

## **COVID-19 Recovery Committee**

### **16th Meeting, 2021 (Session 6), Thursday, 23 December 2021**

#### **SPICe: issues paper**

This note highlights some issues Members may wish to take account of when the Cabinet Secretary speaks to the committee.

#### **A timeline of recent activity**

##### **10 December**

- The [First Minister announced on 10 December](#) a tightening of isolation requirements for contacts of confirmed Covid cases. The First Minister was due to provide an update on Tuesday 14 December
- The Scottish Government published an [evidence paper on 10 December](#) which concluded that “The evidence that Omicron is here and is spreading fast, and uncertainty over how it responds to vaccines and how much severe illness it causes, are grounds for concern about what might happen as it becomes the dominant strain of the virus.

##### **12 December**

- Following [recommendations from the UK Chief Medical Officers](#), the [UK Covid threat Level](#) was raised to the second highest level 4, set when “a COVID-19 epidemic is in general circulation; transmission is high and direct COVID-19 pressure on healthcare services is widespread and substantial or rising”
- Scottish Government announce all [30-39 year olds will be able to book their appointment for a COVID-19 vaccine booster](#) from Monday 13 December.

Scottish Government announce [financial support for adult care providers](#) who incur additional costs if employees are vaccinated in working time.

## 14 December

- Scottish Government publish updated [guidance on reducing social interaction](#) at home or in indoor public places to a maximum of three households at any time, with everyone encouraged to take a lateral flow test before meeting.

Scottish Government announce [11 countries are to be removed from the international travel red list](#) as Omicron cases increase globally. Pre-departure tests and PCR testing measures on or before day 2 on arrival in Scotland will remain in place.

Scottish Government announce the [chair and terms of reference for the public inquiry into the handling of Coronavirus \(COVID-19\) in Scotland](#). The Hon. Lady Poole QC, Senator of the College of Justice of Scotland, will chair the inquiry.

Scottish Government announce [steps to accelerate booster programme](#). The online booking portal will be open to everyone aged 18-29 from 15 December and the waiting period following vaccination will be reduced from 15 minutes to five minutes.

Scottish Government publish [Achievement of Curriculum for Excellence \(CfE\) Level statistics](#). The statistics show reductions in the proportions of primary school pupils achieving the expected CfR levels in literacy and numeracy over the coronavirus (COVID-19) pandemic period, between 2018/19 and 2020/21.

## 15 December

- UK Government announce the [Rt Hon Baroness Heather Hallett DBE has been appointed as Chair of the forthcoming UK-wide public inquiry into the Covid-19 pandemic](#).

Scottish Government announce the [number of military staff assisting with the autumn/winter vaccination programme has been increased to support the acceleration of the booster roll-out](#).

Finance Secretary Kate Forbes writes a [letter to the Treasury requesting further financial support](#) to deal with the impact of the Omicron variant.

## 16 December

- [First UK patients given take-at-home pill](#). Molnupiravir will be tested on 10,000 people at risk of serious illness in research led by University of Oxford.

Scottish Government publish [new guidance for businesses](#). From Friday 17 December 2021, businesses will be legally required to take reasonable measures to minimise transmission of coronavirus (COVID-19).

## 17 December

- Scottish Government announce the breakdown of a [£100 million financial package to support businesses experiencing cancellations](#) due to the spread of the new Omicron variant.

Scottish Government publish [updated guidance to reduce the risks of Covid-19 in schools, ELC services, school age childcare services and childminder services](#). Safety mitigations that were already in place must continue to be strictly followed and some measures that were previously relaxed are being reintroduced.

Scottish Government publish updated [guidance on visiting care homes and hospitals](#). Adult care homes and hospitals should continue to support visits for residents and patients, however new recommendations set out that visits should be in line with the rules for the general public brought in to control the spread of the Omicron variant of Covid-19.

Scottish Government announce funding of [£25 million to support community projects and local economies](#). The Regeneration Capital Grant Fund will support 22 locally developed place-based projects that tackle inequalities and promote sustainable and inclusive economic recovery from the Coronavirus (COVID-19) pandemic.

Scottish Government publish a [letter from the Minister for Higher Education, Further Education, Youth Employment and Training](#) on measures to reduce transmission of Omicron variant in the college and university sectors.

## 21 December

- [UK government announces](#) £1 billion of funding for 'businesses who have been impact by Omicron'. This includes a reported £154 million of Barnett funding for devolved administrations, of which Scotland was due to receive £80 million
- [The First Minister announced](#) one metre physical distancing in indoor hospitality and leisure, limits on live social events, restrictions on non-professional indoor contact sports for adults, plus advice for people to limit socialising. The Scottish government also announced, "a package totalling £375 million, including £175 million of additional funding from the Treasury"

...”to support sectors affected by the latest protective measures to combat Omicron”.

## Possible issues to discuss

### Vaccine rollout

At the meeting of 9 December, the committee discussed how vaccine rollout varied according to ethnicity and deprivation. For example, statistics from Public Health Scotland show that people from non-white or Polish backgrounds, or people living in areas experiencing higher levels of deprivation, are less likely to be vaccinated (whether that relates to first, second or booster vaccines).

The committee heard from two panels of experts, and range of practical solutions were identified (these have been summarised at the end of this note)

- Members may wish to discuss the evidence from 9 December, and the ideas put forward by the panel, with the Cabinet Secretary, as well as the progress and logistical challenges presented by the rapid roll-out of booster vaccines more generally.

Members may also wish to discuss:

- The Scottish Government’s **most recent understanding of the Omicron variant**, for example on transmission, health outcomes, vaccine effectiveness, and prevalence within Scotland, and emerging evidence from South Africa and London (including whether Omicron symptoms are indeed milder than Delta)
- The **implications of this** on hospital admissions, ICU admissions and deaths; and the impact on the indirect health effects and the operation of the health service, and specifically the impact of absences, due to isolation, on the health, social care, other public services, and other key sectors of the economy (and how this affects decision on self-isolation requirements)
- The **quality of the underlying data and evidence** to support this analysis, the results of Scottish Government modelling, and what that tells us about what the situation could look like over the next few weeks
- **Evidence on the effect of non-pharmaceutical interventions (NPIs)**, and specifically which NPIs do the government believe have the biggest effect on transmission, and for example whether the government has a ‘ranking’ or ordering on the mobilisation of different restrictions once weighed up with the wider harms? (For example, closure of schools is often cited as a last resort even though it may well have a fairly large impact on transmission).

- **Ventilation** – progress in rollout of £25 million funding to deliver ventilation in businesses, and rollout of £10 million funding to schools; and SG assessment of quality of ventilation in different sectors in Scotland
- **Home-working** – SG thinking on the potential (as in Wales) for fines for people going to work, when they could work from home
- **Vaccine certification** – the government’s thinking on the scheme, and possible next steps
- The rollout of **financial support to businesses** most severely affected by restrictions and advice; and the government’s assessment of short- and long-term economic impacts of restrictions
- The government’s assessment of the **behavioural response** of the Scottish public

# Summary of evidence on improving vaccine uptake

## Introduction

Members previously asked for a summary of the suggestions made in the oral evidence on 9 December, around improving vaccine uptake. The following is a brief summary.

At the outset, it might be useful to go over the reasons given for hesitancy. These could broadly be grouped under the following themes:

- Previous life experiences have led to a lack of trust in authorities
- Myths and misconceptions such as the level of research into the vaccine
- Real life experiences of COVID-19 – either they have had it and it has not been too bad, or they have no experience of it and therefore do not really believe the harm is significant
- Lack of communication – this was related to a broad range of factors, including information not in a format that was understandable, both in terms of language, culture and accessibility, or delivered by people who are trusted
- Practical barriers such as; lack of childcare, being able to take time off work, limited access to transport and clinics located some distance away, language barriers when booking online, appointments not arriving.

## Suggestions for improving uptake

Suggestions provided by the witnesses for addressing hesitancy and improving uptake included:

- Utilise community groups and individuals who are trusted by the community in order to deliver the message. The message can originate from official sources but if delivered by those at a grassroots level then it can get around the issue of mistrust of authorities.
- Provide more information that the vaccine is safe to take and tailor the message to particular concerns instead of a one-size fits all approach.
- Address faith-related issues – for example, Islam believes it is up to God to decide who lives and who dies so some do not see the point of vaccination. Determine what each religion says about vaccination and get religious leaders on board.
- People from BAME groups are more likely to live in larger families and trust what family and friends say more than authorities. This can result in being influenced

by one person who is against vaccination. There had been some work by the Scottish Government to address this using role models but then it stopped. Needs to continue as the job is not done.

- Information for BAME groups needs to be more in-depth and cover practicalities such as how to make an appointment.
- Provide a choice of vaccine.
- Use the ability to travel more freely as an incentive to get vaccinated.
- Information needs to be searchable in different languages. Translated information available but titled in English so gets missed in searches.
- Change the format of translated material so that it is more friendly and in a more accessible format, for example, videos in different languages or with subtitles.
- Be more realistic about the capacity of community groups and the required level of funding for the work they do.
- Disseminate information on Facebook and social media.
- Take the vaccine to the people – suggestions included vaccine buses, clinics in churches and mosques and anywhere else people might be, e.g. cash and carry. This will address many of the practical barriers people face.
- Make the appointment system more flexible, for example, provide drop-in sessions for whole families.
- Treat long queues as a public health opportunity but also provide support to encourage people to stay in the queue (e.g. hot drinks and snacks).
- Need real life people to speak to them and be visible, not just Jason Leitch, but role models who they identify with.
- Provide a one-stop shop for homeless people. Somewhere they can have all their needs attended to and they do not have to go out of their way to access the help they need.
- Provide vaccines in single packs so that GPs can take the opportunity to vaccinate individuals when they can. Currently come in a pack of ten so vaccinating one person would lead to wastage.
- Provide a separate line in NHS24 for people to speak to someone about their concerns.
- Make vaccination more of an event, for example, 'Jolly Jab Day'.
- Address persisting anxiety in pregnant women – let them hear directly from other pregnant women who have had the vaccine and signpost them to sources of trusted information.

**Simon Wakefield and Kathleen Robson, SPICe Research,**

22 December 2021

Note: Committee briefing papers are provided by SPICe for the use of Scottish Parliament committees and clerking staff. They provide focused information or respond to specific questions or areas of interest to committees and are not intended to offer comprehensive coverage of a subject area.

The Scottish Parliament, Edinburgh, EH99 1SP [www.parliament.scot](http://www.parliament.scot)