



OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Recovery Committee

Thursday 16 December 2021

Session 6



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COVID-19 RECOVERY COMMITTEE
15th Meeting 2021, Session 6

CONVENER

*Siobhian Brown (Ayr) (SNP)

DEPUTY CONVENER

*Murdo Fraser (Mid Scotland and Fife) (Con)

COMMITTEE MEMBERS

*Jim Fairlie (Perthshire South and Kinross-shire) (SNP)

*John Mason (Glasgow Shettleston) (SNP)

*Alex Rowley (Mid Scotland and Fife) (Lab)

*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Derek Grieve (Scottish Government)

Professor Jason Leitch (Scottish Government)

John Swinney (Deputy First Minister and Cabinet Secretary for Covid Recovery)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

Virtual Meeting

Scottish Parliament

COVID-19 Recovery Committee

Thursday 16 December 2021

[The Convener opened the meeting at 09:45]

Coronavirus (Discretionary Compensation for Self-isolation) (Scotland) Bill: Stage 1

The Convener (Siobhian Brown): Good morning, and welcome to the 15th meeting in 2021 of the COVID-19 Recovery Committee.

We will take evidence at stage 1 on the Coronavirus (Discretionary Compensation for Self-isolation) (Scotland) Bill. I welcome to the meeting John Swinney, the Deputy First Minister and Cabinet Secretary for Covid Recovery; James Wilson, the head of contact tracing and supporting isolation policy; Michael Tighe, the team leader for Covid-19 legislation and daily contact testing; and Marie Penman, a solicitor in the Scottish Government legal directorate. Thank you for your attendance.

Deputy First Minister, would you like to make any remarks before we move to questions?

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): Thank you, convener. I would like to briefly set out the purpose of and background to the Coronavirus (Discretionary Compensation for Self-Isolation) (Scotland) Bill.

At the start of the pandemic, we took steps to suspend the duty on health boards that is set out in the Public Health etc (Scotland) Act 2008 to pay compensation to people that they ask to self-isolate. As it became clear that the coronavirus pandemic would require a very large number of people to self-isolate, the measure was vital to ensure that health boards were not subject to significant financial and administrative resource impacts.

The suspension of the duty is contained in the United Kingdom Coronavirus Act 2020. Many provisions in the 2020 act are due to expire in spring 2022, and the bill takes steps to ensure that the suspension of the duty to pay compensation remains in place. Given the recent increase in cases of omicron, that is vital to ensure that health boards are not subject to additional financial and administrative impacts as they continue to provide key public health and health services.

Members will be aware of the existing support for isolation, which includes the self-isolation

support grant. That is a one-off payment to those earning the real living wage or less who are notified to self-isolate. That vital support to those on lower incomes helps them to financially weather a period away from work.

Other forms of practical and social support are available, including the local self-isolation assistance service, which provides help to those who need it with things such as essential medicine and food delivery at a local level, and the coronavirus national assistance helpline, which is available to help with any queries relating to Covid-19.

Scottish Government analysts have estimated the cost of reverting to the 2008 act's power while we are experiencing high levels of cases to be about £380 million, which is 20 times the budget for the self-isolation support grant. For that reason, and to prevent financial and administrative burdens on health boards as they seek to exit the pandemic, the Scottish Government believes that the bill is a necessary step to ensure that we can continue to provide support and protect health boards as they provide essential care.

The cost estimate was undertaken prior to the recent emergence of omicron and will be revised in line with updated modelling. It is likely that the estimate will increase significantly. At this vital time, it is important that we protect our health boards and ensure that that vital support continues.

I look forward to answering questions from the committee.

The Convener: Thank you, Deputy First Minister. I will ask the first question. In light of omicron, the guidance for those who should self-isolate was last updated on 11 December. Could you please explain exactly what has changed?

John Swinney: The material change is that, when an individual in a household has tested positive for coronavirus, we require all those in the household to self-isolate for the required period. Previously, if an individual in a household tested positive, others in that household could take a PCR—polymerase chain reaction—test. If they tested negative, they could leave self-isolation. Under the new rules, we have changed that to the position that I have just stated.

The Convener: Unlike in England and Wales, in Scotland, there has never been a legal obligation to self-isolate. Instead, those rules are explained in guidance. Can you explain why that is the case?

John Swinney: We take the view that we are inviting individuals to co-operate and collaborate with us on this agenda. We recognise the importance of self-isolation, but we also recognise the importance of public consent in the work that

we take forward. We listen carefully to behavioural scientists in relation to many aspects of the pandemic, and the behavioural analysis that we have undertaken indicates that it is best in that respect to work closely with and invite the collaboration of individuals in our common endeavour to control the spread of the virus.

Murdo Fraser (Mid Scotland and Fife) (Con): I have a fairly technical issue to raise about the bill, which was raised with us by the Law Society of Scotland. For completeness, I should say that, as my entry in the register of members' interests discloses, I am a member of the Law Society. The society's point relates to section 4, which sets out the process by which ministers can make regulations. It states that,

"If the Scottish Ministers consider that regulations under section 3(2) need to be made urgently"

and come into effect immediately, they must be accompanied by a "statement of their reasons". The Law Society believes that that statement of reasons should also explain why it is necessary to make the regulations urgently before they are approved by Parliament.

In what scenarios might the emergency legislation be used, and what safeguards will be put in place to ensure effective parliamentary scrutiny?

John Swinney: The circumstances in which we may have to move at pace are demonstrated by the experience that we have had with omicron. I have rehearsed some of this with the committee previously and in various media interviews. Three weeks past Tuesday, the Cabinet concluded that the coronavirus situation was in what I would describe as a reasonably steady state. Cases were high but stable and the vaccination programme was performing extremely well, so we considered the pandemic to be in a reasonably stable position. Within 48 hours, we were being briefed about the emergence of omicron in South Africa. It is three weeks today since we got that first briefing, so you can see the scale and pace of change that has happened. I use that sequence of events to illustrate why we have to be able to move swiftly with legislative change if required.

Having said that, it is important that we handle any issues about the making of legislation with great care and maximise the availability of scrutiny. The Law Society makes a reasonable proposition in relation to the statement of reasons, and I have asked my officials to explore that point. I suspect that the committee might well reflect on the issue in its stage 1 report. I will read with care what the committee says in the report and respond accordingly. I am asking for the Law Society's point to be considered. Events are moving quickly

in relation to the pandemic and we may have to act swiftly.

I remain available to appear before the committee at literally any moment that the committee would want to take evidence from me on the development of the pandemic. The committee has scheduled meetings on a Thursday morning. If it wishes to meet at any other moment in the week, with reasonable practical notice, I will appear before it for scrutiny. I appreciate the need for scrutiny—I am a parliamentarian—but, equally, I think that the committee appreciates the need for the Government to move quickly. If that requires an urgent meeting of the committee, I will be only too happy to appear before it.

The Convener: Thank you, Deputy First Minister. That offer is much appreciated.

Alex Rowley (Mid Scotland and Fife) (Lab): So far, most of the people from whom we have taken evidence on the bill agree that it is the right way to go and that our national health service would be overwhelmed otherwise.

I will ask about the self-isolation support grant. People will not be able to comply with self-isolation rules if they cannot afford to feed their families or pay the rent or mortgage. Are you confident that there are enough resources in the self-isolation support grant? Has any analysis been done of who is and is not accessing it? Has any analysis been done of the promotion of the grant and how the information is getting out? Are the eligibility criteria suitable, given the numbers of people who are being asked to isolate?

John Swinney: We have set the grant as payable to individuals who earn the real living wage or less. We judge that to be appropriate, given the fragility of income of individuals at that level.

The grant's adequacy is an important question. We feel confident that, combined with the other financial support that is available for individuals in such circumstances, the self-isolation support grant provides an adequate and appropriate level of financial support for the 10-day period. However, we have to continue to consider and be mindful of the issue.

On promotion of the self-isolation support grant, whenever an individual tests positive, they are pointed in the direction of the grant to ensure that they are aware of its provision. Some people will not be eligible, because of the level of remuneration that they receive, but anybody who tests positive is pointed towards it. As I indicated, a range of other measures are in place that can provide assistance to families who face difficulties. However, I accept the principle of the point that Mr Rowley puts to me that the payment must be

adequate to enable individuals to be prepared to comply with the requirements of self-isolation.

John Mason (Glasgow Shettleston) (SNP): We received evidence that women especially were not aware of how or when to get hold of the grant. As more people might have to self-isolate over the next two or three months, might the Government make an effort to re-emphasise and reiterate the grant's availability?

John Swinney: We certainly need to make sure that individuals are aware of the provision. After I did my lateral flow test this morning before I left the house, I received an email from the NHS to confirm that it was negative, thankfully. That email also gives a link to information on self-isolation support, so there is a direct connection that promotes the information regularly.

I accept that there are other avenues for us to communicate the messages. Members will hear from the advice that the First Minister gives in parliamentary and media briefings that there is a significant emphasis and attention on the provision of the self-isolation grant. However, I will certainly take away Mr Mason's point that there might be a case for us to look in greater depth at how we can further promote the availability of the grant, and I will endeavour to do that.

10:00

John Mason: Thank you—that is helpful. The Deputy First Minister shows exemplary behaviour in the number of tests that he does. Sadly, however, not everybody in society is taking as many tests and getting the same feedback. Nevertheless, I appreciate your answer.

More generally, is it fair to say that the bill is about saving money? Most legislation leads to money being spent. The key point is that the NHS would be severely damaged if it had to pay full compensation for people's loss of wages and all the rest of it. The bill will ensure that £500 is paid only to those people who need it most.

John Swinney: The central point of and necessity for the bill is that the provisions of the Public Health etc (Scotland) Act 2008 were designed for isolated requirements of self-isolation. Those were envisaged for an E coli outbreak in a small locality or a case of that nature.

In general, over the years, about 30 payments have been made under the terms of the 2008 act in those circumstances. The act was not designed for a pandemic. It requires each case to be assessed. The provisions of the act not only provide for a much larger cost to the public purse but would be administratively overwhelming for the national health service. The NHS is absolutely

focused on dealing with the pandemic and the wider delivery of healthcare services. For it to then have to deploy massive administrative resources on the evaluation of cases consistent with the 2008 act would, to be frank, overwhelm it.

We have had to make a pragmatic decision to make payment available to those who require it in a way that is sustainable financially and administratively for the NHS. That is why the bill is a necessity.

John Mason: I am certainly convinced by that argument, and I think that the committee probably is, too. However, does that mean that the 2008 act is not entirely fit for purpose? Do we need to revisit that legislation?

John Swinney: We must be clear that the 2008 act is fit for the purpose for which it was designed—that is, for isolated examples of self-isolation. It is not fit for the purpose of providing financial support in a pandemic, which is why we must put in place the new legislation. In that sense, Mr Mason's point is valid. The 2008 act is fit for its purpose, but that purpose does not meet the circumstances of a global pandemic, with the current requirement for self-isolation.

John Mason: One of our aims is to better prepare ourselves for the next pandemic. I am not suggesting that we do this immediately but, once we get through Covid, would it be worth while looking at the 2008 act to ensure that it can deal with isolated cases and future pandemics?

John Swinney: Ensuring that we have in place the appropriate long-term arrangements is a reasonable point for us to consider. None of us wants to have another pandemic—this one is absolutely overwhelming as it is—but we have to look at the issue of Covid recovery and the questions that arise from that, which, of course, is the committee's purpose.

The Convener: That concludes our consideration of agenda item 1. I thank the Deputy First Minister and his officials. I suspend the meeting to allow a changeover of officials.

10:04

Meeting suspended.

10:08

On resuming—

Ministerial Statement and Subordinate Legislation

Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 8) Regulations 2021 (SSI 2021/440)

Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 9) Regulations 2021 (SSI 2021/441)

Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 10) Regulations 2021 (SSI 2021/443)

Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 11) Regulations 2021 (SSI 2021/454)

Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 12) Regulations 2021 (SSI 2021/455)

The Convener: Under agenda item 2, the committee will take evidence from the Scottish Government on the latest ministerial statement on Covid-19 and subordinate legislation.

I welcome back to the meeting the Deputy First Minister. I also welcome the following Scottish Government officials: Professor Jason Leitch, national clinical director; Penelope Cooper, interim director of Covid co-ordination; and Derek Grieve, head of operational vaccines division. I welcome you, and thank you for your attendance.

I invite the Deputy First Minister to make some remarks before we move to questions.

John Swinney: I am grateful for the opportunity to discuss a number of matters, including updates to Parliament this week and last week on Covid-19. As the First Minister set out on Tuesday, omicron is spreading rapidly and presents a significant challenge. We know that omicron is significantly more transmissible than delta. As it becomes the dominant strain, its much higher reproduction number, or R number, will also dominate, which will drive a steeper increase in cases.

It is important to be clear that, even if omicron proves to be milder than delta in terms of severe illness, a much more transmissible infection is likely to place a significant burden on the national health service. More people infected will result in more serious illness and, tragically, more people will die as a consequence.

A significant rise in cases will also result in many more people being off work due to mild illness and isolation. The impact on the economy and our ability to deliver critical services will also be severe. That is why we must take omicron extremely seriously and respond appropriately to mitigate its impacts on our society and economy.

Our vaccination programme is central to our response. Getting fully vaccinated is the best thing that we can do to protect ourselves and our loved ones. Scotland remains the most vaccinated part of the United Kingdom, and we are taking steps to deliver boosters even faster. That is the Scottish Government's top priority. Everyone aged over 18 can now book their booster through the online portal; our aim is that everyone who is eligible will be able to book an appointment by 31 December.

In addition to vaccination, the Scottish Government has introduced further proportionate protective measures that are necessary to slow the spread of omicron. We are requiring businesses, service providers and places of worship to take reasonable measures to minimise the incidence and spread of coronavirus. Guidance will be issued this week to make clear what that means for different sectors, but it will include physical distancing and other protective measures, and enabling staff to work from home wherever possible. The First Minister outlined the additional support that is being made available for businesses—particularly in hospitality and food supply—that are affected by advice regarding work Christmas parties. We will work to make that support available as soon as possible.

We are also asking everyone to reduce their interactions with others as much as possible and limit the number of households meeting together to a maximum of three. Omicron has a very high attack rate, which means that if just one person in a gathering is infectious, they are likely to infect many more people in the group than was the case with the delta variant. Reducing the numbers of people and households gathering together will help to limit the extent of its spread.

The First Minister made clear that Christmas is not in any way cancelled and that we are not asking people to change their plans for Christmas day—or Christmas eve or boxing day, if that is when they celebrate. We want people to be able to celebrate with their loved ones as safely as possible. That means that we all need to limit the number of people and households we meet

indoors, take a lateral flow test regularly, wear face coverings properly where required, maintain good hygiene, work from home wherever possible, and ventilate indoor spaces.

I am very happy to answer any questions that the committee may have.

The Convener: Due to the developments in relation to the new variant, I know that members have a lot of questions. I therefore ask that witnesses are mindful of time when answering questions. Members will have around 10 minutes each. I will ask the first question.

In the past 24 hours, we have seen record numbers of Covid cases reported since the pandemic began. Last week, the committee had a very sobering briefing with its advisers. A variety of suggestions were made on a range of issues, which may assist us through what we know will be a very difficult winter. Although I understand that this could cross over into the remit of the Cabinet Secretary for Health and Social Care, there were suggestions that we need to train up vaccinators as a matter of urgency to roll out the booster in order to free up doctors and nurses, and that we need to limit bed blocking in hospital over the winter. It was also suggested that we should train up people who can help with care over the winter months, for which training and disclosure would of course need to be in place.

Are those the kinds of things that the Government is considering to get us through this difficult winter?

John Swinney: Those measures are actively being pursued. The committee will be familiar with the fact that the Government has already recruited 350 full-time-equivalent additional vaccinators. As a consequence of the decisions that we took at the weekend and on Tuesday, we are accelerating the vaccination programme, which means that we need to ensure that more vaccinators are available to deliver vaccinations. That will, of necessity, require us to prioritise vaccination over other aspects of activity in the health service.

That capacity is increasing. The data shows that, on Tuesday, about 77,000 vaccinations were undertaken, 18,000 of which were flu vaccinations. The Government has taken the decision to deprioritise the flu vaccination programme, because we have got to very high levels of flu vaccination in the most vulnerable categories. We believe that deprioritising the remainder of the flu vaccination programme is a clinically safe risk to take. That frees up capacity within the Covid vaccination programme.

10:15

Basically, we need to get to about 75,000 to 80,000 Covid vaccinations a day to fulfil our objectives. On the combination of Covid and flu vaccinations, we were at 77,000 on Tuesday. We need to increase the tempo of that. There will obviously be days when it is difficult for us to deliver that volume, with the Christmas break and all that goes with it. We are expanding capacity and the vaccination programme. Derek Grieve is operational director of the vaccination programme. He is on the line, and he may wish to add to what I have said.

On delayed discharge, there is an intense focus on supporting individuals who do not need to be in hospital to be released and to be supported at home. I have to be candid with the committee that the availability of social care staff is challenging in that respect. Some people simply cannot be released from hospital to be sent home without a care package. Just last night, I discussed with local authority leaders the steps to be taken to expand at-home care capacity, and the Cabinet Secretary for Health and Social Care has been doing that, too. That work is under way, although I have to be open with the committee that there are challenges in relation to the availability of social care staff to support packages at local level.

Derek Grieve may wish to add to my comments on the vaccination programme.

Derek Grieve (Scottish Government): As the DFM outlined, a whole range of work is under way to accelerate the booster programme. It is probably fair to say that our biggest volume of boosters was delivered on Tuesday, according to the statistics. That demonstrates some of the work that has been undertaken, such as that on the additional workforce. We now understand that an additional 100 military personnel will be deployed, which adds even further to the number of vaccinators.

As well as the seasonal flu activity that the Deputy First Minister set out, we are making changes to the post-vaccination observation period. At the moment, there is a 15-minute observation period for those who have had a homologous mRNA vaccination, but that is being reduced to five minutes. Although those little measures may appear to be marginal, they allow us to increase overall capacity and throughput and to accelerate.

As well as all that, health boards are working with local authorities to increase facilities. There is a lot of work going on not just to extend the duration and opening hours of existing clinics but to identify new ones. For example, Glasgow is bringing in Hampden next week, and Edinburgh is bringing in the Edinburgh International Conference

Centre again. Some of the mass settings that were planned and used previously are now being brought back into play and set up at pace.

The Convener: That is great.

My next question for the Deputy First Minister is about consistency in messaging since the most recent announcement. There seems to be a lot of confusion among the general public, and I am sure that all committee members have received communication about that in their inbox over the past week. We have been told that we should limit ourselves to three households, but people can still go to a nightclub or concert and mingle with thousands. There is also the education setting, on which there have been a lot of questions on the website from the public. Teenagers had a very challenging winter last winter, as they were not allowed to socialise inside, so they took to going outside in crowds, and lots of parents have got in touch asking in what numbers children can meet outside outwith school.

There does not seem to be consistency at the moment. I appreciate that you said that guidance will be coming out this week, but I seek more clarity on what people should be doing.

John Swinney: We are trying to engage the public in a communal effort to reduce the level of social interaction that they undertake. We all know that social interaction is the route by which the virus spreads. We are all involved in some degree of social interaction, and the Government's plea is that we should reduce that.

We are trying to do that in a way that is consistent with a context in which, quite clearly, the wellbeing of individuals in our society is suffering. During Covid, the loss of opportunities to go to significant events has been a big loss to individuals.

Yesterday, I was questioned on the radio about people going to the pantomime. The pantomime is a landmark occasion in the annual calendar for a lot of families. Essentially, I would say to people that if they are going to the pantomime, where they will be sitting alongside other people, they should get a lateral flow test before they go, to make sure that they do not have Covid; ensure that they have been vaccinated; wear a face covering and stay safe; and limit and reduce their other social interactions. In that way, people can attend the events in their family calendar that we all cherish while reducing their other social interaction to ensure that their conduct does not potentially contribute to the spread of the virus.

It is a necessity that individuals limit their social interaction, as that has an effect. That is why we are not saying to people in a blanket way, "Return to your houses and don't come out." We are trying to recognise the damage that has been done to

wellbeing by 20 months of the pandemic, and to be as pragmatic as we can.

You asked me specifically about the education system. The Government has taken a decision in principle that we want to protect the sustainability of education for as long as we possibly can. Education will be the last part of our public services to be restricted under any measures, because of the importance of supporting the education of young people.

With regard to individuals and young people socialising outside the home, I would say that individuals should limit numbers as much as they can, given the prevalence of omicron.

The Convener: I have one quick question for Jason Leitch, from a member of the public. It is from a concerned citizen in Aberdeenshire. What evidence is there to support the Scottish Government's new definition, which means that someone who has been in a classroom with a positive case for more than 15 minutes is no longer considered to be a high risk for transmission?

Professor Jason Leitch (Scottish Government): Good morning, convener—thank you for having me. It is nice to see you all again.

These are risk-based judgments. We have had four variants, and we have had multiple versions of the self-isolation rules because we have had to adapt to each variant and each stage of the pandemic.

At this stage of the delta and omicron outbreaks across the country, we have made risk-based judgments about self-isolation. For now, the measures are quite harsh on household contacts, for instance. We are not requiring non-household contacts to stay in the house for 10 days—they can have a negative test and be released. The judgments on schools are, again, risk based. They are about close contacts, and the judgments will be made by local health protection teams. Initially, the judgments will be generic. There will be general guidance about what to do, and the teams will be available for more detailed guidance depending on whether the contact took place on a school bus or at a sporting event, or whether everyone was in the classroom.

I am afraid that blanket advice has to be just that. The self-isolation advice is looked at all the time, for adults and children, and in settings such as schools, theatres, prisons and everywhere else. We adapt the advice according to the disease that we are facing and the stage of the pandemic that we are at.

The Convener: Thank you.

We move to members' questions, starting with Murdo Fraser.

Murdo Fraser: I want to raise two issues. Following on from your statement, cabinet secretary, I would say that the public are increasingly aware of omicron and it is encouraging to see so many people coming forward for boosters and showing awareness of the risks of mixing with others. That said, we are all aware that Christmas is just over a week away and a lot of people have already made plans to see family and friends at that time. There will be some concern at the prospect that those Christmas plans, which have already been put in place, might be disrupted by any further new restrictions that might be brought in over the next week. Is there a prospect of any stricter rules being brought in that will affect the Christmas period?

John Swinney: We would dearly love to be able to rule that out, but I cannot in all honesty do that at this stage. Mr Fraser is absolutely right about the severity of the situation that we face, and I welcome his acknowledgement of that point. I also entirely accept his point that the public are responding accordingly to the challenge. We all look at evidence, but we are also all influenced by anecdotes, and I have to say that I have noticed that my journeys into Edinburgh on Tuesday and Thursday this week have both been much easier in terms of traffic volumes than the ones that I made last week, and today's was significantly easier than Tuesday's. That suggests to me that more people are working from home and fewer are commuting, in response to the situation.

I hope that we can avoid applying further constraints on the way in which people are able to enjoy Christmas, but the message that the First Minister issued on Tuesday was deliberately phrased to get people to understand that, if we want to be able to carry on with our family plans around Christmas eve, Christmas day, boxing day and so on, the best way to ensure that that happens is by making sure that we are all Covid-free by taking lateral flow tests before we gather in family groupings and by reducing our social interactions before and after that period.

I think that that is the safest way to proceed, but I have to acknowledge that, in light of the rapid pace of the increase in omicron cases and the data that was shared by the Prime Minister and the United Kingdom's chief medical officer yesterday, which reinforces the points that the First Minister made on Tuesday about the severity of the threat, I cannot rule out that we might have to apply further constraints in the period ahead.

Murdo Fraser: I appreciate that clear answer. What would be the last date on which any additional restrictions that would impact on Christmas might be announced?

John Swinney: Again, that is a difficult question for me to be precise about. We are constantly reviewing the situation, looking at many data streams regarding levels of infection, pressures on our hospitals, the effectiveness of the vaccination programme and so on. Many factors must be borne in mind. At this stage, I would say to people that adhering to the advice that has been given so far about reducing social interaction before and after the Christmas period is the most effective contribution that people can make towards ensuring that we can enjoy and appreciate some time with our families over what we might call the formal Christmas period.

Obviously, the last thing that we want to do is inflict further disruption on people at this time. Sadly, that had to happen last year, and we want to avoid it this year, if at all possible. In any decision making that we undertake, we will be mindful of the plans that people will have made.

10:30

Murdo Fraser: Thank you. My second question is on the slightly different topic of the regulations that the First Minister announced to the Parliament on Tuesday and which are to be introduced from tomorrow. A draft has been shared with us, and the regulations relating to businesses and other venues such as places of worship refer to guidance being issued by the Scottish ministers and say that those responsible must have regard to it. Where is that guidance, and how do people access it?

John Swinney: The guidance is being formulated as we speak. Given the pace at which we are operating, we are trying to discuss its detail with a variety of interested parties, and I expect it to be available in the course of Friday. In essence, it will provide the information that those obliged to have reference to the guidance will be able to take forward. We need to consult the business community, faith leaders and other relevant organisations, and that work is under way so that we can, to the greatest possible extent, act in a manner that enables activity to continue but which contributes to a reduction in the possibility of the virus circulating.

Murdo Fraser: Thank you for that clarity. The regulations say that they come into force on 17 December, which is tomorrow, but you have said that the guidance will not be available until then. I appreciate the need to consult those who will be affected, but it does not give people very much time to access and implement the guidance if the regulations come into force on the same day.

John Swinney: I appreciate that. All I can say is that the Government is having to respond swiftly to a changing situation, as has been the nature and

manner of our experience with Covid. Omicron has advanced at such a frightening level and rate that we have to take measures swiftly, and the guidance is being formulated equally swiftly. We will endeavour to publish the guidance as quickly as we can. Dialogue is on-going but, in the headline messages that we have issued, we have indicated to various organisations, be they in the retail sector, in places of worship or in the hospitality sector, measures with which they will be familiar. We are certainly mindful of the need for clarity in the guidance, and that is what the Government is endeavouring to give.

Murdo Fraser: The regulations, as I read them, say that persons must have regard to the guidance. That does not sound to me like a legal obligation on businesses or places of worship to follow them. Is that correct?

John Swinney: Unlike me, Mr Fraser is a lawyer, but, as a legislator, I would say that the phrase “have regard to” places an obligation on those organisations to heed the contents of the guidance. In the spirit of our whole approach to the management of Covid, I invite organisations to follow up that obligation—which I consider to be a legal obligation—to have regard to the guidance.

John Mason: My first question is for Jason Leitch. We have been advised that February will be the crunch month for infections, hospitalisations and so on. Is that what we currently expect?

Professor Leitch: The huge challenge is that the virus’s timing is horrid. We have had four variants, two of which have come four weeks before Christmas. The fact that we have to have conversations about Christmas socialising again is horrid for us all.

Another challenge relates to the virus’s incubation period and the gap between infection and disease that causes hospitalisation or death. That period is longer with the virus than we would hope, because it is easier to control if the incubation period is shorter. There is no real science yet to say that omicron varies much from delta on that. It might have a slightly shorter incubation period, but we do not have the numbers to know that for sure. The average is three to five days between meeting the virus and having a symptom, two weeks to end up in hospital and then, horribly, another two weeks for the very small number of people who might, unfortunately, need intensive care and perhaps even die.

We are at the foothills of the wave, which is why we are asking people to help us to control it as much as they can. That suggests that the peak will occur in January and that the number of hospitalisations will peak two weeks after that. Remember that that is not a single day; it is a curve, and the curve in the number of

hospitalisations comes afterwards. However, there will be a peak in the number of hospitalisations and then, unfortunately, in the number of intensive care admissions and deaths.

We still do not know how many hospitalisations from the variant lead to intensive care and death. We have not had enough time to know that yet. We do not have enough disease around the world to have that knowledge. The early signs from Scandinavia are, unfortunately, not encouraging. The number of hospitalisations there has shot up and, even if the hospitalisation rate is half that of delta, the numbers will be so high that we will still be in trouble.

John Mason: That is helpful.

My next question is for John Swinney. Finance is an issue because we do not have the money to compensate businesses if we close them. Can we do more with other measures?

For example, we previously talked about rolling out the vaccination certification scheme more widely. I mentioned the other day that I was at the theatre on Saturday night. There were only 1,500 people there, so it was not covered by the certification scheme, but the theatre group insisted on people providing proof of a negative test or of vaccinations, which I thought was great. The whole thing went very smoothly. We were checked in the line, and people had time to then get their tickets on their phones so that they could get in the door. I saw no negative reaction to that. Would a useful measure be to roll out the certification scheme more widely?

The second measure relates to mask wearing. Whether people wear masks has varied a lot. Some places have been good on that. At the theatre, virtually everybody wore a mask, but train companies have been poor at asking people—not telling people—to wear masks. The railway companies just say that it is up to the British Transport Police and they cannot do anything. Are there other companies that could be encouraged to push mask wearing a bit more?

John Swinney: The Cabinet considered whether we should extend vaccination certification to a wider range of settings, but our judgment was that, as the vaccinations that individuals have received need to be boosted by the booster vaccination for them to be effective against omicron, that would not be a justifiable move because it would be difficult to demonstrate that that requirement provided robust protection with the advent of omicron, which is a development of the past two weeks. There might be a moment at which that becomes relevant, but the Cabinet decided that it was not at this stage.

Mr Mason’s point on mask wearing is fundamental and completely justified. Wearing a

mask is, frankly, the least that anyone should be perturbed about. I appreciate that some people have health issues that mean that they cannot wear one, but there should be no question about it for everybody else. Global research has demonstrated, as have the policies and advice of the World Health Organization, that mask wearing is a significant deterrent to the circulation of the virus. People wearing face coverings is therefore fundamental.

On the basis of what Mr Mason has said to me, I will certainly take away from this meeting the need to reinforce to transport providers the need to remind people of the necessity of wearing face coverings on public transport. It cannot just be left to the British Transport Police to enforce that; there should be constant messaging to that effect. I will take that issue to the Cabinet, which has reflected on it previously. It believes that face coverings are an important part of the protection that is in place.

John Mason: Thank you for that. There is so much to ask about. Perhaps I can ask a quick question about the inquiry. As I understand it, the inquiry will go up to 31 December 2022. Why was that date, which is obviously in the future, chosen?

John Swinney: It was chosen basically because the pandemic is still very much with us just now. We are still taking decisions about the handling of it, and we will be doing that well into 2022. We decided on that timescale because we wanted to define a structure for the period. The period of scrutiny cannot be unending; if it was, the inquiry would just never report. Therefore, there must be a defined timeframe, and we did not want to limit that to too great an extent without providing the scope for the inquiry to look at the overall handling of the pandemic.

John Mason: I realise that my final point touches on a reserved matter. We had a briefing from Oxfam and Christian Aid, among others, about the vaccines getting to poorer countries around the world. One of the figures that they gave was that only 7.1 per cent of people in low-income countries have received even one dose. The gap between them and us is huge. Those organisations argue that it is not just about the existing companies producing more vaccines; developing countries should be allowed to produce them themselves through intellectual property rights being waived. Can the Scottish Government do anything to push that agenda along?

John Swinney: The First Minister has brought up that issue with the United Kingdom Government and has tried to make progress on the legitimate issues that Mr Mason has put to me. It is right that effort is being made and measures are being put in place across the globe to protect all populations.

The disparity between developed countries and developing countries is, frankly, indefensible. There must be a combined global effort to enable progress, and the First Minister has certainly given her support to those endeavours. She has engaged with those organisations and made representations to the UK Government, and we will continue to do so.

Brian Whittle (South Scotland) (Con): I raised a point about consistency of messaging during the pre-meeting briefing. Driving in this morning, I and a couple of colleagues were listening to a radio programme on which legitimate—[*Inaudible.*]—were putting forward their thoughts on the omicron variant coming from South Africa and whether it is particularly virulent. One was saying that we need a circuit breaker. The experts were clashing and bumping heads with one another.

We can tell from our postbags and our constituents' phone calls that there is a lack of understanding about where we are going and what the omicron variant means, which might have an impact on compliance. I have raised the issue that people are angry about being unable to access NHS services. How do we get a consistent message across to the general public so that there is the maximum level of compliance?

10:45

John Swinney: It is critical that we handle the matter with a dispassionate, evidence-based approach. Throughout the pandemic, we have listened with care to expert opinion. Mr Whittle is correct to say that experts will debate some elements, but I am satisfied that our chief medical officers and other senior advisers have produced a body of well-considered, thoughtful and accurate advice on the nature of the pandemic.

The advice in the briefing last night by the United Kingdom chief medical officer, Professor Chris Whitty, and in the evidence presented by our own chief medical officer and national clinical director and their teams, is absolutely consistent. I do not accept the idea that there is a lack of clarity or consistency in the messaging about the severity of the threat that we face, because the advice is clearly marshalled for the public to see.

The question, then, is what we should do in the light of that advice. That is where there are some genuine difficulties. The First Minister was clear on Tuesday that she would have liked us to have gone further, but we are constrained from going further because of our inability to adequately compensate people who would be affected by certain decisions.

That is not me in any way making a partisan remark; it is a recognition of the reality that the measures that we consider to be appropriate,

given the gravity of the circumstances, are not reflected in the United Kingdom Government's decision making. That is despite the fact that the clinical and epidemiological advice that we and the UK Government are receiving is absolutely consistent about the severity of the threat that we face.

Brian Whittle: Earlier, you said that you are having to act on a fast-moving and changing picture. That is exactly the same for every other Government across the world, which suggests that the Westminster Government and the devolved Governments should work ever closer together and have a consistent approach. Where are we with that? Is that happening? I was pleased to hear Chris Whitty's messaging. Are we working together across the UK on having the same approach?

John Swinney: There are strong elements. There is strong collaboration, joint purpose and consistent messaging on the vaccination programme, for example. If you are over 18, book a booster jab pronto. We are expanding capacity and all that goes with that. The Scottish and United Kingdom Governments take an absolutely consistent approach on that issue.

On the advice that we are receiving, I heard nothing from Chris Whitty last night that I am not hearing with the same gravity from the chief medical officer or the national clinical director in Scotland.

Unfortunately, however, there is a difference of opinion about the scale of the required policy response. It would be fair to say that the Scottish, Welsh and Northern Irish Governments share a common position that we should be going further than we have gone so far, but that is not shared by the United Kingdom Government. There is dialogue about that. The First Minister was involved in a four-nations call last night and has been involved in four-nations calls on several occasions in the past few days—on Sunday and earlier last week—but those calls are not producing a meeting of minds about the scale of the response that is required, other than on issues such as vaccination. That is welcome but, given the gravity of the situation that we face, we could benefit from further alignment and a greater set of measures.

Brian Whittle: Yesterday, the First Minister announced that an extra £100 million had been secured, if you like, out of the Scottish budget to try to tackle Covid. A further £220 million from Westminster has been announced. That is £320 million. What is the ask, if it is not £320 million? How short are we in terms of what the Scottish Government would like to have?

John Swinney: First, I need to delve into the figures. The £100 million to support the hospitality sector has come out of existing Scottish Government resources. We have undertaken that reprioritisation, which will cause some discomfort and pain in the remainder of the financial year. The £220 million is not additional money. We had expected to receive £265 million in UK consequentials, which we had factored into our financial planning. The Treasury has confirmed that we are getting £220 million, not £265 million, so we are actually receiving less than we had anticipated and factored into our budget.

Mr Whittle asked me about the nature and scale of the response required. The point that I have been trying to make over the past few days is that we need to be able to protect livelihoods. That has been our strategic approach throughout the pandemic. We take measures to suppress the virus, and we protect livelihoods while we do so. To an extent, we have been able to do that until now, because of the valuable support of the UK Government's furlough scheme. That has been hugely valuable in underpinning our response until now, but the furlough scheme has, of course, come to an end.

If we were to apply further restrictions on people's ability to work or run businesses, that would undoubtedly give rise to further financial challenges for those individuals and businesses. Quite simply, we do not have the financial means by which we could compensate them for that or ameliorate the effects. The £100 million from the Scottish Government's resources will help, but that is all that we have to deploy in this situation. A plea has been made, not just by the Scottish Government but by the Welsh and Northern Irish Governments, for us to have access to financial flexibilities to enable us to act in that way.

Brian Whittle: My final question is for Professor Leitch. There has been a lot of discussion about the pressure that will be put on the NHS. However, that is not necessarily to do with hospitalisation; it is to do with public services being affected by absenteeism due to Covid. We are seeing that happen increasingly. Are you concerned that the rise of the omicron variant and the speed of that rise will put more pressure—unnecessary pressure—on our NHS than it can cope with?

Professor Leitch: Yes, I am, to be frank. It will put pressure on not only our health and social care system but many other elements of our society, including public and private services. We cannot have the wave that we are predicted to have without working people being kept in their houses, because they have Covid or because they are looking after relatives or kids, and that not have an effect. That is impossible unless we reduce the wave, which is why we are trying to do that.

As we have mentioned many times at the committee, there is a perfect storm of Covid, winter and postponed care. When the issue of postponed care turns up—forgive the impersonal nature of this comment—the situation is often worse than it would have been if the condition had been caught the first time. Therefore, treatment takes longer, and people need more care and more tests, all of which jams up the system. The more we stop care, the more we have to pay back as time passes.

Even if the disease does not cause as many hospitalisations and deaths as previous variants—I say again that we do not know whether that is the case; do not believe social media, because social media does not know whether it is less severe—the sheer weight of numbers of people who test positive or who self-isolate will cause a significant challenge to our public services.

It is important to say that we have exemptions to some of the self-isolation rules in critical national infrastructure, including health and social care, some essential retail and some other elements of our society, such as electricity supply. However, those are only for people who are fully vaccinated and they apply only in those industries. We will re-examine the self-isolation rules as we learn more but, for now, we need to try to slow the wave. Self-isolation and interrupting the chains of transmission are the most important things that we can do, bar getting everybody vaccinated.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): [*Inaudible.*] Hello?

The Convener: We can hear you.

Jim Fairlie: That is grand.

Professor Leitch, do you already have a scheme in place to allow essential workers to get back to work as long as they are vaccinated? If such a scheme is already in place, do people know about it?

Professor Leitch: [*Inaudible.*]

The Convener: I am sorry, Professor Leitch, but you seem to be on mute.

Professor Leitch: There are two systems, Mr Fairlie. One is a blanket exemption for front-line health and social care workers, which everyone who is in charge of health and social care knows about and is activating.

The other one, which is called the critical national infrastructure process, is the same as the one that we had before. It is initiated by application. A food distribution company that is absolutely essential for public services, an electricity supply company or a funeral director, for example, can apply. The process is faster than it was before because we have the history of the

previous exemptions. Guidance for that is available online.

Jim Fairlie: How extensive is that system? Does it apply to shelf stockers in a food business, for instance?

Professor Leitch: You have to prove essentialness—I am not sure whether that is a word. You have to prove that your part of the puzzle is essential. The definition of essential is, of course, in the eye of the beholder.

Let us remember what we are trying to do. It is a compromise. The public health advice is to isolate all contacts if we possibly can, because we want to interrupt the chains of transmission, but the other harms—the harms of the country not running—mean that we have to have exemptions for health and social care and essential infrastructure, otherwise those other harms will overtake us.

The public health advice is to move the bar to more safety; the business advice is to move the bar further along. The truth is somewhere in between those two, which is why there is a process for making those judgments.

11:00

Jim Fairlie: Thank you. We will make “essentialness” a new word for Covid.

What is the value of using other countries’ experiences for us to work out the strength or the nastiness of the disease? We have had data from the South African system and it is promulgated widely that omicron is not nearly as dangerous, but that is because of the different demographic. How do we get the message of what is happening for us in Scotland?

Professor Leitch: That is an excellent question, Mr Fairlie. We have to be careful about extrapolating from other countries’ experience and applying it to ours. It is a dangerous game to take one country and say that its experience is how the virus behaves. I think that I have said this before but, in very general terms, South Africa is younger, poorer and less vaccinated, so all those dials are different from our set of dials. Norway and Denmark are richer and as vaccinated. We have to adapt what we see in other countries to our environment. The best data that we can get is our own, but we look constantly at other countries.

The South Africans have been hugely open and helpful. They are doing daily press conferences. They are also doing private briefings for other countries. Their genetic sequencing has been hugely helpful. I have nothing but praise for the South African public health system’s help to the world, particularly when the variant became apparent.

The other big challenge is that the South Africans have a mixed delivery system. They have a private and a public system so, when we look at the data, we have to be careful about which sector it came from. Did it come from their private insurance healthcare system, which is a legitimate and good system, or from their slightly more challenged and, in general terms, poorer public system? The data must be seen through that lens. The WHO and the European Centre for Disease Prevention and Control are helping with that and, of course, our scientists and analysts are examining it.

The advice that we give to the Deputy First Minister and the First Minister is adapted through the lens of what we see from other countries. That is how we know that the variant is more transmissible. It looks as though, with a fair wind, it might be slightly less severe, but we do not know. It might still respond to vaccination, but we know that it definitely responds to booster vaccination. We have some knowledge and, every day, we get more.

Jim Fairlie: I lost the tail end of that.

I have been asked to ask my next question by a healthcare professional. Given the virulence and transmissibility of the variant, should we ask people to wear an FFP2 mask? I do not know what that is; I have just been asked to ask the question.

Professor Leitch: There are grades of face coverings, from FFP3, which are the ones that are used in intensive care, through FFP2, which are the black or white ones that usually have a margin along the centre.

You will not be surprised to know that my answer is that we should ask the experts, as we do with a number of such difficult questions. We have a group of four-country experts and one of Scottish experts. In fact, the four-country committee is run by one of our professors of infection prevention and control. They consider the question constantly. Their advice for now is not to change the advice for the general population.

FFP2 masks need a bit of work. They need to be worn in a particular way. The issue is not about supply; we could do it if we had to. The advice from the expert group on infection prevention and control is to reinforce the messaging on wearing face coverings well and wearing the three-layer fabric or fluid-resistant ones—the blue ones that you can now buy pretty much everywhere. The advice is to use those well in the population and to reserve the FFP2 and FFP3 masks for healthcare settings.

Jim Fairlie: Mr Swinney, we have a question from a member of the public. It is not the final part

of my question, because I want to tie it to another issue. They asked:

“What funds will be made available to support third sector organisations who support health and social care and have been negatively impacted by the pandemic?”

You talked about care packages that are required to get people out of hospital and back home. My father took Covid. He now has severe problems with Covid delirium. He is still in hospital and will be until such time as that delirium clears. We cannot get a care package that would fit to take him home, which will be expensive.

Brian Whittle talked about the extra £220 million that is coming to the Scottish Government. I am not trying to make a political point, but my understanding is that that is not extra funding; it is an advance of money that should be coming later in the financial year. What impact will using that money now in healthcare have later on?

If we get time, convener, I want to ask about finances for the hospitality sector as well.

John Swinney: As I explained in my answer to Brian Whittle, the Scottish Government expected the United Kingdom Government to allocate to us consequential from other decisions in the UK to the tune of £265 million. We did not have absolute confirmation of that, but it was our estimate and we factored it into our financial planning for this year and next year. What the United Kingdom Government announced in the past 24 hours or so is that that number will not be £265 million; it will be £220 million. That says two things: first, that we are receiving less money than we expected; and, secondly, that no new money is coming from the UK Government. All that money was expected and has been factored into our planning.

The Government is allocating resources for the delivery of care packages and support for the third sector and has given additional funding for the delivery of social care in Scotland. There have been substantial increases in the money for social care packages. In some circumstances, that money is available for local authorities to use and, in others, the care is delivered by third sector organisations, which will act under contract from local authorities through health and social care partnerships. Therefore, there are opportunities for the third sector to receive financial support through the increase in social care resources that the Scottish Government has put in place.

The challenge is the availability of people to deliver the social care packages. In the Perthshire communities that we represent, Mr Fairlie and I hear from organisations about the challenge of not necessarily the availability of money but the availability of people to deliver such packages. That has a significant bearing on delayed discharge. The last thing that we want is people

being in hospital who could be supported at home with a care package, such as Mr Fairlie's father, but we cannot provide that because we do not have the people to deliver such packages. That situation is related to wider issues, with which we are all familiar, that arise out of the loss of free movement of people and other challenges.

The Convener: Mr Fairlie, I know that you have another question that you want to ask, but we will move on to Alex Rowley and will come back to you at the end, if we have time.

Alex Rowley: Mr Swinney, you have constantly talked about the importance of acting proportionately and appropriately when introducing measures to mitigate the spread of the virus, but I am not convinced that the announcements that we have had are appropriate to the scale of the problems that we face. You do not have to be an expert to be really worried if you have looked at the evidence on the spread of the latest variant. Professor Leitch mentioned that some people say that omicron is less of a health risk, but the evidence that is coming from Denmark, for example, is that hospitalisations are running much higher.

When I heard the First Minister's statement on Tuesday, I was surprised that it did not go further. You mentioned pantomimes. I understand your point, but there is a big difference between going to a pantomime and going to a venue where alcohol is consumed quickly and where people are not socially distancing and—especially at this time of year—are dancing and cuddling up. There are real risks there, are there not? Do you believe that you are acting proportionately as regards the level of risk? Will the failure to act now not mean that there is a greater chance of us having to move to a lockdown as we go into the new year?

John Swinney: Those are among the central dilemmas that ministers wrestle with at all times. I have been open with the committee about the fact that the Scottish Government would like to take more substantive measures, but we must be mindful of our obligations across all the various harms that are associated with Covid. If we take action to address the direct health harm of Covid, as Mr Rowley reasonably suggests that we should, that may result in social and economic harm to members of society, which the Government must be in a position to defend as proportionate or to ameliorate through some form of compensatory intervention.

We are trying to maximise the compensatory interventions that we can make through the resources that we have allocated, but we would be in a stronger position if the approach that we believe is necessary, which the Welsh and Northern Ireland Governments also believe is necessary, was shared by the UK Government.

Candidly, the challenge that we face here is that we cannot align the scale of intervention.

I have said to the committee that there might be circumstances in which the Government has to take further action. We might well have to do so because of the gravity of the situation, but we must be cognisant of the various harms that people might suffer.

My final point echoes what I said in response to the questions that Mr Fairlie raised with Professor Leitch. I am increasingly concerned about the notion that is being put about that omicron is a less severe variant than delta and other previous variants. That is a complete misnomer, because—this was the central point of my opening remarks—the transmissibility of omicron will result in a discernibly higher level of cases in Scotland and other countries than has been the case before. We are seeing that in the daily numbers, and I am sure that we will see that again today. Even a small proportion of that much, much larger number of people with the virus ending up in hospital will give us a severe challenge in our hospital system and in the delivery of public and private services in the period to come.

Alex Rowley: In my view, the UK Government is almost trying to create the false myth that we are in a situation in which it is public health versus the economy, but the economy will collapse if public health gets completely overrun by the omicron variant.

I suggest to you that it is not good enough for the Scottish Government to simply say that the UK Government is not making the finances available. The UK Government becomes more discredited by the day. Therefore, surely we in Scotland should expect the Scottish Government to stand up to the UK Government and to make it clear that we cannot continue in the way that we are going. Right now, certain sections of our economy will, one way or another, end up being shut down. If we do not move first, our national health service will be overwhelmed as we go into the new year.

I urge you to be much more forceful, and I hope that Wales and Northern Ireland will do the same, because we seem to have a Prime Minister in Downing Street who has his fingers crossed, hoping for the best, and who is not following the clear science that is coming out.

11:15

John Swinney: I entirely understand where Mr Rowley is coming from. He makes an entirely accurate point that, if cases rise to such an extent that we are seeing happening and which we fear and that our modelling suggests will happen, there will be a massive threat to the delivery of a range of public services. That will affect the NHS, which

will face colossal pressures, and our ability to deliver routine public and private sector services will also be severely impaired if omicron develops in line with the worst-case scenario.

I understand the pressure that Mr Rowley puts on me for an assertive stance to be taken with the UK Government; believe you me, that is being done. It is being done publicly by the First Minister and by ministers; it is being done privately by the First Minister and ministers. At all times, we are wasting no opportunity to put that point to the UK Government in our interactions. In the four nations call last night, the First Minister reiterated those strong arguments, as did the First Minister of Wales and the First Minister and Deputy First Minister of Northern Ireland. Those points are being made forcefully to the UK Government. That is the approach that we are taking and we accept the gravity of the situation that we face.

Mr Rowley and I come from different political stables, but he and I share many similar political outlooks. The conclusion that I draw from all this is that our Parliament should be able to take the necessary decisions to deal with all the implications of the health emergency. That is, and always has been, my position. The gravity of the situation that we face—Mr Rowley is raising issues that require me to go into this territory—demonstrates why this Parliament has to be able to have access to much more financial flexibility and responsibility than is currently the case.

Alex Rowley: Yes, it highlights why there is an overwhelming case for greater borrowing powers.

For a number of months, I have urged the Deputy First Minister to consider putting in a task force region by region to look at social care. As I have raised previously, I do not have the confidence that there is the management capacity in health and social care partnerships to address the issues. In the past week or so, I have met a number of social care providers, and the challenges and difficulties that they face are quite horrific.

There needs to be a clearer strategy on recruitment and retention. I was very disappointed when the budget was announced last week, because it is clear from all the evidence that not paying the right rate for the job is a key issue in relation to the recruitment and retention of social care workers. I know that Mr Swinney will speak about Brexit and free movement, but the providers that I have talked to do not highlight that as the key issue. It is an issue, but the key issue that we have to resolve is that we are not paying the right rate for the job.

Does Mr Swinney accept that, if it was a male-dominated sector, we would not be in this situation where people are not being paid the right rate for

the job? Will he accept that, if we are going to tackle the so-called social care issues, we have to pay people the right rate for the job?

The Convener: We will hear from Mr Swinney, but we need to be conscious of time—we just have several minutes left.

John Swinney: The Government has increased the available resources for social care salaries. I value the work that is undertaken by the sector. I do not think that the issues that Mr Rowley raises about the gender composition of the social care workforces are in any way a legitimate issue to drive those questions. We have taken steps to increase pay in the social care sector. As a society, we face enormous challenges in the labour market about the volume and availability of people across a range of sectors, of which the social care sector is one.

The Government will continue to work with local authorities and health and social care partnerships on that. Mr Rowley suggested a task force to address the issues. I am not convinced about that, because we know what the problem is, we have to get on with delivering and we need our health and social care partnerships to be supported to do that. That is exactly what the Cabinet Secretary for Health and Social Care and the Cabinet Secretary for Social Justice, Housing and Local Government are doing to enable that to be the case.

Alex Rowley: If management lacks the capacity to address the issue, there is a serious problem. Are you confident that health and social care partnerships throughout the country have the management capacity and ability to address a situation that is turning into a deep crisis and is getting worse by the week?

John Swinney: Yes, they should have that capacity and should be able to address the situation in all parts of the country. Our fellow citizens require the provision of such services, and people should exercise management roles in the organisation of those services only if they are fit to do so and capable of doing so.

The Convener: That concludes our consideration of this item. I thank the Deputy First Minister and his officials for their evidence during these worrying times.

The third agenda item is consideration of the motions on the made affirmative instruments on which we took evidence under the previous agenda item.

Deputy First Minister, would you like to make any further remarks on the Scottish statutory instruments?

John Swinney: It might help if I place on the record some detail.

Following the clinical concerns about the levels of the omicron variant being reported across Africa, the international travel instruments that are before the committee reintroduced restrictions to allow the joint biosecurity centre more time to engage with African authorities and access richer data to inform its risk assessment.

The Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 8) Regulations 2021, the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 9) Regulations 2021 and the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 11) Regulations 2021 added 11 countries to the red list in line with the latest UK Health Security Agency risk assessment, with changes being agreed on a four-nation basis. Travellers from those countries are required to enter managed quarantine hotels on arrival into Scotland and take tests on day 2 and day 8 after their arrival.

The Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 10) Regulations 2021 removed the option for travellers to take an LFD test and required that they must take a PCR test within the first two days of arriving into Scotland and self-isolate until the result of the test is known.

The Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 12) Regulations 2021 reintroduced pre-departure testing for all travellers regardless of vaccination status and extended it to new groups, including some children, that were previously not included. They also reduced the period within which a test can be taken before travel from three days to two.

As the committee is aware, the international travel rules are subject to regular review on a four-nations basis. That review took place at the start of this week. The temporary additions to the red list were proportionate as an immediate response to limit importation of the new variant, but the rapid growth of omicron cases across the world meant that it was appropriate at this point to remove the 11 countries from the red list from 4 am on Wednesday 15 December.

Following clinical advice from senior clinical advisers, it was also considered appropriate that individuals in managed quarantine with a negative day 2 test and no subsequent positive test should be eligible for release from 4 pm on Wednesday 15 December.

The Convener: Thank you, Deputy First Minister.

I note that no member has indicated that they are not content for the motions to be moved en bloc.

Motions moved,

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No. 8) Regulations 2021 (SSI 2021/440) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No. 9) Regulations 2021 (SSI 2021/441) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No. 10) Regulations 2021 (SSI 2021/443) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No. 11) Regulations 2021 (SSI 2021/454) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No. 12) Regulations 2021 (SSI 2021/455) be approved.—[*John Swinney*]

The Convener: I note that no member has asked to speak on the motions.

Motions agreed to.

The Convener: The committee will publish a report to the Parliament setting out its decision on the statutory instruments in due course.

That concludes our consideration of the agenda item and our time with the Deputy First Minister. I thank him and his supporting officials for attending. The committee's next meeting will be next Thursday, which is 23 December, when we will take evidence from the Deputy First Minister and Cabinet Secretary for Covid Recovery.

11:25

Meeting continued in private until 11:37.

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