



OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Committee

Thursday 3 December 2020

Session 5



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COVID-19 COMMITTEE
23rd Meeting 2020, Session 5

CONVENER

*Donald Cameron (Highlands and Islands) (Con)

DEPUTY CONVENER

*Monica Lennon (Central Scotland) (Lab)

COMMITTEE MEMBERS

*Willie Coffey (Kilmarnock and Irvine Valley) (SNP)

*Maurice Corry (West Scotland) (Con)

*Annabelle Ewing (Cowdenbeath) (SNP)

*Stuart McMillan (Greenock and Inverclyde) (SNP)

*Shona Robison (Dundee City East) (SNP)

*Mark Ruskell (Mid Scotland and Fife) (Green)

*Beatrice Wishart (Shetland Islands) (LD)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Alison Irvine (Scottish Government)

Professor Jason Leitch (Scottish Government)

Michael Russell (Cabinet Secretary for the Constitution, Europe and External Affairs)

Dr Gregor Smith (Scottish Government)

John Swinney (Deputy First Minister and Cabinet Secretary for Education and Skills)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

Virtual Meeting

Scottish Parliament

COVID-19 Committee

Thursday 3 December 2020

[The Convener opened the meeting at 09:00]

Subordinate Legislation

Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 6) Regulations 2020 [Draft]

Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 3) Regulations 2020 (SSI 2020/389)

Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 4) Regulations 2020 (SSI 2020/392)

The Convener (Donald Cameron): Good morning, and welcome to the 23rd meeting in 2020 of the COVID-19 Committee.

I welcome to the meeting the Cabinet Secretary for the Constitution, Europe and External Affairs, Michael Russell MSP. He will be joined by the interim chief medical officer for Scotland, Dr Gregor Smith, who is, I understand, running a little late.

Under agenda item 1, we will take evidence on this week's review of the restriction levels and the instruments on the agenda. They include the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 3) Regulations 2020 and the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 4) Regulations 2020, which are made affirmative instruments.

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

The Cabinet Secretary for the Constitution, Europe and External Affairs (Michael Russell): Thank you for the opportunity to speak again to the committee.

As the committee will be aware, the First Minister set out the outcome of the fourth review of the allocation of levels to local authorities under Scotland's Covid-19 strategic framework in her statement to the Parliament on Tuesday. Although we are encouraged by the impact that the

restrictions have had on infection levels, as the First Minister said, there remains a need to ensure that progress continues. As such, we have agreed not to propose any changes to the levels this week.

We have seen some areas improve, some remain broadly static and—I am sad to say—some show signs of deterioration. For areas that have improved, we must also consider other issues in reaching a decision, such as general winter factors—I am sure that people can see the snow behind me—and infection levels in neighbouring areas. We also recognise the need to continually drive down rates in advance of the festive period and the allowances that have been made for meeting other households.

For local authorities that have seen no change or have shown an increase in infections, we will continue to monitor the situation closely and in depth with the local directors of public health and the national incident management team. This week, that is particularly true for Aberdeen city and Aberdeenshire, both of which are in level 2. They have recorded sharp increases and are now subject to closer analysis ahead of any firm conclusion. I am sure that Gregor Smith will be able to say more about that.

Currently, 11 local authority areas are in level 4. Those areas continue to be closely monitored, but trends suggest that it might be possible for those areas to move down a level on 11 December. However, that is dependent on continued progress, and it will be confirmed at the next review.

The next scheduled review will be on 8 December. We continue, of course, to reserve the right to bring that forward for any one local authority or more local authorities as or when the situation requires.

The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 3) Regulations 2020 and the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 4) Regulations 2020 are two sets of previous levels regulations, which were made on 12 and 23 November. As I set out in my opening remarks last week, the regulations placed a number of areas of Scotland into level 4 as a result of data and trends that continued to be worrying. It is our intention that those tighter measures should last until 11 December. However, as I have said, we continue to review all areas of Scotland weekly.

The regulations move East Lothian down a level, from level 3 to level 2. They also put travel restrictions into law. Those restrictions prohibit individuals from entering or leaving a local

authority area that is in level 3 or level 4, unless they have a reasonable excuse, and they are important in ensuring that we limit transmission from one area to another as much as possible.

Finally, the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 6) Regulations 2020 were provided to the committee in draft form yesterday. We intend to make and lay the regulations later today. The regulations make provision for the festive bubble arrangements that we set out in the guidance that was published last week, which I discussed with the committee. They also allow holiday accommodation to be used in level 4 areas, if required, for the purpose of attending a marriage ceremony or a civil partnership registration, or to facilitate shared parenting. The regulations will come into force on 4 December, but the festive bubble arrangements will apply only from 23 to 27 December.

I hope that the committee has found those comments helpful. I would be happy to take any questions that members have; I am sure that Gregor Smith will also be in that position. I am sorry that he appears to have been delayed by traffic.

The Convener: Thank you for that statement, cabinet secretary. I will begin our questioning.

My first question is about the draft Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 6) Regulations 2020, which you mentioned at the end of your remarks. I understand that they define the term “holiday gathering” and apply that in an exemption to the rules on what might be called household mixing as well as in an exemption to the travel restrictions. Notwithstanding that legislative position, there is real concern about how such arrangements are being communicated to the public. What is the Government doing to ensure that messages are given about what the public can and cannot do over Christmas?

Michael Russell: We are using every channel of communication that is available to us to reinforce the messages that we have been discussing for the past week. It is important that everyone who talks about those—including members of the committee, other members of the Scottish Parliament and other communicators, including the press—are clear in what they say, and stress that the regulations create not compulsions but permissions and that people should be very careful. If there is a single message that we need to get across to people, it is that Christmas is not a licence for anything, because the virus is not going away, and it has not gone away.

The regulations and the information are as clear as we can make them. They have been, and will continue to be, widely disseminated, using all our usual channels. I hope that committee members, other members of the Scottish Parliament and health spokespeople—the convener is a health spokesperson—will be able to articulate the clear messages that they contain. I hope that we will do that as well as we can. *[Interruption.]* My apologies: my phone is ringing.

The Convener: On the issue of stepping back from Christmas, and in light of the strategic framework, such issues will be particularly live for you, cabinet secretary, as you represent Argyll and Bute. Has the Government taken any further steps in exploring whether there are possibilities for tweaking each level from within? For example, within level 2, we could have what we might call a minus 2 level. Within level 1, the Highland Council area and Moray are already at what we might call plus 1, in that no household mixing is allowed there, as an additional requirement within that level. Has the Government taken that approach any further?

Michael Russell: Convener, you and I were both at a meeting with the Islay resilience committee 10 days ago, so you will be aware that such proposals came from that. I have heard discussion of similar proposals on other islands that I represent, and they are being considered very seriously. I am sorry that the chief medical officer is not here yet, because I would have liked him to address that issue. There was due to be a meeting this week to continue to consider a number of issues that have arisen, of which that is one.

The discussion is therefore a live one. As you will be aware, convener, two things must be considered carefully. First, there are, of course, areas that have had limited or virtually no cases of the virus over a long period of time. That clearly applies to some of the islands that I represent and with which you are familiar, convener, as well as to other areas. There are, of course, other harms, which we continue to consider. If it were possible to help those islands, all of us would think that that would be a good thing.

Secondly, it is an indisputable fact that those islands are not totally isolated. I have heard it said—as you will have, convener—that, because they are surrounded by sea, they are insulated against what is happening. However, they are not totally isolated in either direction—whether people are coming from them or going to them from elsewhere.

We have seen outbreaks of the virus in places that thought that they were cut off from it—in Uist and in Benbecula recently, for example. In the Argyll islands in particular, if a person becomes

seriously ill and must be removed—perhaps airlifted—from their island, they will go to Glasgow. They will go to an area in which there is already substantial pressure. There are issues there regarding the overall pressures.

Those are the issues that need to be considered, and they are under active consideration. As members will understand, I am torn. I can fully understand why my constituents are arguing their case, but other considerations have to take place, too.

The professional and clinical advisers are examining a range of issues. When the CMO gets here, you might want to return to that point and get his view on it.

The Convener: Thank you for that.

This question is possibly more for the CMO than for you. Over the past few days, there has been quite a lot of coverage of the position of Edinburgh, particularly in contrast to that of Aberdeen. There is a sense that Edinburgh is meeting the requirements to move to level 2, but it is not doing so. Do you have any comment on that?

Michael Russell: As I said in my opening statement, there are areas that are under pressure and areas that are performing very well, and we want to be fair to them, too. It is fair to say that, this week, the view was that we should try to have as much caution as possible in our decision making. We are getting close to the period when the new Christmas regulations will kick in, and we need to ensure that the virus is at the lowest possible level. I think that that issue may well be raised in the context of Dumfries and Galloway. That is the caution that is being expressed.

There was a very detailed discussion about those issues at Cabinet, and I am sure that there will be discussions among the incident management team. I am sure that the clinical advisers have discussed the issues, and I am sure that those who talk about the four harms have discussed them. A very cautious approach is being taken, and that is very much required at this time.

I see that Gregor Smith has now joined us. He might want to add something about the caution that is being shown in Edinburgh and Dumfries and Galloway. He might perhaps also address the point that you have raised with me about what may be called the level 2 minus arrangement, which might come into place. I know that that was to be discussed by others during the week.

The Convener: Good morning, Dr Smith. Can you hear us?

Dr Gregor Smith (Scottish Government): I can, Mr Cameron. Thank you, Mr Russell. My

apologies for being delayed in joining the committee this morning.

When we approach discussions about how we change the levels, one of the principles that underpins everything is the public health principle of precaution. We want to ensure sufficient stabilisation, particularly in the transmission of infection in the areas concerned, before we proceed to allow more people to come together. We have spoken about that at the committee before, and I think that people understand that the more interactions we have with other people, the more likely it is that infection and transmission will occur as a consequence.

We have closely examined the data in some of the regions concerned over the past week. One of the considerations in Dumfries and Galloway in particular has been not only the stability of the data in the region itself but the infection rates immediately surrounding that local authority area and the impacts that they may have within the region.

One of the particular concerns that the local public health teams expressed in discussions was that, although Dumfries and Galloway's levels of infection are much improved from where they were, there is the possibility of further introductions of infection from the surrounding areas. They are particularly mindful of the major transport routes that pass through the area.

There is much that is encouraging about the progress that Dumfries and Galloway has made, and the situation appears to be stabilising. However, at this point, we do not have a long enough period of stability and a low enough prevalence of infection rates within the area to be confident that it is time yet to open up those interactions and drop the level down again.

09:15

The Convener: We turn next to the deputy convener, Monica Lennon.

Monica Lennon (Central Scotland) (Lab): First, I want to ask the cabinet secretary about the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 3) Regulations 2020, in respect of the restrictions on travel. What evidence is available to the Scottish Government that travel contributes to an increase in Covid-19? Related to that, what evidence is there to support the restriction of movement at the local authority level rather than allowing travel between local authorities at the same protection level, such as North and South Lanarkshire, in my area?

Michael Russell: I will ask Gregor Smith to address the issue of evidence, because clearly the

advice comes from our advisers. However, I point out that using the local authority area as the level for restriction has been thought about again and again. Local authorities in Scotland are not entirely cohesive units and there is quite a lot of variety in them. However, we must have some measure. There was a time when we were looking at the matter according to health boards, but they do not leap to mind as being cohesive units and sharing identities, either.

That is a perpetual problem in Scotland. We addressed the problem of boundaries and voting systems some 15 years ago, but we did not solve it. We have to have administrative units, and those administrative units have been essential in the decisions that we have been making on the pandemic. They are not God-given and there are issues, but we have to do something, and I think that the local authority level is the right one at this stage. However, the issue that the convener raised about whether there should be changes within those units is being considered and will be a live consideration, particularly in areas that have big disparities between remote island communities and more populated areas, such as in my area.

Gregor Smith is the right person to address the issue of why the travel restrictions are necessary. I believe that they are necessary and, by the way, that they are showing their worth.

Dr Smith: I am firmly of the belief that travel restrictions are necessary in our response at this point in the pandemic. There is a fundamental public health principle that supports the use of travel restrictions just now, particularly in limiting the ability to spread infection from areas of high prevalence into areas of low prevalence. We also know that from the data and evidence that we have collated over the course of the pandemic experience.

Back in July and August, levels were particularly low. However, through some of the genomic sequencing projects that are under way, we began to see and track the influence of travel on introducing new infection into areas of Scotland. It is a particular problem when we have gradients of infection in the country. When infection rates vary across the country, travel restrictions become particularly important.

However, I emphasise that travel restrictions are important not just at those times. One of the aims, and indeed one of the benefits, of having travel restrictions in place is to limit the mixing that we see across the country with concentrations of people in particular areas that might attract greater crowds. By restricting travel, we can reduce the opportunities for those infection bridges to open up between people and for transmission to occur.

Travel restriction is a tried and trusted method and public health response to any kind of outbreak and epidemic. It is not used only in Scotland; it has been introduced across the United Kingdom as a response to try to control the infection. Indeed, it is being used globally in the same respect.

Monica Lennon: We know from our casework that it is helpful when someone who is a key worker has a letter from their employer to confirm that that is the case, which they can produce if they are stopped by the police when travelling. For public understanding, is there a simple definition of “essential journey”? Has thought been given to who could issue a letter of comfort? We have probably all had a lot of casework in that respect, and we have all tried to help people to understand the regulations and exemptions and how those might apply to them. However, we do not always know all the facts, and it is difficult to give someone an exact answer, but sometimes it is time critical.

Can we have some clarity on what an essential journey is and how someone would prove that? Will Police Scotland be expected to carry out arbitrary stops on vehicles in order to ascertain whether the travel restrictions are being breached?

Michael Russell: You are right that we are all faced with those challenges in our constituency work. People want us to say, “You can do this,” or, “You have my permission to do this,” which we are, rightly, completely unable to do. France had a system whereby people had to have a permit to go anywhere, but we have never considered that to be the right approach, as it would be immensely bureaucratic and very difficult to implement.

The legislation is constructed on the basis of examples of what people might do, but it cannot be completely exhaustive. I go back to the point that I made to the convener at the beginning of the meeting: as parliamentarians and political leaders in Scotland, we have to ensure that we are not failing to see the wood for the trees. The purpose of these regulations is really important, as I have said at almost every committee meeting that I have attended. The purpose is to stop the virus spreading—to make people safer. Therefore, people have to ask themselves a very basic question: do I need to do this? We need to ask ourselves whether there is another way of doing things so that we are not moving across the country. We have to help people to understand that.

We cannot possibly say to people, “Yes, you can do this but, no, you can’t do that,” because our interpretations would be different. Equally, we must show compassion where it is required. Some people get a bit fixated on regulations and think that they are absolutely solid and that nothing

about them can change. We have all had constituents who have been in terrible personal circumstances, and we have had to say to them that the regulations are not designed to persecute them. However, they are designed to say to people that moving about the place and doing such things is likely, at the very least level of damage, not to help and that it might actually do harm and, therefore, they need to think about it very carefully.

We give a list—it is not exhaustive, but it is quite long—of the reasons why people might have to do that. For example, on the issue of essential work, we are saying to people that, if they can work from home, they should do so. We are saying to employers to allow people to work from home. If you have to go out to work—many people have to—that is legitimate. However, in that case, you must ensure that you observe all the hygiene precautions, that you wear a mask and that you are fully mindful, even when you are doing those things, that there are still risks involved. Gregor Smith might want to say something about that.

It would be really nice for every elected representative to be able to say, “Here’s a handbook—as long as you do everything in it, you’ll be fine,” but we cannot say that. We do not know enough about the disease, and we are human beings, so we cannot say that. However, please remember the purpose of the restrictions. If we keep that in mind, it becomes easier to advise people. We can only give advice; in the end, people have to make their own decisions. Gregor Smith might want to follow that up.

Dr Smith: I agree very much with the position outlined, and I am grateful for Police Scotland’s support in managing and supporting restrictions that have been proposed. It is not an easy job for the police, but they are to be commended for the way in which they have gone about it, particularly with regard to enabling, supporting and educating people to understand the reasons for the restrictions. That is important. What Mr Russell has outlined should never be forgotten, but we should also remember that travel restrictions in themselves will not solve all the problems. I want to emphasise and develop that point. If people are unsure of whether they should be travelling for a particular reason, it is important that they ask themselves: what risk might I pose to others or might be posed to me if I undertake this journey?

If people are uncertain, they should question the reasons why they are considering travelling in the first place. Travel restrictions alone will not stop the spread of the virus. The biggest impact will come from the other measures that we have outlined, particularly those in the FACTS campaign about wearing face coverings; avoiding crowded places; ensuring that we continually

clean surfaces and keep up with hand hygiene; and keeping a 2m distance from others whenever possible, alongside the other restrictions.

By and large, people understand that, are being careful in their approach and are ensuring that, if they travel, they do so for a good purpose. There is a list in the guidance that suggests what would be a legitimate reason to travel. It is really important that people also understand that, although we are trying to limit movement and the spread of infection, there are clear and legitimate reasons why they should still travel, including for essential work, for education, to provide care to others and, in particular, for healthcare. There are also safeguarding issues in relation to that. As I say, the guidance has been illustrative in informing and educating people about the reasons why they may still undertake travel outside their local authority area.

The Convener: Last week, the First Minister identified that the travel restrictions were having an effect. I do not want to misquote her, but I think that the figure used was that there had been a 10 per cent decrease. Does the Government have any up-to-date information about the efficacy of travel restrictions?

Michael Russell: The best thing that I can do here is to try to seek for you the latest information. There is regular information on travel trends; if the committee is not getting that regular information—I do not see why it should not have it—we will ensure that it receives it.

Beatrice Wishart (Shetland Islands) (LD): I would like to ask about the vaccine roll-out. No one underestimates the scale and logistics of that, which are quite daunting. There was a collective sigh of relief when we learned that a vaccine is now available. I understand that the vaccine is to be packaged in units of 975 doses and that special consideration has to be given to how, where and when those units are broken down. How will the storage requirements impact the roll-out in remote areas and islands such as Shetland? Will the cabinet secretary explain the process, please?

Michael Russell: That is an important issue for my area, too, and for every rural area. I understand that there will be a statement this afternoon from the Cabinet Secretary for Health and Sport. All of that detail needs to be dealt with by her, but Gregor Smith might want to make a number of remarks. No one is endeavouring not to answer the question, but I stress that, although we heard about the availability of the vaccine yesterday, there are still questions to be answered, and a great deal of work is being done to answer them. There will be further information as quickly as it can possibly be provided. Beatrice Wishart makes a vital point—it is one that I, too, would want to have the answer to.

Dr Smith: I am happy to say a bit about that. It is wonderful news that approval to supply the vaccine has been granted to us. Each of us has waited for what feels like a long time to put into practice the planning that has been in place for many weeks and months. We have known for some time that some logistical challenges are associated with the deployment of the Pfizer/BioNTech vaccine, not least of which is the fact that it has to be stored at ultra-low temperatures—lower than -70° —and has a limited shelf life once it is taken out of the required temperature.

There has been planning in place for that for some time. We have been liaising with the Medicines and Healthcare products Regulatory Agency on how to deploy the vaccine safely, to ensure that we do not compromise its efficacy in any way. We have ultra-low temperature freezers in place in every NHS board in Scotland to store the vaccine, and we have mechanisms by which the large packs that Beatrice Wishart described can be packed down—that is the term that is used—into smaller requirements, so that they can be deployed as they are needed. All the final plans are now being put in place and walked through so that, next week, we can begin the process of giving the vaccine to people around Scotland.

09:30

I express my gratitude to everybody who has been involved in the chain to bring us to this position—not just the wonderful teams of researchers and scientists who have been involved in the development of the vaccine, but everybody else along the way, including the volunteers for the trials to approve the vaccine's effectiveness and safety, the regulators and, of course, our wonderful teams around Scotland who are ensuring that we are prepared to start giving the vaccine as soon as it is available to us.

Beatrice Wishart: That is a helpful answer. If I understand you correctly, the freezers are available in every NHS board area. Does that include the island board areas?

Dr Smith: Yes. My understanding is that every territorial board has access to the freezers for storing the vaccine, and that the health boards are liaising and providing information about how they will deploy them.

Beatrice Wishart: My next question is about travel arrangements, which I asked about at last week's committee meeting. There is concern about Christmas travel, in case capacity is stretched. We are already hearing reports of a marked spike in bookings, so there is concern that travel providers will not have the headroom to safely accommodate those who need to travel, yet

I understand that there are now plans to take away 20 per cent of trains 10 days before the travel window starts. Will the cabinet secretary provide an update?

Michael Russell: As I indicated last week, my expectation from the beginning has been that there will be pressure on the available travel services. That is why, last week, I answered your question by noting clearly that people should book early.

I am happy to ask the Cabinet Secretary for Transport, Infrastructure and Connectivity to provide you with a comprehensive update of the situation as quickly as possible. I very much hope that those who require to and decide that they must travel—that is an option for people, but we do not want them to automatically take it up—able to do so. As I said, from the very beginning, we have anticipated that, where there was pressure, people would need to book early.

Immediately after this session, I will ask that the committee be given an update on what exactly the transportation situation is—indeed, the officials observing the session now know that I would like that to be done.

Shona Robison (Dundee City East) (SNP): I want to pick up where Dr Smith left off. It is a tremendous week, and the very good news about the vaccine will give people hope that there is light at the end of the tunnel. However, one of the risks, which you will be more than aware of, is that people think, "Job done! That's it—we can relax", whereas we know that people still need to abide by the restrictions. In the middle of the jubilation about the vaccine, how do we get the message across that it will take time before things get anywhere near back to normal?

Dr Smith: That is an important point, which is being discussed extremely carefully. There must be clear messaging about the purpose of deploying the vaccine, which is for the direct protection of the people who receive it.

We hope that, in time, we will develop greater data on the vaccine's effectiveness in preventing transmission between people. That data is not yet available to us, but it will be developed over the early part of the deployment. However, the prime focus is to ensure that those who are most vulnerable to the effects of Covid-19 receive the right level of protection from the vaccine and are protected from the risk of, particularly, death or serious illness as a consequence of Covid-19.

There is a clear risk within that that, as people see more and more people being vaccinated, they will become more relaxed or less careful about carrying on with all the other measures that we know reduce transmission between people. We are keeping a close eye on the impact of

prolonged Covid—what has become known as long Covid—and the effects that it has on people. There is also a clear need for us to ensure that we prevent further morbidity as a consequence of younger people contracting Covid-19, because of our increasing knowledge in relation to long Covid.

There has to be a clear message that, although the vaccine is absolutely wonderful news as it will reduce the risk of, particularly, death in those who are most vulnerable, we will need to ensure for some time yet that, alongside that, we take the extra precautions to try to limit the spread of the infection and reduce morbidity and illness, and also the longer-term consequences for those younger populations.

Shona Robison: I presume that there will be a communications plan for that, as well as encouragement for people to get the vaccine. As you will be aware, there is unfortunately a vocal minority on platforms such as social media that casts doubt on the safety of the vaccine. What can we do to get across the message that it is really important that, when someone's time comes and they are offered the vaccine, they take it?

Michael Russell: Can I, with respect, knock that back to Shona Robison and the committee, as I did earlier with another issue? It is important that we all say some things very clearly. There will be a communication strategy and a strong push on that, but we all need to say, first, that this is not over. It is vital that the regulations are observed and that we do not think, "We've got to Christmas and there's a vaccine. Yippee—that's it."

Secondly, we must all say that, as Gregor Smith mentioned, the vaccine is one of the most important means by which we can stop people dying. We need to tell people that very clearly and not brook any nonsense about it that comes from other people.

Thirdly, those who are concerned—there are people who are worried and do not understand what is happening—need reassurance from us that the vaccine has been developed well, positively and with enormous ingenuity. I noticed yesterday some nonsensical remarks being made from certain quarters that the vaccine has only been developed and approved so early because of Brexit. None of us should indulge in that complete nonsense. We should be saying that it is a wonderful thing that people have worked incredibly hard at—and they are still working hard, because other vaccines are in the pipeline.

It is important that we say that, if we get this right together, as a society, we will be able to move on from what has been a terrible experience, and it is the responsibility of all of us to do that.

Shona Robison: I could not agree more. That is helpful.

I have a final specific question about the self-isolation payment. An issue has been raised with us about the eligibility for that, particularly for those who are on the legacy benefits rather than universal credit. We heard that there might be issues with proving eligibility. Are you aware of that? Can we do something to help local authorities to be more consistent in applying the eligibility rules? It is obviously important to ensure that people get access to the self-isolation payment and we do not want to put barriers in the way of that.

Michael Russell: It is vitally important that two things happen. First, no barriers should be put in place. I will take that issue away and give you a definitive answer from those people who are dealing with it. I know that there is a problem in one or two areas that needs to be resolved, and we will get you the information on that.

Secondly, I stress that local authorities require flexibility. I have been involved in a particular case in my own area this week—the process has, for the best of reasons, been quite tortuous. It is important that local authorities have as much flexibility as possible in what they are doing, and my own local authority is no different. That should apply in particular to discretionary payments, so that those who genuinely need help get that help as quickly as possible. That is the principle that we should apply.

I will see whether we can get some information on the particular issue that you raised and get the matter resolved.

Mark Ruskell (Mid Scotland and Fife) (Green): I want to get my head around how the criteria for intensive care unit capacity are factored into decisions to move areas up or, potentially, down a level. I was looking at the figures for Stirling. It did not meet all the indicators that would mean that it should move from level 3 to level 4, but on ICU capacity it did. In the figures, it is forecast that there might be a requirement for 17 ICU beds. The current capacity is 14 beds, so that clearly knocked Stirling over the threshold.

How are those ICU estimates worked out? Forth Valley—[*Inaudible.*]—authority areas, which would indicate that there are only seven ICU beds available for the whole Stirling Council area. That is a vast area, which covers Bannockburn to Tyndrum. I am trying to get my head around how health boards potentially use each other's capacity, or whether there are allocations for particular council areas. The implications for Stirling of moving from level 3 to level 4 are quite severe, and it appears that the move was based on a single element of the criteria.

Michael Russell: That question is undoubtedly one for the chief medical officer.

Dr Smith: First, I emphasise that, when we take decisions for any local authority area, there is no one indicator that overrides, or takes precedence over, the rest in a hierarchy. It is about the blend of indicators and the information with which that provides us. The indicators are helpful for understanding the pattern that is developing in each local authority area, but it is often the trajectory within that pattern that is most important.

Again, I go back to the precautionary principle, which we discussed at the start of the session. If we see a pattern of an increase in cases developing, particularly at speed, it concentrates the mind as to whether an early intervention could prevent further harm in the future. That is one of the basic tenets of the public health philosophy.

The projected data for intensive care capacity that Mark Ruskell has seen is modelled by our analyst team in the Scottish Government. We would be delighted to provide Mr Ruskell with further information on the exact way in which the team developed that modelling.

The outcome is agreed with the health boards by using data on the trends in infection and looking at what is predicted to happen from the case loads that hospitals have seen. From our knowledge of the number of people who tend to convert to hospital admission or who require ICU care, we know what the levels are likely to be. There are also confidence intervals in those predictions. As I said, the analyst team can provide more information on how it goes about that process.

With regard to health board interactions, we are able to expand capacity in each health board at very short notice. Health boards are also able to interact with one another so that, if a particular health board came under pressure and required assistance in identifying additional capacity in, for example, its ICU-bed complement, it could seek mutual aid and gain support from neighbouring health boards. Therefore, although the ICU data and the hospital admissions data are important aspects of our considerations when we approach the decisions about which levels to apply to areas, they are by no means the sole characteristics that we look to.

09:45

A key factor that influenced the decision to move Stirling up a level, aside from the impact on local health services, was the local evidence on the origins of the rising number of infections. Local conversations with the public health teams that engage with the people who test positive are extremely important in coming to a conclusion on

whether there are particular incidents or clusters that are driving the case numbers, or whether something is happening that is much more indicative of community transmission. If there was a large number of sporadic cases that could not necessarily be linked to other cases, that might imply that there was a significant degree of background community transmission occurring. One of the considerations in Stirling was the fact that, in particular areas of Stirling, there was evidence of community transmission that was uncontrolled.

Mark Ruskell: The issue here is one of clarity. Constituents from Stirling will write to me to ask why their area was moved to level 4 when only one out of the five threshold criteria was met. The wider picture that you have described of community transmission and the decision making around that is not really clear when such decisions are announced. I do not know whether you could make available greater granularity. The data on ICU capacity is part of the picture, but it is not the only part of it.

Dr Smith: The directors of public health have started returning to us a narrative that we can build into the decision-making process. You will be aware that we publish the evidence behind such decisions on a weekly basis, too.

As I said, the indicators are extremely important in informing the discussion on such decisions, but it would be to miscategorise the way that we use those indicators to say that they are the sole drivers of the decisions. A critical aspect of the process is to look at the dynamic nature of the data relating to each of those indicators. If we see a rapidly emerging picture, it is a fundamental public health principle not to wait until we reach any particular level, but to act in a way that prevents further harm, because we can predict where the virus is likely to travel to.

Mark Ruskell: I turn to the issue of the self-isolation support grants. I very much welcome this week's shift in the conditionality for those grants, which I think is a move in the right direction.

Cabinet secretary, I want to ask about the tricky issue of proving eligibility. It is primarily a job for councils to make judgments about eligibility. We are going through a difficult period, and there will be people who are in very precarious work who might lose their job at short notice, as well as people who are self-employed who might face a sudden drop in income. Are you clear that those people who might not neatly fit with the conditionality requirements will be able to access the self-isolation support grants quickly so that they will be able to do the right thing and isolate without fear of going further into poverty? How will you monitor that?

Michael Russell: As I indicated to Shona Robison, I think that flexibility is vital in such circumstances. As a constituency MSP, I receive views and concerns—which sometimes relate to very distressing cases—all the time, as all constituency members do. In those circumstances, I understand the need to make sure that we do everything that we can to help people to isolate. That is also important from a public health perspective.

As I indicated to Shona Robison, I will endeavour to provide information to the committee as a matter of urgency that shows what we are trying to do, which is to encourage local authorities to be flexible. There will always be circumstances in which people find themselves on the very edge of eligibility. We should absolutely err on the side of, not generosity but inclusion wherever we can, and that is what we will try to do.

I want to reassure the committee that there is no difference between the Government and the Parliament on these issues. We want to ensure that people are helped. There is no question of holding things back. It would be utter foolishness not to want that; we just have to get the systems to work. Over years in Government, you learn that, sometimes, getting systems to work is very hard and that you have to put a lot of effort into it, but the effort is going in to try to make that work, so we will provide that information.

Mark Ruskell: That is welcome. I will finish by asking about the communications plan. Shona Robison has already raised the issue of vaccination and the concerns about that, because, obviously, we need to vaccinate more than 80 per cent of the population for that to be in any way successful. However, there is another aspect of the communications plan. You talked earlier about the importance of disseminating the guidance on the relaxation of the rules over Christmas and that we all have a responsibility to do that. However, even with that guidance, families will have to make decisions about the best thing to do for Christmas. We are having to make a decision in our family about whether we meet relatives over 80. Technically, we can do that, but there are also questions about what we can do to further minimise the risk—whether we should self-isolate, for example. What is the wider package of guidance that people need to make that decision?

Michael Russell: It is in the guidance. The guidance says that, if people have doubts, they must make their own judgments. In the end, human beings have to make judgments about their lives. We are doing everything that we can to help. The guidance states that, if people believe that there is a risk, they might want to have a period of isolation before Christmas. It is in the guidance, and it is worth reading and thinking about. I have

used the phrase twice already in my evidence, and I use it again, but we hope that people will err on the side of caution. Always err on the side of caution. We are dealing with a deadly virus, and therefore we must be as careful as we can be and apply all the rules of hygiene and social distancing and, if it is helpful and useful—and the guidance says that it is—have a period of isolation beforehand. We all need to understand that and we all need to talk about it. We will have to apply it in our own lives.

Mark Ruskell: I am feeling cautious, but how long should I self-isolate for?

Michael Russell: The guidance indicates that—

Mark Ruskell: [*Inaudible.*]

Michael Russell: I commend the guidance to you. Gregor Smith might want to say something about the general issues, but I commend the guidance to you. It is clear; it is there—that is why it is published. We are listening to people about it, too. We had a dramatic example of that last week when Beatrice Wishart asked about overnight ferries, and we were able to say, “Gosh, that is something that we need to do a bit more about.” It is in the guidance. Perhaps Gregor Smith wants to say something about meeting elderly people and having a period of self-isolation beforehand, because he can give professional advice on that.

Dr Smith: We know that there are people who are thinking very carefully about how they approach this period and Christmas. Those who will be coming into contact across the generations in their homes need to give some careful thought to the risks that that might pose, particularly for vulnerable people.

Age is a major factor in the impact of the virus on people's health. Therefore, if you have older people in your family who you are very keen to interact with during that time, it would be wise and sensible to ensure that the precautions that you take beforehand limit the possibility of people within that group passing on the infection. How do we do that? It goes back to the basic principles of limiting our ability to become infected with the virus. Part of that involves ensuring that our interactions with others are limited to essential interactions, at least for the seven days beforehand, and keeping our distance when we do interact with others, wearing face coverings when it is appropriate to do so and cleaning our hands regularly. I think that we are all familiar with that now.

We know that the majority of people who are likely to become infected and to display symptoms with the virus will do so within a seven-day period. That is not to say that it cannot happen for longer, but if people were to limit their interactions with

others for that type of period, it would certainly reduce the risk to others.

On the more fundamental question, although I wholly understand people's keenness to come together at Christmas and to celebrate and be with people they have missed dearly, any interaction that people have with others from outside their household, no matter how much care we take and no matter how much we try to prepare, introduces an additional, increased risk of transmission of the virus at that point.

Mark Ruskell: Do you think that that message is clear to people? The message that you have just given me about seven days' isolation is not something that I really recall.

Michael Russell: It is absolutely in the guidance. If it was not clear, it's a wee bit clearer noo, because we have had the chance to explain it, and you have heard it from Gregor Smith directly. That is very helpful, I would hope.

The Convener: Does Gregor Smith wish to add anything further in response to Mark Ruskell's question?

Dr Smith: No. Mr Russell has just covered it: it is very clear in the guidance.

There will be further communications and marketing that will support the guidance, but the overriding message is that, if people decide to come together at Christmas time, they should be aware that an additional risk is posed by that, and they should pay particular attention if they plan to come together with older people among their family or group of friends. It may be that, when they fully assess the risks, they decide that they are so close to a vaccine being available to them, which will offer protection, that it might be a risk too far, so they might want to hold off.

Stuart McMillan (Greenock and Inverclyde) (SNP): My first question concerns the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 3) Regulations 2020 and the draft Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 6) Regulations 2020.

Regulation 15(y) of the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020, as contained in the amendment (No 3) regulations, covers exemptions and compassionate reasons. If someone has to travel for compassionate reasons, are they allowed to stay overnight in a location outside their tier? That particular provision relates to tier 3.

Regulation 4(a) of the draft amendment (No 6) regulations gives no indication of compassionate reasons, but the aspect of needing

accommodation, as covered in paragraph (b), might be important in connection with paragraph (a). The amendment (No 6) regulations refer to tier 4.

I am just trying to get some clarification. If someone needed to travel outside their area for compassionate reasons, would they be allowed to stay overnight?

Michael Russell: The answer is yes. If you look at the regulations relating to funerals, it is clear that, if someone is going to a funeral and it would not be possible for them to return home, they may stay overnight.

I stress that the intention behind the regulations is to try to stop people travelling and to stop the spread of the disease; it is not to persecute people. There will be reasons why people have to travel, including compassionate reasons. People will be, and should be, treated compassionately.

10:00

Stuart McMillan: That is helpful, certainly in relation to the amendment (No 3) regulations.

In the amendment (No 6) regulations, which refer to tier 4, regulation 4(a) states:

"after 'funeral,' insert 'a marriage ceremony or civil partnership registration'".

However, does the provision in paragraph 4(b) about people needing accommodation also apply to paragraph 4(a)? I am not sure about that.

Michael Russell: We have specifically ensured that, in the cases of weddings and civil partnerships, we now have an amendment that says that overnight accommodation is possible. There is a logic to this. There was, clearly, a desire for the regulations to ensure that attendance would be forbidden in those circumstances. How could people take advantage of the amendment, only for us to say that that works only if you are within travelling distance? How could we say, "Sorry—if you're a bit further away and not within travelling distance, you can't go, no matter what"? Logically, that would not make sense. Quite clearly, that applies.

Stuart McMillan: That is helpful—thank you. My next question is about places of worship over the festive period. Was further consideration given to allowing an increase in the numbers that are allowed in places of worship over the five-day period?

Michael Russell: There is always thought given to all the restrictions. That one is problematic for some people, who find it difficult. What we have indicated in relation to bubbles and people worshipping together is an addition to what we had before, and we are encouraging people in that

way, but the answer in relation to capacity is no. The capacity is thought about in terms of the potential for spread of the virus, so I am afraid that the position is not changing.

Maurice Corry (West Scotland) (Con): My first question is for Dr Smith, initially. I know that you have addressed communications with Shona Robison and others, but what specific communications are you implementing to persuade people who are reluctant to have Covid vaccinations, and particularly to counteract the so-called anti-vaxxers? I want to know the specific communications, please.

Dr Smith: There will be a broad marketing campaign. It is important that those who are uneasy or have any doubts about coming forward for the vaccine discuss those doubts carefully with clinicians. That is the most important issue. People have commented on the level of misinformation that is likely to be circulating in relation to the vaccines, and I think that clinicians, as the trusted voice in the community in relation to people's health, are best placed to be able to counter that.

The marketing campaigns are in the process of being developed and launched, and we will consider exactly what content is required as we begin to see people's responses and the concerns that may or may not be raised.

Maurice Corry: Thank you. I agree entirely with that.

Cabinet secretary, I understand that the purpose of the opening up that we will see over the Christmas period is to combat loneliness at Christmas, but it could lead to confusion. What communications—as in my previous question, I am asking about specific, special communications—are you implementing to prevent confusion among the public?

Michael Russell: I would dispute that there will be confusion. We are trying to be as clear as possible, and the regulations and the guidance are clear. I will provide Mr Corry with a written answer on the specific communication strategy from here on in, so that the comms people can tell him exactly what we are doing. However, I do not believe that there is anything confusing in the regulations or the guidance. I think that the conversation that we have had today has shown that.

I would hope that each and every one of us is familiar with the guidance and is going out and saying to people, "This is okay—this is what is going on." However, I make the point again that we should not be encouraging people to do things; Gregor Smith has been clear in that regard. This has been a marathon, and we do not want to throw away the advantage that we now have, or are trying to get. It is not about saying to people,

"Everything's fine for Christmas"—it is, as Maurice Corry said, about the fact that, if people are lonely, there is a possibility of some relief at Christmas.

Maurice Corry: Would Dr Smith like to comment on that aspect?

Dr Smith: No—that answer covered it nicely.

Maurice Corry: My final question is for Dr Smith. What actions have been taken to prevent the levels of infection in various areas from eventually rising after the joyous Christmas period?

Dr Smith: We are very conscious of that, and we will keep a very close eye on it. Over the coming days, there will be further meetings to examine the period after Christmas, using the latest modelling.

At all times, we try to ensure that our response is informed by the evidence that we collate. Some of that evidence is real-time data, and some comes from the modelling that we develop, based on data. As the latest data becomes available, we will begin to be able to assess the likely tracks and paths that may develop after the Christmas period.

I suspect that we will see an uptick in infections at that point—it is inevitable, as a consequence of people coming together at Christmas. The degree to which we need to respond to that will depend very much on the degree to which people come together and whether they follow the guidance that has been issued to them.

As we track the situation, one of the advantages is our levels-based approach in Scotland. That allows us to take the data that we have and tailor our response to the specific epidemiology that we see in a particular area. Rather than taking a blanket approach across Scotland, we are able to address the needs of a particular area through the levels that can be applied.

At present, I do not think that any of us can—or should—second-guess what will happen after Christmas, but I expect, from the early modelling, that we are likely to see some signs of an increase in infection at that point. As I said, there is a certain logic to that, given that there will be more interactions during that period.

Maurice Corry: Do you feel sufficiently able to cope with that?

Dr Smith: We have the mechanisms in place to be able to respond to that and to ensure that we get the signs, or the early warnings, of anything that is developing.

A particularly interesting feature of our response during the autumn has been our agility in being able to respond to developing situations because of the approach that we have deployed in Scotland. There were very early signs of infection

rates tracking in the wrong direction, and we have—as I said—responded with the speed that has enabled us to regain control of those infection rates in a way that would not have been as easy to undertake had we taken a broader approach.

Although the levels of infection have become quite high, and quite stubborn, in some areas of Scotland, they have not risen to the extraordinarily high levels of infection that we have seen in some areas of Europe.

Maurice Corry: That is very clear—thank you. I also thank the cabinet secretary for his very clear reply regarding childcare by grandparents under the regulations, which I asked him about recently in the chamber.

The Convener: On Dr Smith's last point about ramping up the response after Christmas if that becomes necessary, there is surely an issue with infections that are transmitted at Christmas and when they actually show up in the data. How do you deal with that time lag?

Dr Smith: We will see the first indications of infections in the case rates coming through, but we will also be able to use predictive modelling from some of the increased levels of interactions between people. We have data that comes in to us that shows the level of contact that people have with others, and from that we can start to calculate the likelihood of different scenarios emerging.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): I missed about 20 minutes of the exchange between members and the cabinet secretary and Dr Smith, so I apologise if I touch on an area that has been covered.

Constituents often ask me about the five-day relaxation of the rules over Christmas. Could you clarify whether those arrangements mean that three households can still come together but only in one household during those five days? Can those households go to another household in that group on Christmas day or boxing day? Can that group go out for dinner on Christmas day, if the level that they are in permits them to go to a restaurant?

Michael Russell: Permission is given for certain things to happen, but the local regulations are not suspended. The word "bubble" is a good one—it describes the situation exactly. The bubble has to be kept together. If the regulation is that people can be together, they have to stay in the same bubble. We need to be very clear that that bubble is the unit on which everything is judged. It cannot move about or bounce around—it has to keep together. It is desirable that the bubble meets in one place and does not go out and shop or socialise. It is a bubble that is self-contained. All that socialisation does is add to the pressures that

exist, and we do not want to add to those pressures.

A bit of common sense is required. It is great that people can get together and, as Mr Corry said, alleviate loneliness, but that must not be treated as a licence for groups of people to stravaig around the countryside. That is not the intention. The intention is to allow people to meet indoors who have been unable to meet indoors for some considerable time, and to alleviate the pressures that exist in that regard.

Gregor Smith might want to say a bit more on ensuring that we do not give licence to a lot of interaction that could be damaging.

Dr Smith: The more interactions that we have during the Christmas period, the more likely it is that we will introduce infection, not only within bubbles but between them. We have to be very cautious in our approach. The local regulations that apply, which are very level specific, depending on which local authority you are in at Christmas, are really important. Certain dispensations have been granted to a bubble so that those who are in it can be together, for instance in a place of worship. Beyond that, though, there is an expectation that when people are out and about, they are complying with the local regulations, which are designed to try to limit the likelihood of infection across areas.

The decision to take this approach at Christmas was very finely balanced. When we looked at the range of harms, one of the particular considerations about this time of year was the potential for people to be more isolated, and to feel that isolation more strongly than they normally would. The bubbles are therefore important in trying to reduce the real harm that could occur, particularly to people's mental health and wellbeing, at a time of year when we have all grown used to interacting with others. However, we should make no mistake: there are some risks in relation to the harm that may occur as a result of Covid-19 at this time. It is incredibly important that everybody maintains their vigilance to try to reduce the risk of infection occurring.

10:15

Willie Coffey: My next question is about the Ayrshire situation—again, it is probably a question for Gregor Smith. As you know, North Ayrshire is at level 3 and South and East Ayrshire are at level 4. Local media in Ayrshire are reporting that the levels of infection in East Ayrshire have dropped below those in North Ayrshire, which gives rise to confusion, certainly in the media and for some of the public, about whether they are still at the appropriate levels.

Can you give some clarity on the range of decisions that are taken in relation to that? I am sure that it is not just about the numbers on a particular day. What are the wider considerations that you have to apply to keep North Ayrshire at level 3, for example, and East Ayrshire at level 4?

Dr Smith: A variety of considerations enter into the advice that we provide to ministers to enable them to make decisions in relation to the levels. One of the important considerations is, as you say, the data, which we pore over, drill down into and understand in order to make sure that we have a clear sense of what is happening. Often, the trajectory in areas is as important as the levels of infection in the data.

Beyond that, it is absolutely necessary that we understand from the local perspective what is influencing that data. The data is very helpful, but the discussions that we have with local officials and the public health teams are particularly important in enabling a much richer understanding of what is truly happening. Sometimes, the raw data does not fully explain the drivers behind the infection patterns or rates that we see in an area. There can be disproportionate contributions from discrete incidents in the area, which, although they contribute to the overall data, can perhaps be managed and targeted in a slightly different way.

I will give you an example. If there is an outbreak in an institution—a workplace, care home or whatever it might be—and there are a significant number of cases, that will be approached, managed and contained differently compared with where there is wider evidence of community transmission, which might require a different level of restrictions to be applied. All those considerations are taken into account.

How do we get the information from that? It is a rich tapestry of information from a variety of sources, including the conversations that local public health teams and test-and-protect workers have with the index cases and the patterns of illness that are detected in a particular area. All of that is taken together and we use balanced judgments to try to come to a position where we understand better what is happening in the area.

Another thing that we tend to use, which is not commonly reported in the data that is produced for each area, is public health tools such as dissemination ratios and the numbers of contacts that people have. That gives us a clearer idea of the exact pattern of spread in an area. All of that is part and parcel of the approach.

Willie Coffey: Thanks for that comprehensive answer, Dr Smith. My next question is about the roll-out of the vaccine and how it might impact on the various tiers. I am keen to find out at what point you think that we will be able to move areas

from one tier to another. Will that be done purely on the basis of the numbers that we get per week or month after the vaccine—we hope—proves to be successful? What will that look like? Will areas basically gravitate downwards towards zero? Is that the pattern that we are hoping for? What will be the driver for that change? Those questions are probably for Dr Smith.

Dr Smith: I am happy to respond. Over the next period, very close attention will be paid to what impact the vaccine has in relation to our ability to change the overall strategy for containing and controlling the virus. Until now, the only real mechanism that we have had to try to contain its spread has been the non-pharmaceutical interventions—or NPIs, as they have come to be known in our circles. Those are the restrictions that we have all had to grow used to in our everyday lives in the way that we interact with others.

Over time, having a vaccine as an additional tool in that armoury will allow us gradually—I emphasise that—to evolve our approach to the way in which those non-pharmaceutical interventions are applied across the country. We will work with advisory structures such as the scientific advisory group for emergencies to develop modelling over time and, as more people are vaccinated, the impact that that will have on the more serious illness in the community will allow us to begin to evolve our approach to applying non-pharmaceutical interventions.

I expect that gradually, over the early part of 2021, we will move to a position where we can start to change our approach and gradually relax some of the restrictions that are in place so that we can have a greater semblance of normality. I say “a greater semblance of normality” because I think that coronavirus will become another endemic infection that we will have to deal with globally. At this point, we do not know to what extent the vaccination will be a one-off campaign or whether, as is the case for flu, we will need to have repeated campaigns. We simply do not yet know enough about the duration of immunity from the vaccines and exposure to the virus to be able to predict that.

I do not expect that life will feel like it does now in the longer term; as the vaccine is rolled out and more exposure to the virus takes place, people will be able to go about what they recognise as a much more normal life. However, we are still a little time away from being able to relax some of the approaches to how we apply those non-pharmaceutical interventions.

Willie Coffey: Are you at all able to say when you expect to see the benefit of the vaccine in the numbers of people who positive? Will it be weeks or months before there is a positive impact?

Dr Smith: In relation to the benefit, we must remember the purpose of this particular vaccine and what we are trying to achieve by using it, which is to directly protect people from the risk of dying from Covid-19. We may still see cases of Covid-19 coming through, but the mortality rate that is associated with them should begin to drop over time.

In truth, the likelihood is that people may still have a modified form of Covid-19—we do not yet know that—but the very severe illnesses that people get as a result of Covid-19 will not happen to the same extent. That is why the Joint Committee on Vaccination and Immunisation has placed all its focus on making sure that we provide the vaccine to those who are most vulnerable in our society, to make sure that they are offered that protection first and foremost.

Over time, we will learn more about whether the vaccines have an effect on transmission as well as protecting people against dying. As we learn more about that, it is possible that the number of cases will begin to reduce as well, but it is too early to predict exactly what will happen, Mr Coffey.

Annabelle Ewing (Cowdenbeath) (SNP): I have some questions about the next four or five weeks. Next week, there will be a review of the 11 local authorities that are currently at level 4. Is it at all likely—my understanding is that it is not, but it would be useful to hear from the experts—that any of those 11 local authorities could move by two levels or, given the need to collect data as areas move from one level to another, is it more likely that they will move by only one level?

Going back to the communications issue, I note that, if it is the case that all, most or some of the 11 areas will move down one level, they will have a new baseline and, in a matter of weeks, they will be able to relax the rules, if they wish, for the period 23 to 27 December. I wonder how the communications will work, because that will mean two big messages being given within a short time at a time of year when people are busy.

Michael Russell: Gregor Smith will be in a better position to answer on the detail of that, but I will answer in broad-brush terms on the communications issue.

There are big issues with regard to communications and, clearly, we want to do things one step at a time. The pattern of the weekly announcement, the period of scrutiny, which we are going through just now, and then the implementation is becoming well established. I hope that people understand the rhythm of that and that the communication of what happens is intensive, as the announcements are made on the Tuesday and then through the rest of the week. We intend to continue to do that.

We cannot move Christmas, so we have agreed to treat that as a special case so that people understand how special it is and how cautious and careful they need to be.

Overall, we recognise the challenges in communications, but we want to ensure that people are well informed. That is part of the process—there is lots more to it—so that people can understand the reasoning behind decisions, the effect of decisions and when those decisions will be reviewed, and we will keep moving on. We are trying to put out those important messages.

It is not for us to speculate on how that movement will take place. That is really important. It would be unhelpful for us to spend all our time saying what is going to happen next week. We should be focusing on what is happening now and what actions we need to take now to make a difference. However, I am sure that Gregor Smith can say more on how things move and the criteria.

Dr Smith: It will not surprise you to hear that we are closely charting all the local authorities that are at level 4. We are watching the data closely and we continue to meet regularly to discuss it. In fact, I will be taking part in a meeting later today in which we will consider that. The national incident management team also meets regularly and we consider such issues.

No firm decisions have been taken at the moment. We are still watching the data closely and we will be careful to ensure that, when those local authorities exit the level 4 restrictions, we minimise any risk that infectious case rates will rise again. After everyone's sterling efforts to reduce the case rates and infection rates in those areas, we do not want to put that progress at undue risk just before the Christmas period.

We will continue to use the data to chart our course. We are encouraged by the trajectory in many of those areas. In truth, it is really only this week that we have started to see the full impact of the restrictions. As I said, some of the signs for some of the areas are very encouraging.

Annabelle Ewing: It is good news indeed to hear that there are some encouraging signs in the level 4 areas.

Hogmanay is another issue with regard to the coming four to five-week period. There is the proposed relaxation for 23 to 27 December, for those who feel that they need to take it up. Is it important to have particular communications with regard to hogmanay in order to explain to folk that, once the 23 to 27 December period has passed, they will go back to where they were with the baseline for their area? Do we need to reiterate that? We know that communication is hugely important and that, when we communicate a message, we must keep on communicating it in

order for it to be successful. Perhaps the cabinet secretary can comment on that.

10:30

Michael Russell: It is important that we say to people that what has been planned is a Christmas relaxation of restrictions. A lot of work has gone into that and, as Gregor Smith said, fine judgment has been applied to it. It is not possible to do that twice, and doing it twice would double the potential for difficulty.

It will not be a normal hogmanay; it will be a digital hogmanay. I am not sure that you can bring a piece of coal and black bun digitally, but if you can, you should. There will be no such relaxation at hogmanay, and the levels that apply then will determine what people can and cannot do.

We will need to communicate that. We are doing so through this conversation, and we will need to do so more systematically and formally—there is no doubt about that. A misuse of hogmanay and an assumption that people can do what they want would have consequences and cause damage—there is no doubt about that, either, and we must be clear about it.

Annabelle Ewing: It is reassuring to hear that there will be a specific communication about that, because there is a risk that, inadvertently, people might feel that they can do something different from what our daily lives currently involve.

Time is marching on, so I will make this my final question. In advance of this meeting, the committee received a written submission from the Samaritans that flags up a survey that it conducted recently, the findings of which are interesting. Earlier this week, there was a parliamentary debate on valuing the third sector, which I spoke in, and the Samaritans provided a detailed briefing for that, too. The organisation's message is that Samaritans are there 24/7. Lots of people will not have anybody to go and see this Christmas, and the talk about the relaxation of restrictions and bubbles probably exacerbates their feelings of loneliness. The Samaritans have a freephone number, which I will quote—it is 116 123.

What will the Scottish Government do to ensure that people are aware of organisations such as the Samaritans? Will there be a specific communication about that? There might be a lot of people who need their help.

Michael Russell: I agree. If any of us said that they did not recognise the extraordinary pressure that the circumstances have placed on everybody or their effect on mental health and wellbeing, they would not be telling the truth. To start with, we must all recognise that and be conscious of both the difficulties that the circumstances are causing

us, because each of us will experience that, and the greater difficulties that they might be causing others. To take a theme from Burns himself,

“Then gently scan your brother man,
Still gentler sister woman”.

We must be kind to one other and recognise the pressures that are on each of us at this time. We must also recognise that the pressures sometimes feel intolerable to people who require more help and support, so we should promote—as Annabelle Ewing did—the places where help is available, just as the Government promotes where help is available for businesses and individuals who are suffering financially. Indeed, the Government also promotes the mental health services and other services that are available.

I take the point that even more communication may be required during the current season, and we will take that away and consider it carefully. All of us—committee members, other MSPs, members of the Government and even advisers—have a role to play in that. That has been a theme of this evidence session. At this time, we have a role to reach out through various organisations. One of the convener's questions was about a meeting that he and I held with the Islay resilience group. There are resilience and other such groups providing support in every community, and we must support them to ensure that they can continue to help their communities. We must all do our bit.

Annabelle Ewing: I am pleased that the cabinet secretary will take away and reflect on the point about the Samaritans and the type of help that it offers.

The Convener: I thank the cabinet secretary and Dr Smith for their evidence this morning.

We now move to agenda item 2, which is consideration of the motions on the subordinate legislation on which we have just taken evidence. Cabinet secretary, would you like to make any further remarks on the SSIs before we take the motions?

Michael Russell: No, thank you.

The Convener: We will take each motion individually. I invite the cabinet secretary to move motion S5M-23533.

Motion moved,

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 3) Regulations 2020 (SSI 2020/389) be approved.—
[Michael Russell]

The Convener: Does any member wish to speak on the motion?

I see that Monica Lennon would like to do so.

Monica Lennon: First, I want to make it clear that I and Scottish Labour support the measures to control the spread of the virus, including the limitations on and the reduction of travel. However, I have listened carefully to the cabinet secretary and Dr Smith, and I still do not feel fully confident that people have adequate information on what constitutes an essential journey to enable them to act in accordance with the law.

That lack of clarity risks uneven application and, as a result, unequal treatment across Scotland. I am disappointed that there has not been public consultation and that due regard has not been given to human rights, given the time that was available to the Government in advance of introducing the regulations.

As colleagues know, the regulations tie together the move to level 4 and the statutory travel ban. Although I remain disappointed by the lack of adequate business support for level 4 areas, my objection to the SSI relates specifically to the statutory travel restrictions. In general, people have worked hard to comply with increasingly complicated regulations, and the vast majority of people are adhering to the travel restrictions. However, given the lack of certainty over what constitutes an essential journey, we should be taking alternative routes to criminality to ensuring compliance.

The Convener: I, too, would like to make a point on the matter. Now that we have taken evidence on and asked questions about the various restrictions, it strikes me that the travel restrictions—those within Scotland and those that relate to crossing the border—are very significant for many people. Last week, the cabinet secretary clarified that there was no end date on the restrictions.

The Scottish Conservatives will vote for the restrictions as a whole, but we would like to put on record that the travel restrictions are part and parcel of wider, weekly restriction regulations. We suggest—indeed, we feel strongly—that the Government should consider separating the travel restrictions from the wider restrictions of which they are part and parcel, rather than their being bundled together.

That said, we will vote for the restrictions in committee at this stage, because we feel that, although they are regrettable, on balance, they are, as a whole, correct.

Cabinet secretary, would you like to respond to my remarks and those of Monica Lennon?

Michael Russell: I want to make one important point, which is one that Gregor Smith made during his presentation. I disagree with Monica Lennon that he was not clear—he was very clear and the evidence was compelling. He made the important

point that there is a global approach to such regulations. Almost every country that one goes to has a requirement to restrict travel, which is seen as an enormously significant vector in spreading the disease.

Although the travel regulations are deeply regrettable—I agree with the convener on that—and we would like to remove them at the earliest possible opportunity, they are not some curious Scottish affectation; they are part of a global approach to a global problem. We should recognise that, because that is the fact.

The Convener: No other member has indicated that they wish to speak on the motion.

The question is, that motion S5M-23533, in the name of the cabinet secretary, be agreed to. If any member disagrees, please type N in the chat bar now.

One member has indicated that they disagree. There will therefore be a division.

I advise members that the clerks will type the motion number in the chat bar. I ask all members who agree to the motion to type Y in the chat bar first. I will then invite those members who do not agree to the motion to type N in the chat bar. Any member who wishes to abstain must type A.

For

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

Against

Monica Lennon (Central Scotland) (Lab)

The Convener: The result of the division is: For 8, Against 1, Abstentions 0.

Motion agreed to,

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 3) Regulations 2020 (SSI 2020/389) be approved.

The Convener: I invite the cabinet secretary to move motion S5M-23468.

Motion moved,

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 4) Regulations 2020 (SSI 2020/392) be approved.—
[Michael Russell]

The Convener: If any member wishes to speak on the motion, please indicate so by typing R in the chat bar.

No member has indicated that they wish to speak on the motion.

The question is, that motion S5M-23468, in the name of the cabinet secretary, be agreed to. Does any member disagree? If so, please type N in the chat bar now.

All members have indicated that they agree to the motion.

Motion agreed to.

The Convener: In the coming days, the committee will publish a report to the Parliament setting out our decisions on the statutory instruments that have been considered at this meeting.

That concludes our consideration of agenda item 2 and our time with the cabinet secretary. I again thank him and Dr Smith for their evidence this morning.

I suspend the meeting to allow for a changeover of witnesses.

10:43

Meeting suspended.

10:50

On resuming—

Covid-19 Restrictions (Winter)

The Convener: We turn to agenda item 3. This morning's evidence session forms part of the committee's work on the Scottish Government's preparedness for key issues that lie ahead in its response to Covid-19. Under this agenda item, we will consider the social and economic impact of possible restrictions on travel and social gatherings over the winter period. The committee launched a call for views on that topic, which closed on 18 November. We have taken evidence from stakeholders in the previous meeting.

We will now take evidence from the Deputy First Minister and Cabinet Secretary for Education and Skills, John Swinney MSP. He is joined, from the Scottish Government, by Professor Jason Leitch, who is the national clinical director, and Alison Irvine, who is director of transport strategy and analysis. I welcome you all to the meeting and invite the Deputy First Minister to make a brief opening statement before we turn to questions.

The Deputy First Minister and Cabinet Secretary for Education and Skills (John Swinney): Thank you for the opportunity to update the committee on the Scottish Government's plans for, and approach to, managing the disruptions that will be caused to celebrations over the winter period as a result of Covid-19, and on the protective measures that are in place to suppress transmission of the virus.

Winter is a challenging enough time of year for our citizens, businesses and public services without addressing a global pandemic. This year, the need to prepare our critical public services for winter disruption is more important than ever.

As part of preparing for a safe start to 2021, we have had to take difficult decisions to ensure that how we mark the events of the Christmas season does not set us back in our efforts to tackle the Covid virus. We are working with partners to develop guidance and regulations, supported by clear public communications that set out what we think is a fair and safe approach to celebrating Christmas and other winter festivals.

The committee will, because they have been discussed, be familiar with decisions on the restrictions and protective measures that are in place in local authority areas. Those will continue to be reviewed weekly.

We have reached an agreement across the four nations that will allow people to travel to and spend time with friends and family for a short period over Christmas. We have done so because

we recognise that isolation and loneliness can hit people particularly hard over the Christmas period.

It is important that citizens consider carefully the risk that is associated with coming together for Christmas, in order to prevent significant spread of the virus.

The most important thing that we need to do between now and Christmas is reduce the number of people in the population who have Covid, because getting prevalence of Covid down before Christmas will help to reduce the number of people who might be at risk of passing it on to loved ones.

We have set out arrangements in relation to travel. We ask people to plan ahead for journeys that they are considering, and to return home by 27 December. Transport Scotland is assessing pressures on the transport network, including demand and availability of public transport, with transport operators. There is a particular focus on ferry and cross-border transport. At this stage, we do not anticipate general availability problems, but that is being kept under active review.

We are not announcing a relaxation over the New Year period; we have had to take the difficult decision not to relax measures that are impacting on our lives. In all hospitality settings, people who have formed a Christmas bubble can socialise only with members of their own household. We are looking at measures to permit people in Christmas bubbles to come together in self-catering accommodation, so we will shortly provide guidance on that. We have set out arrangements in relation to Christmas festivities and to students' return home.

I take this opportunity to record my appreciation for Police Scotland for its assistance in enforcement of the regulations.

We continue to undertake regular engagement with our faith communities and leaders to keep them informed of guidance in connection with places of worship, of impacts that it might have on worship and religious festivals, and of how we might better support them in these unprecedented times.

We continue to undertake detailed engagement with local authorities on our levels approach, and we will keep that up as we enter the New Year. Our principles and our approach to the protection levels continue to be based on independent evidence and expert advice. That will continue throughout the festive period. I am very happy to answer questions from the committee.

The Convener: Thank you, Deputy First Minister. We turn to questions. I will begin by asking for an update on the Government's position on a possible extension to school holidays.

John Swinney: I have written this morning to the Education and Skills Committee to confirm that the Government intends to make no change to the school holiday arrangements.

The Convener: I am grateful for that. My next question concerns the many religious organisations that have written to the committee about this period, which is obviously very special for many religious faiths. I ask both the Deputy First Minister and the national clinical director what advice they would give to people who wish to attend religious services, given such services' importance during the period.

John Swinney: I acknowledge that that is immensely sensitive issue that is of huge importance for many of us in Scotland. It is extraordinarily difficult; participation in religious ceremony and worship is of even greater significance to many people at this time of the year than it is on any other days or weeks of the year, albeit that it is important for many of our fellow citizens during the rest of the year. I fully understand the challenges and the sensitivity of the issue. However, I regret to say that the hard and stark reality is that if religious worship were to take place in communities the length and breadth of the country in the fashion that it ordinarily would, that would provide an enormous opportunity for the virus to spread exponentially within our communities.

We currently have restrictions in place, as stated, and we look at elements of those in the run-up to scheduled reviews. There will be another review of the levels next week, which will be announced on Tuesday, and our decision making will be in accordance with requirements.

My colleague Aileen Campbell, the Cabinet Secretary for Communities and Local Government, undertakes regular dialogue with faith communities on all such matters. We understand and are acutely sensitive to their concerns, but unfortunately find ourselves having to take decisions that are designed to protect public health. I am sure that the national clinical director will want to add to my remarks.

Professor Jason Leitch (Scottish Government): I had thought that I might be getting a week off, but it appears not. Here we are again!

That was an excellent question. I looked, while Mr Swinney was speaking, at my diary, where I see that I will meet the leaders of Scotland's faith groups again next Wednesday. I have met them regularly during the pandemic and it has been a very constructive conversation, sometimes including the Cabinet Secretary for Communities and Local Government and sometimes not. They have, in the main, been hugely supportive, but

they are, of course, full of questions, which we try to answer.

I have enormous sympathy for all the faith groups, some of whom, we should remember, have already been through their major religious ceremonies. We have had Eid, Diwali and Easter during the pandemic, and we are now heading to what is probably the biggest—numerically—religious and secular holiday in our society in the UK. It will be different.

However, nobody can cancel Christmas. It will happen in a celebratory way in worship groups all over the country. I encourage them to do that as safely as they possibly can.

11:00

We keep the guidance on such gatherings, in particular, under review all the time. The guidance will still apply. In level 3, 50 people can gather, but distanced and wearing face coverings. That will be the position for some local authorities during the period. Other areas will become slightly more relaxed over time.

I am hopeful that our faith communities will step up, and that they will be imaginative and innovative in how they gather, just as they have been during the past 11 months. Worship services have continued throughout the time—they have just looked different. There are particular nuances with regard to nativity plays, singing, carols and so on, and we are doing our best to give as much detailed guidance as we can. However, the fundamentals are as Mr Swinney said. I am afraid that if we allow people to meet without mitigation, the virus will spread and January and February will be more difficult than December.

The Convener: My final question is on a matter that we covered earlier in this morning's evidence session—namely, how the creation of the rules around holiday gatherings over the short holiday period interconnects with the strategic framework. There is real concern about communicating to the public what people are and are not allowed to do. Given that we have the national clinical director and the Deputy First Minister here, I would welcome their reflections on the difficulty of communicating to the public the message about Christmas.

John Swinney: The first thing that has to be said is that the public have generally followed closely the guidance and regulations, and people have been careful and attentive to the detail. Of course, in some circumstances, the impact is quite obvious, because some facilities are not accessible and cannot be utilised.

To use the point about religious worship as an example, I point out that churches are

communicating with their parishioners about the numbers who will be able to participate in services—limiting numbers and taking contact details. In all such respects, there are practical implications for citizens, which they are generally following.

The communication around Christmas has been significant already, and it will be significant in the run-up to the period. Our messaging about travel, for example, says that people who propose to travel should plan ahead and ensure that the arrangements that they want to make are possible—that they can be made safely, sustainably and with the correct protection in place.

The committee will be familiar with messaging from Government in which we make it expressly clear that, although it is an option, people should not feel obliged to travel for Christmas. The messages will be intensified. I acknowledge that, by the time we get to Christmas, some local authority levels might have changed. There are reviews to be undertaken and announced to Parliament next week that might include changes.

There is a communications obligation on the Government to ensure that we put the message across; I think that, generally, that is happening. We are focused on ensuring that messages are heard, through public advertising or public communication by the First Minister, her ministers and public authorities. I am thinking about a number of examples of challenges that we face around the country, and, indeed, about where we do not face challenges because of good joint communication between the Government and local authorities to advance the important public messaging.

Professor Leitch: The convener's was a very good question. Christmas interrupts the flow of what we could describe as the strategic framework. I did not hear Gregor Smith's evidence, but I imagine that he said that there is a very fine balance to be struck in what to do—one that takes into account our culture, our society and our stage in the pandemic. The public health advice has been very finely balanced.

You can see in the communications by me, Gregor Smith and others that we are worried about Christmas. I make no bones about that. We are worried about people coming together, but we felt that the risk was worth taking in order to get reasonable guidance out in a way that allows people to come together safely. However, we have suggested that the aim is removal of social isolation and not that people will have a normal Christmas. That is absolutely crucial. We are still in a viral pandemic. I am not being flippant when I say that the virus does not know that it is

Christmas—the virus will not take five days off—so we still have to be very careful.

I have faced two extremes in relation to the advice that I have had to give in the past week or so—from people who want intimate individual-based guidance for their Christmas dinner, and from others who think that the Government should stay out of Christmas and allow people to do as they please. The reality is that we have to give as much safety guidance as we can for the period, but January depends on Christmas, and Christmas depends on now. Behaviour now matters, and prevalence falling—as it is doing; the levels system is currently successful—is absolutely crucial for the next four weeks.

Monica Lennon: Deputy First Minister, what work has been undertaken to model the potential impact of the relaxation of the rules during the festive period? When that will be made public?

John Swinney: Modelling of such a change is incredibly difficult to undertake. We have tried to be pragmatic about the public's appetite to experience connectedness with family and friends, by allowing that, in a very limited way, from 23 to 27 December. Essentially, during that period, there will be a slight relaxation of our strategic framework, which is focused on depressing the virus systematically. As the national clinical director has just said, the strategic framework is working, because we are seeing a sustained fall in the prevalence of coronavirus in our communities.

The approach to the period around Christmas addresses the aspiration of and appetite in families to be together. We have tried to make provision for that in a limited fashion; we have not required it or prescribed it of individuals, but have tried to make that available without undermining the strategic framework. However, the application of pressure in the strategic framework today is designed to create some suppression of the virus, which enables us to undertake that relaxation with more confidence that it will not have a significant effect on the prevalence of the virus than would be the case had virus levels been at a higher level before that period starting on 23 December.

It is very difficult to model, because we do not know the degree to which the public will decide to use the available flexibility, but the crucial thinking behind the approach has been to suppress the virus as significantly as we can before Christmas to avoid any significant impact on virus levels as a consequence of the interaction that will take place during that period.

Professor Leitch: I answered that question in some depth at last week's committee meeting. Modelling something so complex is enormously challenging. We have two levels of modelling across the UK. First, we have the scientific

pandemic influenza group on modelling, or SPI-M, which is the UK-wide modelling group, with the best modellers in the country, who are trying to model Christmas. Remember, however, that we need two things for modelling: data and assumptions. Data and assumptions are hard to come by when we do not know how a population will behave, but SPI-M is doing its best to model that.

The other level of modelling is Scottish modelling, which we publish every Thursday. That includes the best attempt to look forward at what we know now and what we will know in the future. To model something as complex as removing travel restrictions for five days and not knowing how populations will behave across all four UK countries is enormously difficult.

We know that family household mixing potentially increases the prevalence of the virus. We do not need modelling for that; we just need to know about the virus. That is why we are cautious.

Monica Lennon: What will happen after 27 December? When will the levels be reviewed in each area? Will they be reviewed? Parliament will be in recess, so how will it be communicated if there is a need to tighten restrictions?

We do not want to think about a worst-case scenario, but how is the potential for a surge in cases in January being planned for in the NHS? I am keen to hear from Professor Leitch on that.

John Swinney: I will answer first. I want to reassure Monica Lennon and the committee that the Government, in its decision making a few weeks ago, carefully considered what I would call the medium term of Covid. We did not just take decisions about the next week or so; we were taking decisions about the remaining period of this year, Christmas and into the first two months of 2021.

As Monica Lennon has quite rightly indicated, the period of greatest pressure on the NHS is the period of acute winter pressures in January and February. Putting this in shorthand, our planning has essentially been to suppress the virus as aggressively as we can before Christmas, so that we are in a position to cope should there be a rise in the prevalence of the virus after Christmas and into the new year, combined with the normal winter pressures that we would experience. There has been a deliberate strategy of suppression before Christmas to enable us to do that.

Looking at the numbers that I have in front of me, I see that, on Sunday 15 November, the number of cases in Scotland was 142 per 100,000. On Sunday 29 November, it was 103. That is a 28 per cent fall in two weeks. Those numbers will be beginning to reflect some of the effect of the level 4 restrictions that were put in

place, but not a lot of it. I am optimistic that the numbers will continue to fall in the period that lies ahead, which will get us into a position of embarking on the Christmas period with virus levels that will be much lower than they were in the middle of November. That was a deliberate strategy by the Government to suppress the virus and to try to depress any demand that would fall on the health service at the start of 2021.

In that modelling, on health service planning in particular, we looked at the normal, run-of-the-mill winter pressures on the health service, if I can call them that, and the demand for beds in the health service during that period, recognising that we would have to provide for that, and we then put Covid on top of that. We believe that our planning is adequate and appropriate to cope with that period. Of course, there are some uncertainties around that.

11:15

The amount of hand washing that now goes on in society is a great deal higher and more regular than it normally would be. I think that that will be sustained, and we hope that will suppress some of the routine fuelling of winter pressures.

If older people are not out and about as much—I am being in no way disrespectful here—the propensity for falls on slippery surfaces is reduced. That may reduce demand on the health service in January and February, when falls can be a factor.

Such mitigating circumstances may affect our assumptions about normal winter pressures in January and February. We have not taken that into account in our planning, but it may well be a factor in suppressing demand on the health service during that period, which will potentially create more capacity to deal with any Covid implications.

I assure the committee that the Government looked well ahead to the end of February in making its judgments a few weeks ago, at a time when we knew that we were going to be making decisions about relaxing the strategic framework during Christmas, in order to create a balanced approach to the level of demand that we think will materialise.

Of course, those are best estimates. I cannot, in all honesty, predict what the weather will be like or how slippery the ground will be. As a Government—I am leading this work on the Government's behalf—we are looking at concurrent risks, and our resilience planning for the next three months is based on an assessment of three concurrent risks: the weather, Brexit and Covid.

I ask the committee to conceive of three circles: one for Covid, one for Brexit and one for the weather. If we put those together, we see that there could be areas of overlap where issues come together. For example, there could be a Brexit interruption, bad weather and the necessity to get clinical supplies together. There could be some perfect storms, and the Government is looking at that. I chair a regular call with senior ministers and our resilience partners—indeed, I have a call with the Scottish resilience partnership this afternoon to consider those sharp areas of concentric activity.

That was a long answer, but I felt that the committee would benefit from the detail.

Professor Leitch: From a blunt national health service perspective, we have been planning for winter since June, as we do every year, and this year we have had to take into account a new infectious agent. We have between 2,000 and 3,000 beds available for Covid patients, depending on the time of year and disease prevalence.

We are also ready for flu—we are very hopeful that the flu season will follow the southern hemisphere flu season, which has not been as severe as usual, but we cannot rely on that. We have seen very high numbers getting flu vaccinations, in particular among our at-risk groups, which we hope will also help us.

We are ready, unfortunately, for more admissions and more intensive care admissions, if we have to have them, but we would much rather avoid them. We should remember that those admissions would come three to six weeks later than the viral infection, so if there is an increase of infections at Christmas time, it will be some weeks before that feeds through to pressures inside our NHS. We are ready for that, but we want the population to help us not to have that spike, or peak, in January and February.

Beatrice Wishart: My first question follows a running theme throughout the meeting, which is messaging and communication around the festive bubble.

I know that the inboxes of many MSPs are full of lots of questions. I will read out one email, which is typical.

“I have a question about the visiting guidelines ... During Christmas can we continue the permitted level 1 (isles) indoor visits as well as forming a bubble, or if forming a bubble overtakes this rule and means you can only socialise indoors with those in your bubble for the period it is in operation”.

As I see it, the issue is around the communication of the message. Will the cabinet secretary comment on whether the communication needs to be altered in any way so that people are

able to pick out exactly what they need when they go through the guidance?

John Swinney: My first point is that the fact that a member of the public is raising that question with Beatrice Wishart is indicative of the fact that members of the public want to do the right thing. It is helpful that members of the public air all those specific questions, because the desire to do the right thing lies at the heart of it.

My second point is that the Government's message—which we reiterate frequently—is generally that the best way for people to deal with coronavirus is to minimise their social interaction. I completely understand the perspective of Beatrice Wishart's constituent in relation to their aspiration to undertake in-house visiting—to which the Government responded positively—because of the issues of isolation, weather and the spread of the population in the island communities. Although I understand how important that is, the Government is generally saying to the public that they should keep their social interactions to a minimum as the best measure that they can take to avoid the spread of the virus. Those two general messages are important.

On the specifics of the question, my response is that, although the Government is saying that people should minimise their social interaction, it is still possible for them to undertake household visiting—where it is permitted to a limited extent in the island communities—and to form Christmas bubbles. However, we generally encourage people to minimise their social interaction.

Professor Leitch: I will make two quick points. The fundamental answer to Beatrice Wishart's question, and therefore to her constituent, is that we would like people to choose between those two things. If people form a Christmas bubble, that is their social interaction. They will already have taken that risk and hardwired it into their five days, and we would therefore ask them to be very cautious about meeting other individuals outwith their Christmas bubble. If people choose not to form a Christmas bubble, they are taking the risk in a different way. Depending on which level they are in—if they are in an island community, for example—they could keep the in-home socialising and not form a Christmas bubble. It is all about reducing risk.

The point about communication is absolutely right. It is a complex landscape, and we have lots of workplace guidance and lots of individual guidance. We try to make ourselves available—in fact, some people are irritated with quite how accessible I am for phone-ins and for being on local and island radio stations to answer questions from the public as much as I possibly can in order to get across that message.

Of course, we also rely on Beatrice Wishart and her colleagues to help us with that. If the guidance is not clear in any way, I am accessible and others are accessible, and members should feel free to ask us.

Beatrice Wishart: My next question is around education. In evidence to the committee, the Educational Institute of Scotland shared concerns about the Christmas break being followed by an even higher infection rate. It also had concerns about the current numbers of teachers and pupils who are self-isolating. When I asked the cabinet secretary about the matter on Tuesday, you indicated that

“75 per cent of secondary 4 to S6 pupils have experienced no interruption to their learning”.—[*Official Report*, 1 December 2020; c 6.]

However, that means that 25 per cent have had their learning interrupted, and some have had to self-isolate more than once. Given the impact that that has on equity in education, how is that being monitored and recorded?

John Swinney: There are two aspects to how it is being monitored and recorded. One is the routine EMIS monitoring of pupils' attendance at school. That provides me with daily information, which generally indicates that pupil attendance at schools is at about 90 per cent, compared with the annual picture for last year—for which numbers are available—of about 93 per cent, so the comparative level of attendance is high.

I am particularly interested in another level of monitoring, which I have established through direct dialogue with directors of education. I have asked them for more detail on the degree to which the education of senior phase pupils is being disrupted by periods of self-isolation, which touches on exactly the point that Beatrice Wishart raises with me. There is limited disruption in relation to Covid infections among senior phase pupils, but disruption is slightly more widespread in relation to pupils who are self-isolating. That is a material factor in the judgment that I must make around questions of equity in relation to access to education and therefore access to fair assessment under the certification process.

I look regularly at that information, which is being gathered by Education Scotland through directors of education, and it is obviously having an effect on the formulation of my view on equity in relation to preparation of the exam diet for 2021.

Beatrice Wishart: Finally, is there an update on plans for the safe return of students in January 2021, to ensure that there is not a repeat of what was seen in September?

John Swinney: We have widespread dialogue with the university community on that question. I can say that there will be a staggered return of

students after the Christmas and new year break—they will not be returning in the congested period right after Christmas and new year.

There will be testing. Obviously, we have already embarked on testing in all institutions. That is taking its course, and is being well participated in by students. I pay warm tribute to the institutions for their co-operation and for putting in place those arrangements. They will also be in place for returning students in the new year. We are still discussing the precise nature of that staggered return with universities, and we will set out details as soon as we possibly can.

Annabelle Ewing: I will pick up on the point that the cabinet secretary referenced a wee while back about the three-month resilience planning and related issues, during which he mentioned, inter alia, Brexit. As far as that resilience planning is concerned, what issues related to Brexit does he see?

John Swinney: The principal issues are probably best summed up as those relating to food supplies and medical supplies. In the current context, those are the two issues of greatest concern that we would need to be assured about. As Annabelle Ewing will be familiar with, in our relationship with Europe, a vast amount of the transfer of goods is done through the short straits. Obviously, we are anxious that, if the proper and free-flowing arrangements that we rely on today are not in place after the end of the transition period, there will be at least the potential for delay in the supply of foods and particular medical supplies.

We are examining those issues closely, and are in discussion with the UK Government about all those questions, because we need to be assured that the supply route can operate effectively and functionally, and that any delays are—ideally—eradicated or, at worse, kept to a minimum.

11:30

Annabelle Ewing: I recall an evidence session three weeks ago at the Culture, Tourism, Europe and External Affairs Committee with Rod McKenzie, the chief executive of the Road Haulage Association. He was forthright and said that the whole Brexit process was a complete and utter shambles with regard to planning. Three weeks later, I wonder whether we have any clarity, because people will obviously be concerned about our position, particularly with regard to the potential impact on supplies of medicines. People want to be assured that, come the new year, they will get the medicines that they need.

John Swinney: I understand those concerns, which are legitimate. I think back to the no-deal planning that the Government undertook and the

various no-deal Brexit scenarios that we faced. I am trying to get clear in my mind when we faced those issues, because it has all merged into one, but it was probably in 2018. One of our principal concerns was about medical supplies. We have undertaken some work on that, and a vast amount of stockpiling of medical supplies went on at the time.

Fundamentally, the impact on supplies is dependent on what the arrangements will be after the end of the transition period and, at this stage, I cannot confirm to Annabelle Ewing what those arrangements will be. I wish that we could remove some of that uncertainty and anxiety for her.

However, I assure members of the public that the Scottish Government and our health service are acutely focused on ensuring that we maintain the availability of medical supplies in all circumstances and that those goods can have the highest priority for transportation through the short strait. In that respect, they have priority, but we have to ensure that that priority can deliver the supplies that we require. We are making every effort to ensure that that is the case but, in the absence of knowledge about what the arrangements will be, a degree of uncertainty exists.

Annabelle Ewing: I hope that clarity arrives from the UK Government sooner rather than later.

I turn to another issue, which is the impact of the restrictions on downstream businesses outwith hospitality. A hairdressing business recently contacted me in my constituency of Fife, which is at level 3. Generations of the family are in the business, which is often the case with hairdressers. Their footfall has decreased considerably because of travel restrictions. What is the Scottish Government's thinking on what help might be provided? It appears that the restriction grant that was announced the other week would not apply in those circumstances. We are still trying to seek clarification on that.

John Swinney: We have taken a range of decisions about the availability of financial support for business and I recognise that to be a significant issue for business. When we design the schemes, we try to ensure that they have as much reach as possible but, inevitably, there will be limitations.

That is why we added the element of discretionary relief, which is available to local authorities to make decisions at a local level for organisations that might be ineligible for the support that the Government is putting in place through the schemes. I hope that it might be possible for those funds to reach businesses of the type that Annabelle Ewing raises so that they can be helped through this difficult period.

Fundamentally, in ordinary normal circumstances, those businesses are sound, but we are not in ordinary normal circumstances, unfortunately. The challenge is to ensure that we configure financial support to enable businesses to reach ordinary normal conditions again, when they can be the effectively performing businesses that we know them to be. That is the thinking that has gone into the business support that the Government has put in place.

Annabelle Ewing: I will look further into the area that the cabinet secretary mentioned to double check the position.

My last question is addressed first to Professor Leitch. It is good to see him again—where would I be every Thursday without him? The cabinet secretary can come in after Professor Leitch, if he wants to. The question is about summer holidays next year: should people be planning anything?

Professor Leitch: That question requires my crystal ball. I certainly would not book anything that cannot be cancelled and have the money refunded, but I am hopeful that next summer will look a lot more normal than the summer that we have just come through.

The key intervention here is vaccination, and we have seen the news on that over the past 24 hours. That news is about the very small green shoots. It is not population-level vaccination and it will not be that for some months but, by the summer, we will know a lot more. We hope, with a fair wind, to have vaccinated the vast majority of the at-risk community and to be into the less risky communities by then, and we will know whether the vaccine gives protection from transmission as well as disease.

The crucial unknown is what will happen in the rest of the world. Remember that the virus is a global problem, not a Scottish problem, and we have to vaccinate Indonesia and Nigeria as well as Scotland. I think that there will be international travel restrictions for some time to come. The World Health Organization holds the ball, in relation to 37 phase 3 trials and the advice about international travel to each continent. That will all play out in the next six months, but there is an encouraging start now with the vaccine.

It is important to put on the record that the virus might change. If the virus stays stable, that is all good news, but the virologists warn us all the time that there is a small chance that the virus will change. That does not look likely just now, but we have to sound a note of caution in all the enthusiasm for the vaccine. I think that we will be going on holiday next summer, but I am not sure that it will look quite like a normal summer. However, it will look a lot better than the summer that we have just had.

Annabelle Ewing: Perhaps the cabinet secretary could flag up the importance of looking to holiday at home and doing something for the Scottish tourism industry.

John Swinney: I certainly hope to have the opportunity to make my ferry booking with Caledonian MacBrayne next summer, as I always do, but it is a wee bit early for that to be a certainty.

Annabelle Ewing: Thank you, gentlemen.

The Convener: The ferry journey to Tiree is among the favourites for many people.

Mark Ruskell: Deputy First Minister, we now seem to have some clarity as to the Government's intentions in relation to school closures—you have made the decision on that. I am disappointed that I seem to have learned more about the Government's thinking on the matter on Twitter and in the media than I have in any answers to my questions in this committee over the past month, but we are where we are with that.

I have a question about the evidence behind that decision. I listened to what you said about the evidence relating to the impact on education, but what evidence have you considered in relation to transmission, particularly for young adults in high school where there is potentially more transmission? I am thinking in particular of the need to limit social interaction 14 days ahead of the Christmas relaxation coming into force. What consideration was given to that? Does keeping schools open lead to an increased risk of higher infection rates?

John Swinney: No, I do not think that it does—the evidence on that point is clear. There is a growing evidence base on the low transmission levels among young people and within schools. The overwhelming majority of the cases that present in schools are invariably a product of community transmission, through interaction that has taken place in the community.

It is a classic example of an area in which we have to draw together and reconcile the various harms that can be created around Covid. As we know—members will be familiar with this, as I have rehearsed it with the committee previously—a range of harms arise out of Covid. There is the direct health harm and the indirect health harm, and there are social and economic factors.

In weighing up the difficult judgments—I am not trying to pretend that they are anything other than difficult—on the Christmas break, I have been mindful of the advice that I have had from the scientific advisory group, which has looked at the potential for harm to young people: the relative harm from transmission of the virus if young people are in school in an organised environment

with proper mitigation measures in place as against being out of school with much greater opportunity for social interaction and, therefore, greater transmissibility of the virus.

That is not to mention considerations of vulnerability that exist for large numbers of young people who rely on school for support and assistance in many respects. These are finely balanced judgments, and in coming to a conclusion on those questions, those have been the factors that I have reconciled in my mind.

I would put that question very much in the context of my answer to Monica Lennon a few moments ago, regarding the Government's focus on sustained efforts to reduce the prevalence of the virus through the various interventions that we have made in terms of the level of restrictions. We are seeing the fruits of that approach as we speak in the reduction in the prevalence of the virus.

Mark Ruskell: That position is clear now. However, if the priority is education—keeping the schools open, and keeping young people learning in the school environment—what is the case for saying that we should be vaccinating teachers sooner rather than later? We have around 51,000 teachers in Scotland. How is that being factored into your thinking? If education and schools remaining open is such a strong priority, how will we prioritise it in the vaccination programme?

John Swinney: There is a careful discussion to be had about the wider handling of the pandemic on a whole-population basis and the circumstances of individual sectors. The Government is taking advice—I suspect that the Cabinet Secretary for Health and Sport will set out further details in her statement to the Parliament today. It will take advice from—I am sorry; the name of the institution has just escaped me. Jason Leitch will come to my assistance.

Professor Leitch: It is the Joint Committee on Vaccination and Immunisation.

John Swinney: I am grateful to Professor Leitch. We will take our guidance from that committee to provide us with the whole-population guidance on vaccination policy. That must be combined with our approach to suppressing community transmission of the virus, with which the committee is familiar and on which important progress is being achieved. Sustained efforts to reduce community transmission keep our schools safe.

I am trying not to separate out those two issues of whole-population vaccination policy and community transmission suppression, but there are subtle distinctions between the two, which, when combined, enable us to make progress on securing the health and wellbeing of the population as a whole.

11:45

Professor Leitch: There is an important distinction to be made in describing the vaccination programme. Vaccination in the early stages is about individual protection and not population protection. It will eventually be about population protection.

The advice from the Joint Committee on Vaccination and Immunisation, which was published in the past couple of days, is very clear: we should vaccinate those at risk of disease and death first. That is the number 1 priority. The principal way of doing that is to work our way down through the age groups. There are some nuances about health and social care workers, those who are treating Covid patients and those who are at particular risk of Covid but, fundamentally, we start with the oldest and work our way down.

In its advice, the joint committee suggests that, once we get to the over-50s, we will have at least attempted to remove 99 per cent of the mortality risk from the disease. It is a risk-based judgment. Whether we get 10 vials of vaccine or 10 million vials of vaccine, we work our way through the age groups logistically, and the only profession that the committee specifically recommends to be removed from that is health and care workers, who have direct access to a large number of Covid-positive patients. That is the advice that we and the whole of the UK will be following.

Mark Ruskell: The British Medical Association put out a statement yesterday. Like many commentators, the BMA has raised significant concerns about how the five-day relaxation could impact on Covid infection rates. Clearly, things could go wrong, and you might need to move very fast to make decisions. How effective is the test, trace, isolate system now, as a way to quickly understand what is happening within the population and to take action on the back of that? What about the length of time between the case being created and the interview under the test and trace process? Is that operating more effectively now? Is the process effective enough to give you the data that you need to make the decisions that you may have to take if infection rates go up?

John Swinney: I will say a little about that, and Professor Leitch can provide more detail.

I think that the answer to the question is yes. We have a significantly greater testing capacity in Scotland in a variety of formats. We have all seen the queues that there have been at some testing facilities, for example in Johnstone, where new community testing opportunities are available. We have much greater testing capacity.

The data on contact tracing represents the efficient and comprehensive approach that is

being taken to get around those cases and to put the necessary elements of self-isolation in place to avoid further spread.

That system is now working much more comprehensively at an individual level, but it is important—referring back to some of what we discussed with Monica Lennon—that some of the messaging tries to minimise social interaction within the population, which remains an important priority in order to avoid spread of the virus. In that respect, we will be able to avoid the circumstances that Mr Ruskell puts to us, which may arise out of greater social interaction.

Although the opportunity is there for people to have more social contact—albeit with significant constraints—people are not obliged to have it. Given the feedback that I have had from members of the public from talking to people and looking in my inbox, I think that a lot of people recognise that the opportunity for some social interaction is there, but they have decided not to take up that opportunity. Contact tracing enables us to get across any cases that emerge out of contact.

The Government is looking very closely, several times a day, at the data that emerges on all of the issues, so that we can take early and swift decisions, if necessary, to try to address circumstances as they arise around the country. That will be heavily informed by the work of the contact-tracing teams and the national and local incident management teams.

Professor Leitch: I have a couple of things to add. Yesterday, there was a joint statement from the Academy of Medical Royal Colleges and Faculties in Scotland, which is made up of the medical and surgical royal colleges, and BMA Scotland. I agree with their statement, and in fact I expressed that support on social media. It advises “caution” over the Christmas period to the population. I think that that is absolutely the right message to advise.

If someone is socially isolated and lonely and has not seen their family for months, I am not telling them not to visit, but I am telling them to be very careful when they do. That is exactly the same message that the academy and the BMA have sent.

On Mr Ruskell’s point about test and protect, by global standards, the system is working well in Scotland. It is finding the index cases quickly, contacting enormous numbers of them—over 90 per cent—and getting the contact tracing done. Clearly, as prevalence falls, that becomes an easier job, because there are fewer people to contact—it is simple arithmetic.

Test and protect is very helpful at outbreak management. It is very good at an individual level, helping people to protect themselves and their

families and isolating people out. It is very good at outbreak management in, for example, a workplace, a factory, a school or wherever a viral outbreak might be. It is not good for understanding broad community transmission and where that might be happening, because it is not designed to do that, and because the virus does not let us do that. I really wish it did.

Just before joining this meeting, I talked to the Federation of Small Businesses, and its key question was about where the transmission is happening. That is the really difficult question. If there are outbreaks, we can kind of know where it is happening. If one happens in a chicken factory or a call centre, we would know but, if there is broad community transmission, we cannot know—we just know that it is where people are meeting. That is why the restrictions are fairly blunt, and it is why the key thing is that, as prevalence comes down, we can remove those fairly blunt restrictions.

Mark Ruskell: Convener—

The Convener: We had better move on, given the time limits. I am sorry, but a couple of other members want to ask questions.

Shona Robison: Jason Leitch talked about whole-population guidance from the JCVI. Does it say anything about ethnicity? We know that the evidence suggests that people from certain ethnic groups might be more susceptible to the virus, and there has been research into that. Is there anything in the guidance about prioritising people from certain ethnic groups?

Professor Leitch: The guidance is not silent on ethnicity. It adds ethnicity into the risk mix, along with profession, gender and everything else, and it comes to the same conclusion: that the principal risk factor is age. The second most important risk factor is disease, pre-existing or otherwise, no matter which ethnic group a person comes from. Therefore, whatever the ethnicity, you will get the highest risk in the oldest age group.

The guidance goes on to say—as all our individual country guidance will say too—that guidance and communications have to be culturally specific. If we are talking to the Traveller community or the care home community or the Bangladeshi community, we should use communication strategies that will reach those individuals in a way that is accessible to them. That is very important, because we need all those groups to come forward for vaccination. We need community leaders and voices, and others, to help us with that communication.

Fundamentally, the answer to your question is that the JCVI says—and I agree with it—that age is the most important distinguishing feature for this disease.

Shona Robison: That is helpful.

For a while now, there has been advice to reduce social interaction, where possible, in the lead-up to the Christmas period. Is any practical guidance being issued on when and how people should do that, or are they just expected to use common sense and not go out as much? What is the advice?

John Swinney: The advice is communicated in the Government's persistent messaging on those questions, through the briefings that it undertakes and the paid advertising and broadcasting activity in which it is involved. It seeks to encourage members of the public to minimise their social interaction. That message has been sustained throughout the whole period since lockdown began in March, but it has intensified in the past few weeks.

The changes that have been made in the levels and restrictions in different localities, with certain areas moving from level 2 to level 3 and others moving from level 3 to level 4, have brought with them some practical measures that remove opportunities for social interaction. In many areas, fewer facilities are open or accessible to enable social interaction to take place.

Those changes also bring with them a message to encourage people to reduce their social interaction voluntarily. That messaging from the Government has been pretty sustained and will continue to be so. It applies even in respect of the five days of relaxed restrictions between 23 and 27 December. The Government's message to members of the public is, "Here is an opportunity that can be taken, but you're not obliged to take it if you do not wish to do so." That is part of our effort to get across to people that the best way to avoid spreading the virus is to minimise social interaction.

Shona Robison: So, you are not saying to people that, 10 days out from the Christmas period, they should start to isolate. It is not as specific as that—it is more about asking people to try to reduce their social interaction in general.

John Swinney: It is not, in any way, a change of direction from the advice that the Government has previously given. I go back to the FACTS guidance, which said that people should avoid crowded places and keep 2m apart. Implicit in that guidance was the whole idea of minimising social interaction. That is completely alien to human beings, but we have to say it, because that is the way in which we interrupt the spread of the virus. That has been a consistent part of the Government's messaging.

The evidence shows that members of the public have significantly reduced their social interaction in general. In addition, in response to some of the

restrictions that are in place, they are doing so quite specifically in a number of areas, where the degree of social interaction is reducing considerably.

Shona Robison: Earlier, Annabelle Ewing raised a point about support for small businesses. I was pleased to see Tesco's announcement that it will pay back its rates relief money. From my recollection—I hope that I have got this right—the Cabinet Secretary for Finance, Kate Forbes, mentioned targeting those resources at providing support for small businesses. Is there any more detail around that at this stage, or is the Scottish Government working through the detail?

John Swinney: First, I welcome and applaud the decision that Tesco has taken. It is a wise and appropriate decision, given that supermarkets have been able to operate throughout the whole pandemic period and have had more economic and business opportunities than many other organisations have had. We have all relied on supermarkets, and we are grateful to them for what they have done.

12:00

The move by Tesco to repay its business rates relief is a real contribution to the common good and the common purpose of our society, and I welcome it. It is a not insignificant sum of money that it plans to return to the public purse. I would encourage others to follow the example of Tesco—a number of other organisations will have similarly benefited from the opportunity that Tesco has had.

We are focused on ensuring that that support can be added to the measures that are in place to support other organisations that have not had the economic opportunity that Tesco has had. That begins to address some of the difficult issues that Annabelle Ewing raised: some organisations are perfectly sustainable businesses, but the only problem is that members of the public cannot get through the door of those businesses in sufficient numbers. However, they will be able to do so when we get into calmer terrain. Our challenge is to get them there. Nobody wants to see damage and interruption to businesses just because we have some difficult terrain to get across just now. Initiatives such as the measures taken by Tesco help us to get more businesses there. There are limits on the public purse.

Willie Coffey: I would like a wee bit of clarification on the Christmas bubble that we have been talking about. On the three-family or three-household relaxation over the five days at Christmas, are the families who come together under that arrangement still restricted to be in one household—at one location—or can the same

three families meet for lunch in one house on Christmas eve, for instance, and then have Christmas dinner in a restaurant, if a restaurant is open, on Christmas day? In other words, are they restricted to a single location, or can the same three households meet up in two or three different locations?

John Swinney: First, it is the one bubble that is being created. Once people decide who is in their bubble, that is the bubble.

I will ask Jason Leitch to help me out on one particular detail. I think it would be perfectly possible, for example, for people to gather in that bubble in one house on Christmas day and in a different house on boxing day. The issue of meeting in a hospitality setting might run up against the hospitality restrictions—and this is the point where I ask Jason Leitch to help me out.

Professor Leitch: That is absolutely correct, Mr Swinney; you remember correctly. The fundamental answer to your question, Mr Coffey, is yes. If you choose to have a bubble, think very carefully: you do not have to have three households—you could just have two. You could also not meet over the whole five days; you could just meet on Christmas day. If you reduce the numbers or the time, you reduce the risk.

If, however, you need to or want to meet for longer, you can meet in different locations, but you are obliged to follow the restrictions that have been set for the level that applies in the place where you are. That will involve pretty restrictive hospitality, wherever you are, and we do not anticipate removing much hospitality restriction over the next few weeks. Therefore, the hospitality bit of your scenario would probably not happen, but yes—you could meet on Christmas eve and on Christmas day in different houses.

Willie Coffey: Good. That is really clear—thank you so much for that.

My next question is about the hospitality situation at level 4. Here in East Ayrshire, we are hoping that we might move from level 4 to level 3 over the next week or so. One of the points that people in the hospitality sector have made to me on a number of occasions is that the 6 pm closure time for level 3 does not really give them any advantage in welcoming people to their facilities. Do you think that there is any scope here? Do the numbers that we are seeing at the moment allow us to relax the restrictions at all, to the extent that businesses in the hospitality sector in level 3 could perhaps remain open to 8 pm and therefore get a substantial portion of the likely business that could come to them but that is sadly being lost at the moment? Do the numbers give us an idea that that might be possible at all, when and if we get to level 3?

John Swinney: There are two points in Mr Coffey's question, to which I will respond. The first relates to the East Ayrshire situation. Good progress has been made there but, according to the most recent data that I have available to me, East Ayrshire remains above the Scottish average for cases per 100,000—although I compliment the people of Ayrshire on the reductions: the levels look to have come down by about 30 per cent over the past two weeks. Good progress is being made, and I suspect that the numbers that I have in front of me do not yet do full justice to the application of the level 4 restrictions that are in place. I would be optimistic that the numbers will continue to come down.

We must still be cautious about what it will be possible to undertake, because we must get the baseline down in order to fulfil the points that I made in my earlier answer to Monica Lennon on the three-month horizon.

The second point relates to the composition of level 3 restrictions, particularly the 6 pm closing time. The hospitality sector has made representations to the Government about the importance of perhaps extending that to 8 pm to allow for an early-evening or mid-evening sitting. Those issues have been aired at the Cabinet, and we are examining those questions. I suspect that we will have some further examination of those questions to see whether we can in any way change those arrangements.

We are having to impose restrictions in some shape or other to reduce the prevalence of the virus. If we change the composition of a level, that is the flip side of the coin of taking an area out of a level and putting it into a different level—that is, reducing the level. We know that that is a difficult decision, because it potentially fuels the prevalence of the virus—in fact, it does fuel it.

We have to proceed with great care on those questions. The more we allow people to interact, the more the virus will spread. I am afraid it is as crude and as blunt as that.

Willie Coffey: This query is on behalf of sporting and equestrian people—there are many of them in Ayrshire. One question that they frequently ask me is why they continue to be closed when they really do not have any close contact within their sport whatsoever. They do get numbers of people attending equestrian events, but in no way are people coming close together. In fact, it involves single persons competing at a time.

I wonder, John or Jason, if you could explain the thinking behind why that kind of sport continues to be restricted at this stage, given the lack of one-to-one contact within those sports?

John Swinney: That is an example of where things can be tricky in specific areas. It may appear that those are isolated events, but there is a degree of interaction involved in people coming together to make them happen that can fuel the virus. We are trying to minimise the complexity of arrangements in how we proceed with some of our constraints. The more we make the regulations or exemptions bespoke for individual settings, the more difficult it is for us to apply a more general suppression of the virus. That is the challenge that we are trying to reconcile.

The Convener: I am aware that First Minister's question time is starting very soon. However, we have Alison Irvine with us to answer questions on travel and transport. As the committee will be hearing next week from stakeholders in the travel and transport sectors, I will ask her briefly about the Christmas period. What will be the impact on public transport, in terms of potential overcrowding, capacity issues and so on, as a result of the five-day relaxation period? Perhaps she can help us with that.

Alison Irvine (Scottish Government): From a Transport Scotland perspective, we have set up a Christmas planning team, and we are looking at what levels of demand we expect.

As Mr Swinney and Professor Leitch touched on earlier, it is exceptionally hard to estimate the numbers of people who are likely to want to take part in social activity, and to travel to do so, over that period. Nonetheless, we are looking at the information that we have. We are also working with transport operators to keep an eye on their advance booking levels. At this point, we do not anticipate any problems in the transport network in Scotland, although we are obviously keeping the situation under constant review.

We are also working with the Department for Transport on cross-border services, in particular regarding the rail network. Travel on most of the cross-border rail services has to be booked, which gives us an element of control to help to manage demand. We are looking to manage demand on the transport network as safely as possible for those who choose to travel at that time.

The Convener: I do not know whether the Deputy First Minister or Professor Leitch want to add to that.

John Swinney: I have nothing to add, convener.

Professor Leitch: As I said at the beginning of the meeting, we remain concerned about the Christmas period, and travel is one element of that. We ask people to follow the guidance, which has been in place for months now, around travelling safely if they choose to travel.

The Convener: That concludes our business for this meeting. I thank the Deputy First Minister and his supporting officials for coming along to give evidence to us; it has been very helpful.

Our next meeting is on Thursday 10 December; the clerks will provide information on that.

Meeting closed at 12:12.

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