Did you get a wee chance to chat about that wider issue and whether that is a fair thing to ask people to do? I know of teachers, and other people, who are still feeling the effects of Covid, but feel compelled to go back to work. Was there any thinking around that issue and whether we should ask the Governments to set up or think about some other sick pay arrangement for people who are suffering long term from Covid? Any thoughts on that would be very welcome.

Jo Eismont: I do not think that we discussed long Covid in particular, but we did talk about self-isolation and how people should not be punished for that. People who have to self-isolate are not necessarily sick and they cannot always handle their mortgage and other payments on statutory sick pay. It is really difficult for someone who is off work for a long period. However, we did not really stray into long Covid in the group that I was part of.

Willie Coffey: Who mentioned a moment ago that their son—or was it their nephew?—had lost quite a lot of pay because he had to self-isolate?

Jo Eismont: That was Allan Perris.

Willie Coffey: Can you tell us a wee bit more about the circumstance? That will be common, I am sure, across Scotland.

Allan Perris: My son generally takes home £600 a week. When he contracted Covid, he was told that he had to self-isolate, that he would have to go on to statutory sick pay and that he could possibly claim the £500 allowance that is available to everybody. Since then, colleagues who he has worked with have also gone off with Covid. Luckily, his employer has put them on furlough and decided to give them 80 per cent of their wages. However, not every employer can afford to do that. Under the grant scheme—or is it the IBA scheme?—people would get a proportion of their wages. That is what we discussed at the meeting.

Willie Coffey: Could the two Governments do a little more in that area to assist people?

Allan Perris: I think so. My son told me that he cannot afford to stay off work and was questioning whether he should tell his boss that he had Covid. If that was what he was thinking, and if his two work colleagues were thinking the same thing, and they went back to work, that would increase the spread. People are not going to self-isolate if they cannot afford to feed themselves or pay the bills and the mortgage. It was a big fear for him. Luckily, there are parents like me who can say, "Don't worry about it; we will help you out." However, should we be doing that? Supporting people in self-isolation should be a Government task.

Willie Coffey: I guess that we are probably not collecting that information nationally, in order to gauge the extent that that is happening. It is probably much more widespread than we think.

Allan Perris: Yes. He said something that I thought was quite strange. He said, "If I go to work, who would know? If I don't mention it, who is going to police it? I need to work." He was thinking that, and so many others are, too.

Willie Coffey: Okay. Thank you very much for that, Allan. Thank you, everybody.

Maurice Corry (West Scotland) (Con): I thank panel members for their work on the report, which is most interesting.

My first question is for Jo Eismont and is on communications throughout the pandemic. Obviously, that has been important. In the report's conclusions, you commented:

> "The Scottish Government should explain their strategies and the evidence that informs their decision-making ... 'letting the scientists take centre stage'".

Did you determine in your group that that was a priority?

Jo Eismont: I think so. We felt that the daily briefings are an excellent communication tool, but that they are very short term. Every day involves the daily numbers and the difficult and bad news. We felt that, as the situation goes on and on, people lack an end point in their minds and an understanding of where we are heading together. The daily briefings are great, but they do not give anyone an overarching sense of what everything is for.

As I said, my perception is that the Government's strategy has evolved from protecting the NHS—where we were last March—towards saving lives more as an essential rather than just as a way to protect the NHS, and that has not really been communicated as the new plan. We are missing the big picture. We are always focused on the short term of whether today's numbers are higher than yesterday's, and that becomes the media narrative. We need some sort of big and engaging piece that we can all hang on to and that will help us to get through the final months of what is, I hope, the final lockdown.

Maurice Corry: Did you see how that was going to be done? Did you come up with any ideas on how it might be dealt with?

Jo Eismont: We talked about it. I think that the Government has done a great job, and every piece of its evidence is always referred to as being on the website. All that information is available, but that relies on people being engaged enough to go to the website, dig it out and keep on top of things. Some panel members felt that it would be really reassuring for people to have scientists take some of the briefings to answer some of the more probing questions on the data.

Maurice Corry: My next question is for Roland Reid. The report's conclusions refer a lot to the mental health and social care aspects. On balance, was the panel's priority mental health or social care? It is a hard question, and you might say that the two go together, but can you drill down into that and say which of those the panel felt was more important?

Roland Reid: That is a difficult question. The fact that the Scottish Government had commissioned a review of social care allowed us to focus more on the mental health issues, because we realised that something was being done about social care. However, we were concerned that social care staff were being sidelined, in comparison with front-line NHS workers. It was evident that the situation in nursing homes and care for the elderly are important aspects. We were also aware of mental health issues and the importance of exercise and the careful reopening of gyms and swimming pools to help people to remain fit, because that also impacts on mental health. We were aware that that will have to be done carefully, because it involves people travelling more, which increases the risk of transmission.

Maurice Corry: Is it the case that social care is probably more fixable more quickly?

Roland Reid: Yes, that might be the case. Work is already being done on that. The mental health aspect is challenging. Services are underfunded, and needs are being addressed by a great number of charities. It is possible for people to fall through the net, and work to address that has yet to start.

The Convener: Chris Watkins wants to come in on that.

Christine Watkins: I raised my hand to speak about the question on letting scientists take centre stage. I will add to what Jo Eismont said. We spent one day listening to lots of different, mostly scientific, speakers, and we found it to be

enlightening and helpful. That is where some of us were coming from on that. We were thinking, “Gosh, the public should hear these people speak,” because it really helped us.

We did not really decide whether mental health or social care was more important, but I have a question on that. We now know that there has been a review of adult social care. We have not heard much about that on the news. It would be interesting for people to hear what is happening with that—what the recommendations are and how they are being taken forward. It is important for the public to hear that the Government is responding to their concerns about social care.

The Convener: There was a debate in the Scottish Parliament on the report this week, on 16 February, but that is a fair point. I am sure that it will continue to play an important role in political discourse.

Christine Watkins: Yes, but the public should hear about it. The public are not hearing about what is happening. Everybody is concerned about social care, and we need to hear about that.

The Convener: I hear you loud and clear, and I will take that point away.

Annabelle Ewing (Cowdenbeath) (SNP): I, too, thank all our witnesses for the time that you have made available for the project. It is heartening to hear that you have found it to be a useful, productive and enjoyable process, and you are all very welcome to the committee. I appreciate that we are pressed for time, so I will ask just two questions, which will pick up on issues in your interesting report.

10:30

I am not sure to whom I should direct my first question. In relation to the comment about the need to be aware of and follow, where appropriate, international best practice, it struck me that, over the past days, it is as though we are living in a little bubble. I do not recall hearing very much about what other countries are doing and what stage they are at, with a few exceptions relating to minor outbreaks in countries where there is very low or no transmission. There is obviously a role for Government in ensuring that we can all be informed by international best practice, but does the broadcast and print media have a role in that regard? That might be a question for Jo Eismont.

Jo Eismont: We had a discussion about how we quickly learn and implement the lessons. We know that it is too late to follow an exclusion strategy, which is why we settled on an elimination strategy. We are not in a position to close borders before cases get in; cases got in a year ago, so we are too late.

However, we felt that there are elements that we can piece together. Some countries have more effective test and trace systems. Some countries have been able to close their borders. Even though there has been community transmission, those countries have controlled their borders in a way that we have not, entirely, so they have been able to stop mutations leading to vaccine escape. We would like to know more about some elements so that we can piece them together into something a little stronger.

It would be wonderful if the media covered such issues. Sometimes, the daily briefing format feeds into a narrative that is narrower in focus, as though we exist by ourselves, as you said.

Annabelle Ewing: That is interesting, because I recall a time not so long ago when we heard about the situation in France and what was happening in Germany. People are rightly thinking that they would love a summer holiday somewhere in the sun, but that does not look likely at the moment. However, the other part of the equation is the position in the other country concerned, and we do not seem to be getting that information.

I suspect that my next question might be for Roland Reid. The report recognises that social distancing and face coverings are probably here for some time to come. Notwithstanding the successful roll-out of the vaccination programme thus far, there is more work to be done, and we await to see the impact of vaccination on transmissibility and a host of other things. The point was made that messaging will be really important, so that people do not have the false expectation that, the minute they are vaccinated—even with the second dose—that is it, everything is fine and we all go back to where we were. You are smiling, Roland.

Roland Reid: There are two aspects to that. We were all very concerned about people who have to go to work. One panel member said that he was very concerned because the train that he has to take is often overcrowded and people do not bother wearing a mask. There was a discussion about how mask wearing and social distancing should be enforced. We were aware that such measures will have to continue, as you said.

That relates to a topic that we have not really touched on, which is the way in which the press has raised people’s expectations through its reporting. There was certainly an understanding among panel members—maybe because we have been briefed by so many scientists—that it will be some time before people can return to normal.

In relation to people going on holiday this summer, we heard from an aviation expert who I

thought would be really supportive of the airline industry but who was very critical of the way that it continues to sell holidays and get people to purchase tickets and is then telling them that they cannot travel.

I do not know whether this will answer your question, but the panel is much more cautious than politicians are, although we hopefully represent the wider public, and we are probably more cautious than what the press want to believe. They were interesting discussions.

Annabelle Ewing: I agree. In my experience, people are very realistic about the situation. They do not want overblown information; they want the facts, to the extent that we can come up with the facts. They do not want a lot of hyperbole and they will make their own judgments in their own minds.

Roland Reid: There is another less positive aspect to learning from other nations. One speaker mentioned that, in one African country, there had been only 25 vaccinations. That really brought home to us that there cannot be vaccine nationalism; vaccines have to be rolled out worldwide and we will not be safe until the rest of the world is vaccinated. Maybe the press have not focused clearly on that, but it was very much brought home to us.

Annabelle Ewing: I absolutely agree, and the committee has focused on that issue quite a bit. My colleague John Mason, who is going to ask questions next, has raised that issue continuously. You are absolutely right that we live as a world and, if we do not vaccinate the world, we will not come out of this.

The Convener: Before I turn to John Mason for the final set of questions, Neil Hunter wants to come back in.

Neil Hunter: I just want to reiterate what Roland said about this not being a nationalist strategy—it should be a global strategy. I think that it was Professor Jason Leitch who told us that we are not safe until everybody is safe. We have to look at the issue as a global incident and take it from there.

John Mason (Glasgow Shettleston) (SNP): I appreciate that we have touched on the international aspect, which is good. Another aspect that I am interested in is taxation, which I think was in Chris Watkins's section. Will you expand a little on what the thinking was? Do you think that the public are willing to pay a bit more tax to boost the NHS or to help the economic recovery?

Christine Watkins: Although we touched on that, it did not become an in-depth discussion that took us to any great conclusions beyond the statement that we made. The group that I was in talked about the need to look at corporation tax, which was cut a number of years ago, and at the whole tax structure. That was touched on, but we did not really come up with anything specific about what the public would be willing to accept.

One point that we discussed was the idea of universal basic income, although we could not come to a definite conclusion. We heard a bit about that and some members of the panel felt that perhaps it is time to be radical and do something totally different that would shake things up, and that also relates to taxes. Other people felt that we did not know or understand enough about that to be able to make a recommendation.

We would be interested to hear more on that. We heard that the Government has been discussing the issue and running pilot projects. We felt strongly that there is no point in introducing a universal basic income if it is only for unemployed people, which would make it just another benefit. It must be universal. We would love to have heard more about that, rather than looking at taxes alone.

John Mason: That is a fair point. I can assure you that people at both Scottish and United Kingdom level are considering the idea of a universal basic income. There are practical difficulties, but other people will look at those.

Jo Eismont: In our conversations on tax, we initially wanted to look at which taxes could be raised to help to pay for the costs that the economy has suffered. We changed that, because we thought that the broad long-term goal should be to have a fairer and more equitable Scotland. That is why we have worded it as we have. It is not about raising taxes; it is about looking at the changes that we can make to the tax system overall so that those who are wealthier pay more.

John Mason: We talked a little about having a ready-made plan and being better prepared for future pandemics. Were the possible costs of that considered? A huge supply of masks sitting in a warehouse would come at a cost.

Neil Hunter: We did not really discuss costs. We could see that the report on the Cygnus exercise from 2016 had more or less been put in a drawer, which was why we were so slow to react to the pandemic when it began. There was no PPE and there were no specialist teams. The Cygnus report said what should be done, but nothing was done.

We had learned those lessons already. We know what we did wrong then and we know what we have done wrong now. Someone could put all that together and make a plan that is ready for the next pandemic. We all know that there will be another one; that was made clear to us by the scientists. I think the estimate used to be that

there would be a pandemic every 100 years, but we had severe acute respiratory syndrome in 2001 and we have had Ebola and other diseases. Now we have the Covid pandemic. We discussed the need to make a plan as soon as we have sorted the current pandemic so that we are ready for the next one.

We do not know what that will cost, but we have to balance that against the cost to life. Lives were lost when we were slow to respond because we did not have a plan, or because the plan that we had was not implemented.

John Mason: I do not know whether you discussed this, but would the public be happy if we took a slice of money from the NHS and put it into planning for the next pandemic?

Neil Hunter: That is a difficult question. The NHS is always the golden goose.

We felt that, if you inform the public where you are taking money from and what it will be used for—especially during this pandemic when there have been more than 114,000 deaths—and can show them progress towards having a plan in place for the next pandemic, the public would go for that.

The Convener: We are short of time. I can see that Chris Watkins wants to come in. After that, I will give members of the citizens panel the opportunity to question the committee. I do not want to pressurise people, but we have to move on. Anyone who would like to come in can indicate that by using the chat bar.

10:45

Christine Watkins: On that last point, you cannot say that the money will be taken from the NHS—this goes much broader than that, and covers all sectors of society, the economy and so on. It is not just about the NHS.

The important thing is to have an emergency preparedness plan, so that we know what to do if something happens. The plan should be immediately ready to go into action, so that we do not have weeks of discussion and delays.

The Convener: Are there any questions for the committee from any members of our citizens panel?

Neil Hunter: Do you have a strategy to inform or help the media to inform us better?

The Convener: That is a good question. Given the committee's role, it is difficult for us to influence the media directly, but we will use your report to inform our work. With the election coming in May, the lifespan of the committee will draw to a close at the end of March, but we will compile a legacy report, which will include this process. In that report, we will refer to the recommendations that you have made.

We will have further evidence sessions between now and then in which to address issues such as the strategy to come out of lockdown, and we hope to have an evidence session with the First Minister. There are a number of opportunities for the committee to reiterate points that you have made.

I see that everyone wants to come in. I ask you to be quick, please.

Roland Reid: This is more a comment than a question. It was interesting to hear the immunologist Professor Eleanor Riley mention that David Cameron set up a standing committee on vaccination in 2011, which then continued. She felt that that was extremely helpful for rolling out the vaccination programme quickly here compared with other countries. It probably does not cost very much, but it has obviously had a great impact. Perhaps it would be useful to roll out standing committees for other aspects of pandemics.

The Convener: We will now hear from Allan Perris and Chris Watkins, and I will then bring in a few of my committee colleagues.

Allan Perris: Regarding the vaccine roll-out in my area, it has been mentioned that many over-70s have not taken up the offer of the vaccine because of their fear from false information or whatever. What can be done to encourage people to take the vaccine? We could use slogans such as, "Having the vaccine won't kill you. Not having it might", to put those ideas into people's heads.

The Convener: That is a live issue. The committee addressed the subject of vaccine hesitancy with witnesses last week. We are contemplating and discussing the issue as a committee.

Chris Watkins is next. Annabelle Ewing and Stuart McMillan may wish to make some points or answer the questions that have been posed. We will then have to draw the session to a close.

Christine Watkins: Since we finished our panel, we have heard in the past few days that the Scottish Government is announcing its new or developed strategy next Tuesday. Will our report or what we have been discussing today be fed into that, or is it now too late for all of that to be fed into what is happening with the strategy next Tuesday?

The Convener: The report is being published today, and I am sure that the Government will take cognisance of it as we move forward. The committee will not be asking the Government about your report at this meeting, because the Government will need time to digest its contents, but at future evidence sessions we will certainly

discuss the panel's recommendations with the Government as we scrutinise its new strategy.

Annabelle Ewing: The Scottish Government will carefully consider the report that is being published today. I suspect that the plans for next Tuesday's announcement are still being discussed, because the data changes every day, so the panel's report absolutely will be an important contribution. A number of its points relate to longer-term issues, which will also be considered.

As for the issue of the press, which I raised in my line of questioning in the context of international comparisons and best practice, I believe that members of the press listen to the committee's deliberations every Thursday—they will be listening at the moment. You have raised a good point about the need for more scientific information in the mainstream media. I hope that the press will take that on and that, at the next briefing, or perhaps even at today's, other questions will be asked. Who knows?

Stuart McMillan: Annabelle Ewing has stolen my thunder on one of the points that I was going to make. As I mentioned earlier in the chat bar, on Monday, I took part in a panel discussion with the Citizens Assembly of Scotland. This afternoon, the Parliament will debate a motion on the assembly's report. Some of our discussion at this meeting has touched on the assembly's work. It would be useful to put the two groups in touch with each other so that they can have further dialogue, which would be beneficial for both.

The Convener: Thank you for raising that point, which I noticed in the chat bar.

That concludes that agenda item. I thank all the participants for their time and evidence. We have acknowledged our gratitude for the report's publication, but it has been critical to bringing it to life to have you here to discuss your views with us and to represent what you have felt and your experience of the process. It has been hugely beneficial for me and for all of us on the committee to have members of the citizens panel with us. Thank you very much.

I suspend the meeting to allow for a change of witnesses. We will have a short break and will aim to reconvene at 11 am precisely.

10:53

Meeting suspended.

11:00

On resuming—

Subordinate Legislation

Personal Protective Equipment (Temporary Arrangements) (Coronavirus) (Scotland) Regulations 2021 (SSI 2021/50)

Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 16) Regulations 2021 [Draft]

The Convener: Under agenda item 2, the committee will take evidence from the Cabinet Secretary for the Constitution, Europe and External Affairs, Michael Russell MSP; Professor Jason Leitch, who is the national clinical director for the Scottish Government; and Sam Anson, who is the deputy director of improvement attainment and wellbeing, also for the Scottish Government.

I apologise for running late. We had a delay due to technical issues at the start of our evidence session on the citizens panel. Given the importance of the citizens panel to the committee's work, I was keen to allow that part of the meeting to run for as long as possible.

This part of the meeting gives members the opportunity to take evidence on the First Minister's latest statement on Covid-19. The committee will also consider the Personal Protective Equipment (Temporary Arrangements) (Coronavirus) (Scotland) Regulations 2021, as well as the draft regulations that the Scottish Government has provided: the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 16) Regulations 2021.

I welcome the cabinet secretary to the meeting and invite him to make a brief opening statement.

The Cabinet Secretary for the Constitution, Europe and External Affairs (Michael Russell): Thank you very much, convener. I know that members of the last panel of witnesses are still on the clock. Having watched the last part of the meeting, I confirm that, as a Government, we take the views of the citizens panel very seriously.

We also take the views of the Citizens Assembly of Scotland seriously and will debate them this afternoon in the chamber. As the minister who is responsible for the assembly and its establishment, I am pleased that that type of deliberative democracy is becoming so important to us all. I hope that the witnesses from the citizens panel are reassured by knowing that their views and conclusions are of great importance.

The regulations that are before the committee today will implement temporary arrangements to facilitate production and supply of personal protective equipment in Scotland during the on-going Covid-19 pandemic. They will bring Scotland into regulatory alignment with England and Wales as part of the four-nations approach. They are technical regulations that require a conformity assessment procedure in order for PPE to receive a CE mark before being sold.

In March 2020, a European Commission recommendation allowed European Union nations to bend the requirement to facilitate swift supply of PPE. PPE that is sold under those arrangements is termed “ease PPE”. However, following the end of the transition period, the recommendation no longer applies to England, Scotland and Wales. Therefore, domestic regulatory arrangements are required in order to continue that easement.

The regulations will allow PPE that has not received at CE mark, but which has been assessed and approved for use by the Health and Safety Executive, to be sold on the open market in Scotland until 31 March and purchased for use by NHS Scotland until 31 June. The regulations are applicable only to PPE that is necessary for protection against Covid-19.

I will turn to the wider question on the review of the strategic framework. We have made substantial progress during the past few weeks in bringing down case numbers, and great credit is due to everyone involved. Hospital and intensive care unit admissions are finally beginning to turn the corner as we see the impact of the “Stay at home” rules. However, the health service remains under severe pressure and we are only just back to the overall position that we faced in late 2020.

We are conducting a fresh review of the approach that is set out in the strategic framework. The overall aim to is to reframe the strategy for the period ahead until vaccines have successfully been deployed throughout Scotland.

The strategic intent continues to be to suppress the virus to the lowest possible level and to keep it there while we strive to return to a more normal way of life for as many people as possible. That is what we all want.

The strategic framework refresh will affirm our approach and principles in a framework for decision making, including consideration of the four harms that are caused by the virus. The refresh is looking at the experience and effects of the levels approach so far against the backdrop of the evolving science and the experiences that we have all had. The refresh will not provide dates for relaxation, which will depend on the course of the pandemic, but it will signal early priorities in the event that conditions allow for restrictions to be lifted.

Our first priority is the cautious and phased reopening of learning. On Tuesday, the First Minister announced that the first phase of the return to in-person learning will proceed, as planned, from 22 February, which is next Monday. From what we know about how the virus works, we know that we need to wait roughly three weeks before we can expect to see any impact on case numbers from the restart. For that reason, any further return of students will not happen before 15 March, at the very earliest.

Decisions on other changes to the current lockdown will be considered in due course, in the context of the refreshed strategic framework. Decisions will be contingent on epidemiological data and wider evidence about the roll-out and success of the vaccination programme. We should celebrate the success of the vaccination programme, but it does not change the approach at this stage. We want reopening to be sustainable; we cannot risk our health service.

We recognise, of course, that uncertainty is challenging. We are doing all that we can to communicate our approach in order to manage uncertainty, so that the conditions under which decisions are taken are clear to businesses and every citizen.

Before publication, the strategic framework refresh will be informed by discussions with other parties in Parliament and by the views of business organisations, trade unions, third sector bodies and the citizens panel, from which the committee has just heard. The review is being conducted and its outcome will be reported to Parliament.

I hope that that provides context for the discussion that we will have today. I am joined by Jason Leitch, as usual, and Sam Anson from the education directorate, because there might be questions about education and, in particular, the issuing of the education continuity directive, which is the document that is required for the next stage.

The Convener: Thank you. We move to questions. I remind members that we have approximately eight minutes each, so I ask that questions and answers be concise. If there is time for supplementary questions, I will indicate that that is the case once all members have had a chance to ask their first set of questions.

I appreciate that there is a limit to what can be said now on the refresh of the framework, but is it likely that we will return to a localised levels framework?

Michael Russell: I have indicated that that will be part of the discussion, but the discussion is not yet at the stage at which we can say that that is

what will happen. The local authority levels were important, but there are questions—such as on the size of each unit and on travel-to-work areas—that need to be looked at again. Some local authorities cover enormous parts of the country that include very different conditions. You and I know the Highlands particularly well, convener, so we are familiar with the issue of the Argyll islands, which are different from Helensburgh, although they are all part of Argyll and Bute Council. That issue needs to be and is being considered, and the views of the committee and everybody else must be taken into account when we discuss it.

The Convener: Linked to that, I have a question on the metrics or indicators that are used to determine restrictions. In the light of the new variant and the vaccine programme, do you foresee a change to the indicators that are currently used? I do not know whether Jason Leitch would like to answer that.

Michael Russell: That is undoubtedly a question for Jason. I confirm that it is one of the issues that is being discussed. We can never have all the right data at the right time. There are other issues that we need to consider; the four harms must be a key part of that. I am sure that Jason will answer the question.

Professor Jason Leitch (Scottish Government): Hi, everybody, and good morning. Thank you for having me back, convener.

In answer to your first question, about geography, I say yes—the advice will have to contain some implications relating to the geography of Scotland. I will illustrate that. Yesterday, the seven-day average for Scotland was 102 cases per 100,000 people. That figure shows very good progress—slow but sustained—and it takes us back, as Mr Russell said, to around the numbers that we had at the beginning of December. However, there was massive regional variation. The figure for East Ayrshire is over 300, for Clackmannanshire it is 241 and for West Dunbartonshire it is 224. Thirteen local authorities are above 100—although 100 is the average, so of course some will be above 100.

We have to be cautious about what geographical units we look at—about whether it should be local authorities, collections of local authorities or health board areas. All that has been and is still under discussion in the weeks leading up to the Cabinet deciding on the final version of the strategic framework.

On your second question, about data, we have learned a great deal from what we did with the first version of levels, so they will be better this time because we have learned more. The World Health Organization published a document at the end of November, so it is relatively new and WHO will update it all the time. It is advice for the world, so by definition it is a compromise because it is for 194 countries. We have to adapt it to make it Scottish. WHO has created its own levels and has, which is confusing, given them the same numbers as ours. We have to be careful to note that its levels do not relate directly to ours—I imagine that that will become a problem in communication in the next while.

The document talks about four principal data points. You will not be surprised to know that they are test positivity, incidence, hospitalisations and mortality. Interestingly, the WHO gives ranges over a two-week period for each of those, because it knows that changes take a long time. To get to WHO level 2—not our level 2—test positivity must be below 5 and incidence below 50. To get to level 1, incidence has to be below 20 and test positivity below 2. We will use that WHO framework to inform our advice to ministers.

The Convener: My next question is about the change in shielding policy south of the border, of which you will be aware. Based on a new model, it has expanded the criteria for the shielding list; I think that an additional 1.7 million people will come within the description of shielding. Is the Scottish Government going to do anything similar to the shielding list for Scotland?

Michael Russell: That question is for Jason, I think.

Professor Leitch: We keep the shielding list under constant review. Let us remember that shielding is pretty horrible. We do not we want people to have to do it, but it is for protection. The present set of shielding advice will stay in place while we have the current prevalence level of the virus, but we want to remove that as soon as we get prevalence down.

The advice south of the border is based on a model that is called QCovid, which includes about 50 variables for individuals based on ethnicity, age, weight, disease, demography, postcode and a host of other things. It has been validated with English data only, therefore we have chosen not to use it directly. However, quite a lot of the variables are already included in our shielding list. The four countries have slightly different versions of shielding; the basis is the same, but we have variations. For example—forgive my bluntness in using one condition—we already shield people with Down syndrome. In England, they are only now being included on the shielding list, among the 1.7 million who will be added.

We are confident that our variables are the right variables for Scotland. General practitioners and secondary care—that is, hospital—clinical teams have always been able to add people to the shielding list if they think that a person needs two

things: protection and support. The support element—the need for supermarket delivery slots and other elements of support—is what might be useful.

The short answer is that we are not going to change what we do directly using the QCovid model. We do not think that the model applies entirely to our version of shielding, although a lot of what is included in it definitely does.

The Convener: That is very helpful. My final question is really an observation about vaccination of unpaid carers, and especially family carers. I ask that you keep that on your radar; I have had some communication about it. Jason, would you like to come back on that?

11:15

Professor Leitch: I will do so only to say that those carers will be in group 6, which is a difficult and large group. It is the most complex group so far and includes carers and clinically vulnerable people. There are lots of versions of how to deal with those people, and the First Minister has said that there will be a way of finding them. We will need a variety of ways of finding them and I imagine that one of them—whether members like it or not—will be via MSPs. There will be a mechanism by which by which you can help us, as we have tried to help you all the way along.

Alex Rowley: I will focus my questions on the PPE regulations, which you described as pretty technical, cabinet secretary. First, are we satisfied that there is a plentiful supply of PPE? Secondly, there are concerns about the effectiveness of the PPE that is being used in medical establishments, particularly face masks. Thirdly, are we satisfied with people's compliance with the requirement to wear face coverings? I think that take-up is pretty good. There are some countries, however, that are asking people to wear not simple cloth face coverings, such as this one that I have here, but are venturing into requiring more protective face covering for the general public. Germany is one country where I have seen that happening. Would that help the on-going fight to suppress the virus, or are we not at that stage?

Michael Russell: I will deal with the first question, and Jason Leitch will deal with the other two.

NHS National Services Scotland holds a four-month stockpile of CE-marked PPE. That is what we are dealing with in the regulations, and we are confident that that is sufficient. The reason for the regulations is a lacuna between one set of European regulations that does not require the CE mark and another set of European regulations that does require it. To be honest, and I hate to mention it in this context, it is one of the Brexit messes. We do not want to get into that, but that is why the regulations are necessary to ensure continuity and why they are technical.

Jason Leitch needs to answer your wider questions about mask types and use.

Professor Leitch: It is a good question, Mr Rowley. From the beginning of the pandemic, there have been calls from people who, whatever layer of protection they are asked to wear, according to the evidence, they want the layer above. That has been consistent from the public, through to the health service, social care services and to intensive care.

The way in which we have resolved that, which is how every country resolves the question, is to put a group of experts together to answer the question on our behalf. That is our nosocomial reference group, which looks particularly at in-hospital and in-care-home transmission. The group is chaired by Professor Jackie Riley, who is Scotland's foremost expert in infection prevention and control, and it looks constantly at the evidence from Scotland and around the world and gives us the best advice that it can about what PPE we should all use, from intensive care doctors and nurses who are dealing with Covid, down to people at the front line in emergency departments, ambulances and so on. The group's advice is that the present level of protection is the right level of protection for what we are doing. That does not mean that that will not change but, for now, in the middle of February, that is the advice.

We also have another group of experts who do infection prevention and control for the public, which is about our face coverings, hand-washing and all the non-pharmaceutical interventions. Again, that is kept under constant review. It is the case that some countries have moved to a slightly higher level, including not the whole of Germany, but bits of it, so the position is not quite as straightforward as it sometimes seems in the media. That is particularly about where people cannot keep 2m apart, which is the case in parts of German society but is not universal. That expert group looks at the evidence all the time and has decided to advise us that the current level of protection is the right level.

Alex Rowley: That is helpful. Perhaps we need to explore that further, in relation to workplaces where it is more difficult to social distance.

Mr Russell said that suppressing the virus and keeping it suppressed is the way forward. I understand that, but I also understand the risk that that will not happen as we open up again. The Scottish Parliament information centre briefing shows that there are outbreaks in East Ayrshire, which I understand might be linked to Kilmarnock prison, and in West Lothian. Yesterday, it was

announced that a cluster of 21 staff and patients in Letham ward in Cameron hospital in Fife tested positive. Are we learning anything useful from those outbreaks, so that we can keep the virus suppressed, as Mr Russell has said? Is that feeding into the strategy for opening up again?

Michael Russell: I think that Jason Leitch has to answer those questions, but you make a really good point about digging into the data, which relates directly to the first point that the convener raised. I have the SPICe chart in front of me, and Jason Leitch has cited other figures. We have to understand that the data is organised by geography. You mentioned Kilmarnock prison. If the data were organised by areas that have prisons, we would get another reading about what is taking place. It is important that we understand that no presentation of data is perfect. At the moment at which it is presented, every presentation of data has a bias because of the way in which it is organised.

I am sure that Jason Leitch will want to address in more detail the question of what we can learn from the data.

Professor Leitch: There are two things to note. You made the excellent point that we have to learn all the time. The fundamentals of the virus have stayed the same since last March. If we bring humans into contact, we risk spreading the virus, particularly when there are 1,000 cases a day, as was the case yesterday, and there is a prevalence of 100 cases per 100,000 of the population. If we bring people into contact in a workplace, a prison, a pub or a school, there is a risk of transmission. Therefore, reducing transmission requires less human interaction. I am sorry to be so blunt.

At some level, when we examine the outbreaks, we see that they are caused by somebody with the virus going somewhere, touching a surface or being next to somebody else. It usually happens inadvertently, because it comes as a great surprise to everybody when they catch the virus. The person might not necessarily have done anything outside the rules; the virus might have just somehow managed to find a way to get from person to person.

The second thing that we learn is where there is particular vulnerability. The easiest example of that relates to food processing plants. It became apparent in the first half of last year that they were a major risk because of the cold, the poor ventilation and the closeness of individuals. Outbreaks first happened in Germany, then in Wales, and then they happened in Scotland. We have since adapted our guidance and advice for food processing, so that there is much stricter testing, much higher levels of non-pharmaceutical intervention, better distancing and so on. The issue of prisons takes us down exactly the same path. The learning from one prison is then shared with all the other prisons.

There is fundamental learning from every outbreak, and there is individual learning from the location of every outbreak. We have tried to learn the lessons from outbreaks in hospitality, gyms and schools as the industries learn them, too.

Alex Rowley: My only issue with that answer is that we have suppressed the virus as best we can, but will we be on a merry-go-round when we start to open up? How should we, for example, use PPE in workplaces where people are closer together? How do we stop ourselves hitting another phase of the virus and going back into lockdown? Just now, lockdown seems to be the only tool that can suppress the virus.

Professor Leitch: It is a long, long answer to that question, because that is the heart of the global response to the virus. That is the key question for every country and for the WHO. There are three elements to the answer.

First, test and protect finds the outbreaks and deals with the chains of transmission. When the numbers become lower, that becomes almost more important. It is good now, and it will be good in the future, but it will become more crucial. We remember the days when we had an outbreak in Gretna and we managed it and it did not spread—that is the world that we are looking to get back to.

Secondly, there is vaccination. We did not have a vaccine during the first wave. We now have a vaccine at the end of the second wave, and all the science suggests that that will help us to get out of this and that it will protect those who are vulnerable in particular.

Thirdly, there is the importation of new strains of the virus. We have to stop it coming back. That is what happened in the summer—we brought it back—and we must stop that happening again.

There is a host of other factors—the WHO has six, one of which is communicating with the public, which speaks to the earlier point made by the panel and the fact that we spent some time with those panel members—but those are the three factors that I would give as an immediate answer to your question.

Beatrice Wishart: My question follows earlier questions about geographical areas. This week, the Scottish Government responded to the letter in which I and my colleagues Liam McArthur and Alistair Carmichael asked it to consider testing at island entry points. The response was disappointing, because it did not tell us anything about the Government's thinking on the issue. Has the Scottish Government discussed testing before travel to the islands with island health boards, local authorities and transport providers?

Michael Russell: I want Jason Leitch to address that question. I have not seen the letter, but I remember your raising the issue in a previous committee meeting. I was unaware that there had been a response, but I would not be aware of that, so Jason should address the question. If the member is dissatisfied with the response, we will have to look again to see what more information we can provide or what more consideration we can give that matter.

Professor Leitch: I do not think that I have seen the response, but I am happy to look at that and to get other advice or to consider it afresh. Testing in importation is crucial, whether that is for the Western Isles, Scotland, the UK or further afield, but it is only one part. It tells us only that someone does not have the virus on that day—it does not tell us about tomorrow or the day after—so we must be very careful. I am entirely comfortable with testing as part of a system, in the same way as we will be doing in schools and care homes as part of a safety system. However, we do not want to think of that testing as allowing behaviour change—it does not.

Beatrice Wishart: That is a helpful answer. Of the 581 tests carried out in Shetland between 8 and 14 February, only one positive result was returned. Therefore, it is not unreasonable to think that there would be logic to introducing testing ahead of travel to the islands. Will the cabinet secretary commit to further talks with island representatives and health boards, to see whether testing at entry points could be introduced?

Michael Russell: I am an island representative myself, as the member knows, so I think that she has me in a vulnerable spot on that. If the member wishes to come back to me with the letters, which I have not seen, I will do my best to take it up. I cannot guarantee an outcome, but I am not unsympathetic to what she is saying.

Beatrice Wishart: Thank you. That is helpful. If consideration can be given to the issue, it would be appreciated. I shall come back to you.

I have asked the Cabinet Secretary for Education and Skills previously whether decisions on reopening schools on the islands would be dependent on case rates in the central belt. When was the issue last discussed with island councils, and what is the Scottish Government's position on local versus national decision making on the reopening of schools? Should the islands anticipate some deviation from the national line in the coming weeks, given that we are at level 3 status?

11:30

Michael Russell: That is an important point and, again, as an island representative, I am fully familiar with that. I receive communications on that regularly from some of the islands in my area that are at level 3 and which are arguing for schools to return more quickly. It has been part of the consideration of whether the national roll-out can be varied.

I will want Jason Leitch to comment on this, too, but we should be aware that school transmission is about not just transmission within school, but meetings around school and the involvement of parents. We also know—from Barra, for example—that an island outbreak can be severe and move quickly, particularly given the constrained nature of island communities. I know that you are not saying this, but it is not as simple as saying that because there is an island that appears to be more self-contained, we could move in that way. There are other considerations to be made.

I am happy to address the particular point about whether discussions are taking place. I will take that away and try to give you more information on it. Meanwhile, Jason Leitch might like to say a word or two about why the issue is wider than just an individual school on an individual island.

Professor Leitch: I wonder whether Mr Russell and I have been coming to this committee for too long. I was going to use exactly the same example to make exactly the same point. I have enormous sympathy for people on the islands wanting to take faster steps out of lockdown than the mainland. The counterargument to that is the nature of the islands' health and social care system and the speed of transmission.

Barra is the obvious example to use. It had no cases. The schools opened and people were thinking, "Why don't we open the pubs and the restaurants? Why don't we go back to in-house mixing?" Suddenly, there were four cases, five cases, 60 cases—one tenth of the island was self-isolating and they had to helicopter people to Stornoway and the mainland. That happened in two weeks, so we have to be cautious.

As public health advisers, we would much rather do schools nationally. It seems like the right thing to do for the wellbeing of the children—a gradual, careful return for their health and wellbeing. That does not mean that, if the Western Isles goes virus-free for a sustained period, we or the decision makers will not be able to do something a little bit different. Some things will be national and some things will be more regional.

Beatrice Wishart: On the national return to school, I had a call from a distressed father earlier this week who was concerned about his primary 4 child and the distress that they are feeling about not being able to go back to school and interact

with their peers. That made the individual impact on young people hit home.

John Mason: I will start with the quarantine hotels. There is a certain amount of concern about the cost of those hotels for people who cannot afford them. The British Red Cross has been on about that, and it is affecting students. I have constituents who have finished their contract in New Zealand and are trying to get back, and they do not have £2,400 for a couple. Can you say anything about how that is being handled and the fund?

Michael Russell: Yes. We should provide MSPs with details of the funding that is available for people who cannot afford the quarantine hotels. We should also make it clear that, if people are coming back to Scotland and have to quarantine as part of their job, we would hope that their employers would be engaged in that. The issue of students is being actively addressed.

The current numbers are very low, but that does not mean that they will not increase. We believe that there should be a further increase in the countries that are covered, and that is a matter of on-going discussion. We do not wish to create hardship. If people cannot afford it, there has to be help. We should be more explicit with members about what that help is and how it can be accessed, but it is being offered.

John Mason: That is helpful. If we could get more information, that would help us to help constituents.

I attended the meeting of the cross-party group on building bridges with Israel this week. In that meeting, we learned about the vaccination programme in Israel. As I understand it, it is considerably ahead of the rest of the world. As Israel got to the stage of vaccinating younger people, it faced a certain amount of resistance and reluctance to take up the vaccine. I understand that anyone can drop in at any time to a vaccination centre that sits in the middle of a city there, but young people are still not doing so. What can we learn from that experience? Are we anticipating more difficulties with younger people? If so, how will we address them?

Michael Russell: I will ask Jason Leitch to respond to that, but I have seen some evidence that there is likely to be a greater—although still small—lack of uptake by younger people. We will all have to learn how we might overcome that. Israel is among the global leaders in vaccination, and I am sure that it is also considering how it might tackle that problem. We should all be learning from one other.

As I have often said in previous meetings of the committee, the message from elected representatives has to be absolutely clear. To be fair, I think that it has been, with one possible exception. There has to be absolute clarity that vaccination is a very good thing, that people should get a vaccination whenever it is offered to them, and that there are no grounds for believing that it is in any way a detrimental step. Some people will simply not believe that, but I hope that we can persuade them of it.

Jason Leitch might—indeed, is likely to—know more than I know about how that issue is being considered by clinicians.

Professor Leitch: I have also been in touch with my Israeli counterparts, Mr Mason. I have contacts there who have done very well. Israel is the only large country that is ahead of the UK in terms of the percentage of the population that has been vaccinated. It has had an excellent programme.

There is global evidence that, as we move down through the age groups, people are more vaccine hesitant. That is partly because of what we might call vaccine laziness rather than an intellectual approach to the issue. Therefore, the solution is to make it easy for people and to find such individuals.

I am not sure whether I mentioned this in last week's meeting, but we have been involved with the vaccine confidence project. Last Tuesday night, the senior clinicians of the countries of the UK had a presentation from the project's leader. Its website is an excellent resource for members of the Parliament and many others on the make-up of people who are hesitant about vaccines. They are not anti-vaccine people; they are people with genuine questions about science, side effects, how they would get the vaccine, how it would protect them and what it would mean for their future. That is exactly the approach that we should take. The group's fundamental advice is that, rather than fighting the anti-vaccine information, we should surround every demographic that we have with the correct evidence.

We will take the same approach with young people that we have taken with older people. We will use trusted voices, Young Scot and all the third sector organisations that the committee would expect us to use. For example, it will not be me who appears on TikTok—it will be others whom young people recognise.

The only other point that I would add is that the same evidence told us that we would be lucky to get to a vaccination level of 80 per cent in the over-70s. However, we have got to nearly 100 per cent in pretty much every group that we have tackled so far. I would not have believed anyone who told me that 100 per cent of over-80s would take the vaccine—that is quite remarkable. If that

process continues and, for example, grannies tell their daughters, who then tell the granddaughters, that they should take the vaccine, I think that we can go for big numbers in those lower age groups. I look forward to being part of that solution.

John Mason: My final point concerns the treatment of people who have tested positive. NHS Greater Glasgow and Clyde sent us information on an appeal for volunteers, drawn from people who have tested positive, to take part in trials of a drug called favipiravir. Where are we going with that? Is such treatment making progress for people who have tested positive?

Professor Leitch: I am not sure about that specific drug—I would have to look into it. However, drug trials are on-going in all our health board areas—principally the large ones, such as NHS Lothian and NHS Greater Glasgow and Clyde, but also elsewhere. The basic structure for that is what is known as the recovery trial. If members Google that term, they will find information on the UK versions of all such trials. It is through those that we know that dexamethasone works but hydroxychloroquine does not. Any candidate drug—one that looks good in small trials—ends up in a recovery trial. We recruit people from Covid wards across the UK and try each of those drugs with permission from those who agree to be part of the trial.

I do not know about the specific drug that you mentioned, but if it is a candidate drug that shows promise, it will be studied in a recovery trial, we will carry out a large-scale trial, and we will then use it if we need it.

Mark Ruskell: I will ask a question that I have asked before, about the prioritisation of the vaccine for those under 50 who are not clinically vulnerable, but work in certain professions—shop workers, for example. However, I suspect that you will not want to answer the question until you have had advice from the Joint Committee on Vaccination and Immunisation. When do you expect to get advice on that from the JCVI? Do you have a date or a timeframe for that?

Professor Leitch: I do not have a date, but I know that it will be soon. The JCVI is meeting today, and that will be one of the things on its agenda, so I can probably say that that advice is imminent. It is, of course, up to the JCVI when it tells us and publishes that information; it is entirely independent of us. We can ask it questions, and members can be sure that the UK Government and the Scottish Government have asked that question. Like the rest of us, those on the JCVI watch the news, and they know that that is an active issue.

I will say what I have said previously. Prioritisation of the vaccine is about risk of serious disease and death. That gets a bit trickier for those under 50, because the mortality rates fall dramatically. However, we still need to think about risk and how easy it is to do the vaccination programme. If we can go fast, that will be better. We need to think about categories in which we can go quickly. Age partly helps us do that. We have been able to go so quickly up to this point because we know where everybody is and what age they are via their GP and health records.

Mark Ruskell: "Imminent" could mean next week or in a couple of weeks' time. I will read into that whatever.

Professor Leitch: Yes, it could mean either of those.

Mark Ruskell: What is the process in Scotland once we have the JCVI's advice? Is it a matter of saying that we have not bucked a JCVI recommendation in 30 years, so we should rubber-stamp it? If there is some discretion in the JCVI's advice around prioritising teachers or some other group, what is the process for discussing that? Would there be a debate in the Parliament, if there are political choices, and an eventual decision? I assume that decisions on that will not be made during the parliamentary recess as we head towards an election. In that case, there would be a vacuum in respect of debate. If advice is imminent, perhaps that will be in the next few weeks—perhaps in March. I am trying to unpick what we should expect. Will there be rubber-stamping, or will we be able to consider the broader harms and benefits of opening up certain parts of society on the back of the vaccine programme?

Michael Russell: I think that Jason Leitch will want to answer that question. From a purely process point of view—I am not expressing any opinion—I expect that advice to the Cabinet would come from the chief medical officer and the clinical director on what they would recommend that we do. It would, of course, be heavily in our minds that we have not departed from such advice and, as a matter of course, we would be very reluctant to depart from that advice. A recommendation would be based on a great deal of technical information among other things, and the position of those who advise the Cabinet would be of crucial importance. One of those people is here, so it is better to hear from him rather than me.

Professor Leitch: Mr Russell and Mr Ruskell have summarised things relatively well. Members probably know the answer to the question. The JCVI advice will come in to the Scottish Government's senior clinicians. We will then give our advice to the First Minister and the Cabinet, and it will then be a matter of judgment for them. To be clear, my advice will be to follow the advice

of the Joint Committee on Vaccination and Immunisation.

One extreme could be that the Joint Committee on Vaccination and Immunisation says that it does not mind what is done for those under 50. We would then give advice about what we think that Scotland should do. If the JCVI said what we should absolutely do, that we should not depart from that, and that we should go through the decades in order until everyone is vaccinated, that would be the advice that I would give the Scottish Government.

It will partly depend on what the JCVI says. It might not be either of those clear, binary choices; it might be more nuanced than that. There will be a judgment to make, and it will then be up to Mr Russell and others how they engage with the committee and the Parliament about making those choices.

11:45

Mark Ruskell: That is helpful. It gives us a bit more clarity.

Earlier, you spoke about the priority of stopping viruses and new variants being brought back into the country. I want to ask you about the evolution of new variants within the UK, particularly the E484K spike mutation, which I gather is appearing in many of the variants: it is the way that the virus attacks and produces a loss of sensitivity.

A new framework is coming out next week. How exactly will you address the evolution of the variants? As I understand it, there is some risk of new variants continuing to emerge while there is still transmissibility within the population and the vaccine is yet to suppress the virus fully. How can we tackle that? How can we ensure that new variants are not being created within our islands?

Professor Leitch: You are absolutely right: the higher the prevalence, the more likely the virus is to mutate, of course, because it has more chances to do so as it jumps from person to person. That is what it does.

Remember that there are multiple changes in the virus all the time, and only some matter. Most of them do not matter at all: the virus stays fundamentally the same, with no change in distribution or reaction. Every so often, one of those changes does something new. One of those is causing the increased transmission. That has been consistently seen in the Brazilian, South African and Kent variants: it is a single mutation that causes the virus to be more transmissible. The E484 version is not the standard Kent variant, but it is in South Africa and Brazil. It is harder to find on testing, as it is necessary to do genomics.

It is very early days, but it appears that that variant may escape the vaccine a little. It is not a matter of vaccine yes or no; it means that the vaccine is a little less effective. We need to watch for it. It does not seem to be gathering pace across the UK, and we think that that is because the Kent variant, with its transmission advantage, is winning. In one sense, the fact that the Kent one is worse is actually helping us to keep some other variants out—if that makes coherent sense—because the better its transmission, the more likely it is to win the race against its fellow mutations. However, that should warn us that mutations are a consistent problem.

E484 will not be the last mutation; there will be another one, and there will be one that escapes the present version of the vaccine or a bit of that version of the vaccine, so we need to keep on top of it. There are two things that help us to do that. The first is that we have the best genomic investigation numbers and science in the world—I do not think that there is any debate about that. Across the UK, we do more genetic testing of the virus than any other country. In fact, we have found more of the variants for the rest of the world than the rest of the world has done.

We then go back to importation. Once we get prevalence down and we do not have mutations of our own, the trick is not to bring any more in.

Stuart McMillan: Cabinet secretary, in your opening comments, you used the phrase “cautious and phased” with regard to what we are going to hear next week. However, it has been reported in the media this morning that the UK Government appears to be a bit more gung-ho—for want of a better phrase—on where it may be going on reopening the economy and society.

I am not asking you to make us aware of what will be in next week’s announcement. Nonetheless, do you see any challenges or risks to Scotland if the UK Government’s particular approach is rolled out?

Michael Russell: I hope that we are all mindful of the data—to be fair, the Prime Minister said that yesterday.

It is the data that matter, not dates. Everybody—every single person—wants to know the dates when this or that will happen. I fully understand that, as I want to know too. I would be delighted to know the dates, but it is not going to happen. Our approach must be driven by the data. As long as we are all being driven by the data, and looking at it carefully as it is presented to us, I am confident that there will not be a conflict or a difficulty, and that we will, in Cabinet, make decisions that are right for Scotland. That is what we have done, and we will go on doing it.

We will be cautious, therefore. We know that it is not a question of looking at a calendar and saying what should happen on different dates. It is not like dominoes falling one after the other. We need to take very careful steps, based on what we have seen, what we know, what we are advised to do and what we believe will work best, so that—as Jason Leitch indicated—we do not at any stage go backwards; we go only forwards, no matter how slowly.

Stuart McMillan: My second question is about education and the changes that are happening from next week, for those in primary 1 to primary 3 in particular.

There has been dialogue about concerns around social distancing, because it is difficult for kids in P1 to P3 to do such a thing. Were the trade unions fully content with those children going back to school? Did they raise any particular concerns on how that could be managed in order to protect both the children and the teachers?

Michael Russell: I will pass that over to Jason Leitch, who can talk about transmission and the differences in that regard between very young children and others.

What we have seen is the outcome of the deliberations of the education recovery group, and a variety of others, having been fed through the decision-making process. I am not privy to the details of everything that everybody has said at any, or all, of those meetings, but I am privy to the outcome. That has been announced, and it is what we are trying to move towards.

Jason Leitch can say more about transmission in young children and in older children, because we recognise that there are differences.

Professor Leitch: In the past few days and weeks—as I am sure you can tell, Mr McMillan—there has been a very finely balanced piece of advice, followed by a very finely balanced choice for the Cabinet to make. The situation is not clear, so it is difficult to make those decisions, given the need to balance the health and wellbeing of children with that of the nation as a result of Covid-19.

The balance is particularly acute when it comes to small children. We know that the virus—even the new variant—does not transmit well from young children, and that they do not get a serious version of the disease, except in very rare cases. Our advice, therefore, was that young children would be able to come back to school first, and that we should wait for three weeks before bringing back anybody else, because we want to know first what the first step will do to our R number. We also want prevalence to continue to fall in the four weeks from the decision point, which will be three weeks into that process.

I will hand the question about the unions over to Sam Anson, who can give a specific answer. The unions are involved in the process. I have spoken to them many times, as has my colleague, the deputy chief medical officer, Marion Bain, who has led on clinical advice for education.

Sam Anson (Scottish Government): As the cabinet secretary said, we have consulted on all those issues and considerations with the education recovery group, which met earlier today for the 45th time. There has been extensive engagement and consultation throughout the pandemic. As would be expected in a group of that nature, there were mixed views across the table, but engagement has been comprehensive.

Crucially, the issue of physical distancing for all age cohorts, including primary school pupils, has gone through our advisory sub-group, and we have had advice from clinicians. They have been clear and consistent throughout that physical distancing is not required for younger children. We have absolutely based our guidance on that evidence, to make sure that we can accommodate in-person learning for as many young people as possible.

Michael Russell: I hope that that gives Stuart McMillan a comprehensive view of where the issue is.

Stuart McMillan: It does—thank you.

I move to my final question. Last year, a briefing took place in the Parliament, for which Professor Leitch came in—for the first time, I think—in order to make MSPs aware of the seriousness of Covid.

I asked him a question about messages of hope, and whether we could put out positive stories and communications to make people aware that we would get through the situation. We have spoken today about test and protect and about the vaccination programme, which has put us far ahead of where we were last year, but we have also mentioned the importation of new strains of the virus.

Has any consideration been given as to whether there should be a change in communications, at the relevant time, in order to put out some positive stories about people who have recovered, for example? That might potentially start to change the atmosphere in the country.

Michael Russell: I am keen that we are accurate and honest with people. The committee heard from members of the citizens panel, and I have heard from the citizens assembly; I know that you took part in the meeting with members of the citizens assembly on Monday, and we will debate the assembly's findings this afternoon.

Honesty and openness are vital: we must tell the truth about the situation, and go on doing so.

The First Minister indicated again yesterday that there are grounds for cautious optimism in what we are seeing. We do not know what the full impact of the vaccination programme will be, but we are cautiously optimistic, based on what we can see and understand. The statistics give us grounds for that cautious optimism. However, we do not want to get into a situation in which people think, "Ooh—that's it! We can move on to something else." We are far, far from that point.

I understand what Mr McMillan says, and we should be hopeful. The First Minister indicated in her statement on Tuesday that, although we do not think people will be in a position to go away and use the hospitality industry at Easter, we are hopeful that, as the summer comes on, there will be changes and we will move forward in that way. We do not think people should book summer holidays abroad, because we do not think that they are going to happen, but there are grounds for optimism that we might be able to move around a bit more as the year goes on.

We should be realistic and honest, and we must not get ahead of ourselves, but we should always be hopeful. This will come to an end—we know that. In order to get it to an end in the shortest time possible, we must be ruthlessly honest, and we must ensure that we do everything that is required—that means everything that is required of everyone—to bring that moment closer.

The Convener: Our next questions come from Maurice Corry.

Maurice Corry: First, I say a big thank you to Professor Leitch. You worked magic with the Helensburgh medical centre and GP practices on vaccine stocks the other day, and I was able to have my jab yesterday. On behalf of the GPs there, I thank you very much—it worked.

I move to my first question. Two of my constituents, who are both foster carers, share a house with their 78-year-old mother-in-law. They feel increasingly concerned, as they are coming into direct contact with social workers, birth parents and school and healthcare professionals, despite the greater risk of contracting Covid-19 that that poses.

How would the cabinet secretary and Professor Leitch respond to my constituents' call for all foster carers to be included as a priority group to receive the vaccine as part of the phase 2 roll-out, given that their work is deemed to be essential?

Michael Russell: I would point to the JCVI advice, and to the evidence that Jason Leitch has given to the committee on more than on occasion. The process is risk based, and the JCVI assesses the risks carefully and thoughtfully. Although I have every sympathy for, and wish to support, foster carers in those circumstances, the approach is the right one.

I do not want to speak for Jason Leitch, but he might repeat what he has said whenever we have discussed the issue. That is the approach that works and we are making the right investment of time, effort and resource to get the best result.

Professor Leitch: On your first point, Mr Corry, you are welcome—I did almost nothing. The work is done by those Helensburgh GPs and teams, and by the unsung heroes of our procurement and delivery process, who are working miracles across the country to get vaccine to Barra, Helensburgh and everywhere else. I sometimes just oil the wheels.

Maurice Corry: It is much appreciated.

Professor Leitch: The answer to your question is predictable, and it is about risk. The vaccination programme is based on risk of death and not on the risk of catching the virus; it is quite hard to get that across to individuals. If we had nine million doses, we could do it differently, but we have only hundreds of thousands of doses. We will get nine million doses, but, just now, the programme is based on the risk of death. The only exception that we make is for those who are looking after people who are at risk of death, and those are our health and social care workers.

12:00

I have the utmost respect for foster carers, and I want to keep them as safe as everyone else in our communities. However, the vast majority of foster carers are not looking after people who are at increased risk of death from the virus, and that is the fundamental rule that we use for deciding who gets vaccinated. Some foster carers are doing that, and they will be in the unpaid carer category, in group 6. Apart from them, foster carers in the round will be vaccinated with the rest.

Maurice Corry: That is fine, and I quite understand it. Thank you very much indeed.

My second question relates to the merchant navy. Travel to and from Scotland is vital for our merchant navy crews if they are to continue in their essential work and employment contracts. Can the cabinet secretary, followed by Professor Leitch, confirm that the Scottish Government will continue to comply with the arrangements that are currently in place, as agreed between the United Kingdom Government, the British Chamber of Shipping and the officer and crew unions?

Those arrangements already cover quarantining procedures that are to be followed when crew members return on leave to the United Kingdom, often from tours of duty that have been extended due to the Covid pandemic. They hardly see their

families during the year. Now, when they come back for four weeks, half of it will be spent in a hotel. Arrangements are already in place with the organisations that I mentioned, cabinet secretary. Can you comment on that?

Michael Russell: The arrangements that are in place predate the arrangements that are being put in place for hotel quarantine. I am afraid that the arrangements for hotel quarantine will supersede those earlier arrangements and are now part of the arrangements for the pandemic.

There is a list of exemptions on the website, and they are of a variety of types. Some are complete exemptions for urgent work. The example that comes to mind immediately is nuclear power work—if somebody is needed to go and do something elsewhere and they need to go in, do it and come back out, there is an exemption for that. Other exemptions are based on where people have come from. There is a list of acute risk—Jason has talked about this—that is based on where the most dangerous variants are, and it is necessary, frankly, to screw down on those as much as possible. Nobody is being asked to do this simply on a whim; they are being asked to do it to reach a very clear outcome, which is to stop the variants from coming in in a way that will cause more death and more spread. That is what we have to consider.

Every group is looked at on its merits. Some groups have been permitted to isolate outside hotel accommodation, and those are listed on the website. I ask people to look at the website and at the exemptions, as well as to recognise that the reason why this measure is in place—Jason might want to reflect on this, too—is that it is vitally important. It is not designed to inconvenience people or because we have said, "Och well, we might as well do this." It is there because we are facing an enormous risk.

Professor Leitch: The exemptions have been reviewed recently. Mr Matheson is the decision maker on them, along with his Cabinet colleagues. To be honest, I worry about the exemptions list. You have heard me say consistently that there is a risk of importation of new variants, and exemptions make that more likely to happen. Therefore, exemptions with mitigations must be the way we do that. That is how Olympic sportspeople are able to travel around the world. It is how Formula 1 is able to exist.

As those exemptions get a bit trickier, it gets harder to make those choices. If there are only four divers in the whole world who can do a particular thing on an oil rig, they should, of course, be exempt. However, there should also be mitigations to keep them safe as they travel from Norway to Nigeria to Scotland.

The merchant navy in the round will not be exempt, but there might be elements in there that will allow it to function in a slightly different way from the rest of the general public. Those exemptions are online. If you need more than that, Mr Corry, I am absolutely certain that Mr Matheson will be happy to respond to a specific question.

Maurice Corry: Shipping companies are undertaking tests on board every week. The people on the ships are pretty secure there: none of them are able to get off their ships, whichever area of the oceans they are operating in. Therefore, when they initially came back to the UK, they were able to quarantine at home.

They have gone through a process of testing—negative, all being well—which is imposed on the shipping companies. They are in a pretty secluded environment on their ship, and they are in the open air. Would that not exempt them, so that they would be allowed to quarantine at home? At least they could see their families for a couple of weeks.

Professor Leitch: I do not know the specific exemption, so we will have to look at that and get back to you. What you describe sounds relatively secure—albeit not foolproof—and it could work, up to a point. However, there have been outbreaks on freighters and in the merchant navy. It is not quite as simple as saying that, because they are doing this, that will happen. The exemption list includes advice on exactly those processes. If it is not clear enough, I direct you to Mr Matheson.

Willie Coffey: I have a couple of questions, probably for Jason Leitch. At the start, you mentioned the figure for East Ayrshire being over 300, but there is a bit of confusion down here. That number was being attributed to an outbreak at Bowhouse prison, which is just outside Hurlford, near Kilmarnock. However, the Public Health Scotland data shows the data spike occurring nowhere near where the prison is located; it is shown in a data zone inside the town centre. Could you help us to clarify which it is? Is it Bowhouse that is causing the spike? A lot of constituents have asked for that to be clarified, if possible.

Professor Leitch: I do not know for sure, but I think it is both. Remember that workplaces are not hermetically sealed. A lot of people who work in a workplace—whether it is a school, a call centre or a prison—live locally. I think that we are seeing some community transmission from a workplace outbreak. We are also seeing a workplace outbreak brought in from the community. That could apply to the chicken factory in Coupar Angus or to the call centre in Lanarkshire all those months ago; it could also apply to a recent prison outbreak, of which there have been a couple.

The situation is being very well managed. I have been in touch with the outbreak management teams and the incident management teams in Ayrshire. It is very difficult, because of the nature of the environment, but it is being well managed by both the prison staff and the public health staff. The reality is that, with such numbers of cases, we get to community transmission pretty easily, and we therefore need that community to pay particular attention to its interactions, to follow the safety measures and to do all the other things to get the numbers down. I am confident that the people there can do that—they have done it before. They just have to be super careful.

Willie Coffey: Although the prisoners themselves are in the prison, the data from Public Health Scotland does not seem to show any spike in the data zone where the prison is located. That is why people find the data hard to understand.

Professor Leitch: There are cases in the prison. I will have to take the matter up with Public Health Scotland. The issue may be because of a nuance of the postcode of the prison, or it might be because of the raw data. I am happy to look into that with Public Health Scotland and see whether the representation of the data location is 100 per cent accurate.

Willie Coffey: I would be obliged, as the matter is causing quite a bit of concern and confusion down here.

I have another question, which follows on from John Mason's questions about treatments. I have been thinking about long-term Covid conditions. A number of constituents have reported to me that they are exhibiting this, that or the next condition. Is any research or work going on to gather intelligence about what those conditions are?

I am also thinking about people who might not even be aware that they have had Covid but who go on to develop conditions. Are we doing anything to gather intelligence on what the picture looks like or to see what treatments might be appropriate?

Professor Leitch: We are. That is being done globally by the WHO as well as more locally in Scotland and across the UK.

For the first time, the National Institute for Health and Care Excellence, which has power in England and Wales but not in Scotland, the Scottish intercollegiate guidelines network, which provides our version of guidelines in Scotland, and the Royal College of General Practitioners, which covers the four nations, have come together and written not once-in-a-moment guidelines but guidelines that are continuing to develop on post-Covid syndrome—or long Covid, for short. The guidelines contain exactly what you have described: information on common symptoms, which age groups and genders are most affected, and so on. Information is, of course, being gathered all the time, because we have not had the disease for long.

Those organisations are getting to the bottom of what the disease is. The guidelines are being used by clinical teams to make decisions and referral choices. People are coming with things that we expect and recognise, such as post-viral cardiac disease and post-viral respiratory disease, but they are also coming with occasional neurological challenges, mental illness and other things. The symptoms are all generalised and wrapped together, so it is quite hard to get through some of the opacity. We are not talking about something that can be checked for with just a blood test; it is a bit more tricky and gets to the heart of medicine.

GPs and those in healthcare upstream—those in hospitals—are getting the guidance. We will learn more as time passes.

Willie Coffey: In response to John Mason's question, you mentioned one treatment. Is that the only treatment that we know of, or are there any others in the pipeline that give us some hope?

Professor Leitch: There are no confirmed treatments for post-Covid syndrome, other than those for the individual elements of post-Covid syndrome. If someone has a cardiac response because they have been in intensive care for a prolonged period, or if they have a respiratory problem, we can treat those things, but there is no recognised treatment for post-Covid syndrome in the round. I am not entirely sure that there ever will be, because of the nature of the disease.

The treatment that we really need is upstream, and it is about what people should do if they get Covid. Should they take something quickly? Should they take antivirals? Should we invent a new antiviral? It is a matter of finding something that will stop the disease progressing and causing serious illness and that will, potentially, stop people getting what is becoming a chronic disease post-Covid.

Willie Coffey: Thank you. That really helps.

The Convener: Our final set of questions will come from Annabelle Ewing.

Annabelle Ewing: I have three areas of questioning. The first is on international travel, the second is on the current state of play vis-à-vis the slowdown in supply from manufacturers, and the third relates to a few constituent queries for Professor Leitch about the treatment of individual conditions on the priority list.

On travel, I have asked this question before, but it would be helpful if the cabinet secretary could provide an update on discussions with the UK Government about the support that we would like

to be adopted across the UK. Failing that, some system should be put in place to at least ensure that the policy that we have decided is the best—in other words, that it is a comprehensive approach—and that it is not undermined by policies that are decided elsewhere.

Michael Russell: Mr Matheson has made it clear to the UK Government that we believe that the correct way forward is to adopt our policy. There appear to be mixed messages on that from the UK Government. Matt Hancock indicated that he was not unsympathetic to discussing our approach, but others have indicated a reluctance to even enter into discussions on it. Those discussions continue. Mr Matheson is the person to provide an update. If the committee wants an update from him, we should ask him for it.

It is very important that we continue to argue for what we believe to be right. We will have to see how that plays out in the next few days.

Annabelle Ewing: I will pick up on the importance of having a comprehensive approach. I understand that the three positive cases in New Zealand were a result of one family member working in a laundry that laundered materials from international flights. I would like Professor Leitch to comment on that. If that is the case—perhaps he has more up-to-date intelligence—surely that is a very serious matter and must make us all reflect on the transmissibility of the virus.

Professor Leitch: I do not know the detail of those specific three people. I know that the virus is easy to catch, but it is also relatively easy to avoid. If people follow the safety measures, they can go a long way towards avoiding catching it. However, the virus is around, and we should be very careful.

12:15

As I have said many times at the committee, the importation issue is crucial, but it is not quite as important when we have 1,000 cases a day as it will be when we get down to much lower numbers—when the slope is towards us, rather than away from us. Just now, we are exporting, not importing, the virus. Once we get the numbers low, however, it will become absolutely crucial that we do not seed the virus.

New Zealand has also demonstrated how to do test and protect. It used its own version, test and trace, to find those three cases and backwards trace where they came from in order to isolate the chains of transmission. However, it also locked down Auckland for five days in order to do that. There are societal choices that are not mine to make—they are about all of us, and the Government of the day, making choices about what we can open and what the cost of opening is if we want to get back to something more like domestic normality.

We are not New Zealand—I am not naive enough to think that we can do things as New Zealand did, and nor should we. Nevertheless, there are some grounds on which we should learn from last summer—as I have said many times—and do better this time around.

Annabelle Ewing: I thank Professor Leitch for that answer—we will need to watch carefully the upshot of the review that the New Zealand authorities will conduct on that matter. I will leave it there until we get all the facts.

We discussed the need to look at international best practice with the citizens panel in the earlier session this morning. The panel members were very keen that we look at such practice and that, while recognising that not all examples will be directly analogous, we should nonetheless listen and learn.

I will move to my second area of questioning, starting with the cabinet secretary. We have heard today, and we heard last week from the Cabinet Secretary for Health and Sport, about the issue of supply slowdown on the part of the manufacturers—both Pfizer and AstraZeneca, for different reasons. First, can the cabinet secretary confirm that the issue is having an impact across the UK, not just in Scotland? Secondly, is there any update on where matters stand in that regard?

Michael Russell: I understand that the supply issue affects the whole UK, and we have seen that it is affecting programmes in other countries, too. Pfizer has been reorganising its manufacturing capability. It is clear that there is a commitment that the total to be received will remain the same but the phasing has changed, which is what we are currently coping with.

In addition, we are now in the position—as it is logical that we would be—that we need to be able to give second doses. If we look at the timescale, we see that that aspect comes on stream before too long; it must therefore enter the programme, and the number of first doses will reduce.

Jason Leitch might have more up-to-date information. I think that the First Minister indicated that she had spoken to AstraZeneca earlier this week. That dialogue is on-going, and we should ensure that it continues.

Professor Leitch: There is good news and more challenging news, but the situation is not actually that much of a surprise. We have always known—well, we have known for a number of weeks—that, for the two weeks now, we were going to see a limit in supply in order for us to get the order that was promised in the timescale that

was promised. The end point is still the same and we have no reason to believe that that will change.

Of course, there are things that we cannot predict, but both Pfizer and AstraZeneca, as well as the other manufacturers that are coming on board, are promising that their supply will remain intact. The best way to describe the supply is "lumpy"—it comes in lumps. For example, it is coming through for a couple of weeks now, and then there will be a week in March when the manufacturers will be doing something else and the numbers will fall.

I can confirm that that applies to all four UK countries, across the board. We get 8.2 per cent of everything that arrives when it arrives. Some countries are a little bit behind us and some are a little bit ahead. We are doing around 30,000, 32,000 or 34,000 vaccinations a day this week, and, on a couple of days last week, we managed to do nearly 60,000. Some countries are doing a little bit less and some are doing a little bit more, but we are all heading to the same place at the end of this month and then into May.

Annabelle Ewing: I thank Professor Leitch for that update. I have a few questions on more general issues concerning categories. When he answers my final series of questions, perhaps he could return to the issue to confirm—as, I think, the First Minister did on Tuesday—that, for those who have had their first of dose of either vaccine, the timetable for their second dose is not impacted by the current vaccine manufacturers' supply issues. Such confirmation would be helpful for all our constituents—I certainly get emails about that issue.

I have been contacted by a constituent who has asthma and who was concerned to note a development south of the border that involves categorisation of asthma sufferers. Could Professor Leitch indicate where sufferers in Scotland stand on prioritisation for vaccination? Does our approach take into account the fact that, even if an asthma sufferer does not have what is called severe or chronic asthma, they might nonetheless be at risk from long Covid?

Another constituent, who has cerebral palsy and requires care seven days a week, wishes to know where they stand on getting the vaccine—not least because, although they have excellent carers coming in, those carers are covering different households, so my constituent is concerned about their exposure.

Professor Leitch: I can confirm that the timescales for extending the time between doses to 12 weeks are intact. Our modelling anticipates that we will be able to deal with the supply issues and that people will get their second vaccination within those 12 weeks. They should not be too concerned if the interval is 12 weeks and two days, 11 weeks, or 10 and a half weeks. The most recent research says that extending the time to 12 weeks actually gives people a better immune response and that it was the right choice for the JCVI. The vaccine does not suddenly stop working if someone gets the second dose 12 weeks and a day after the first.

Asthma sufferers are in priority group 6, but only if they have what the JCVI calls "more severe asthma"—that is, if they are regularly on oral steroids and/or they have had a hospital admission for asthma. It does not include those whose asthma is well controlled by inhalers, which I understand will be a disappointment for some. However, going back to the evidence that I mentioned earlier, a person's priority for vaccination is determined by their risk of death from the virus rather than by their risk of catching it. We therefore work our way down that risk curve. Some asthmatics will be in group 6 and others will not.

People who suffer from cerebral palsy are not in one category in the list. An individual's position will depend on their circumstances, the seriousness of the disease and whether they have other underlying conditions, so that will be a matter for their own care team. Some people with cerebral palsy have already been vaccinated, because they were in the group of clinically extremely vulnerable people who were advised to shield. Others will be vaccinated as part of group 6, which covers clinically vulnerable people, and others will be vaccinated when we reach their age group.

Annabelle Ewing: I will ask one final, brief supplementary question, if I may. In the cases of both the asthma sufferer and the person with cerebral palsy, is it their GP who decides on their priority? One of them has been trying to find an answer to that question but, quite frankly, has been given the runaround. Helplines, this or that number and various websites all seem to go round in a circle, and they are getting absolutely nowhere. Should they go to their GP? Where should they go to get the decision made?

Professor Leitch: They should not do anything yet. We are not yet at group 6, which is very complex and will be hugely difficult because it is the first group in which we will have to make clinical choices, exactly as you have described. We should also remember that we are about to vaccinate all unpaid carers, so we will need access for people to self-allocate themselves. People will have to go through a series of steps in order to get themselves into that process, which will be made clear just as soon as we bottom out exactly what it will look like. In some places it will include GPs and in others there will be national booking systems. However, for now, we have not

started group 6. People just need to take a breath and give us a little bit more time, but we are getting there.

The Convener: That concludes our consideration of agenda item 2. I thank the cabinet secretary, the national clinical director and Mr Anson for their attendance.

I should also say that we are very grateful to Professor Leitch for having attended a meeting of the citizens panel. I know that he was one of the experts who spoke to the panel last month.

Agenda item 3 is consideration of a motion on the subordinate legislation on which we have just taken evidence. Cabinet secretary, would you like to make any further remarks on the Scottish statutory instrument before we deal with the motion?

Michael Russell: No. I have nothing further to say, thank you.

The Convener: I invite the cabinet secretary to move motion S5M-24115.

Motion moved,

That the COVID-19 Committee recommends that the Personal Protective Equipment (Temporary Arrangements) (Coronavirus) (Scotland) Regulations 2021 (SSI 2021/50) be approved.—[*Michael Russell*]

Motion agreed to.

The Convener: In due course, the committee will publish a report to the Parliament, setting out our decision on the statutory instrument that we have considered at today's meeting. That concludes our consideration of agenda item 3 and our time with the cabinet secretary. I again thank him and all his officials for their attendance.

That concludes our business for today. The committee's next meeting will take place on Thursday 25 February. The clerks will update members on the arrangements for that meeting in due course.

Meeting closed at 12:26.

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