OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Recovery Committee

Thursday 3 February 2022

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

Thursday 3 February 2022

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COVID-19 RECOVERY COMMITTEE

4th Meeting 2022, Session 6

CONVENER

*Siobhian Brown (Ayr) (SNP)

DEPUTY CONVENER

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

COMMITTEE MEMBERS

*Jim Fairlie (Perthshire South and Kinross-shire) (SNP)
*John Mason (Glasgow Shettleston) (SNP)
*Alex Rowley (Mid Scotland and Fife) (Lab)
*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Penelope Cooper (Scottish Government)
Professor Jason Leitch (Scottish Government)
John Swinney (Deputy First Minister and Cabinet Secretary for Covid Recovery)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

The David Livingstone Room (CR6)

Scottish Parliament

COVID-19 Recovery Committee

Thursday 3 February 2022

[The Convener opened the meeting at 10:00]

Ministerial Statement and Subordinate Legislation

Coronavirus (Scotland) Act 2020 (Early Expiry of Provisions) Regulations 2022 (SSI 2022/11)

Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No 2) Regulations (2022 SSI 2022/13)

Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 2) Regulations 2022 (SSI 2022/25)

Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No 3) Regulations 2022 (SSI 2022/29)

The Convener (Siobhian Brown): Good morning, and welcome to the fourth meeting in 2022 of the COVID-19 Recovery Committee.

The first item on the agenda is consideration of the latest ministerial statement on Covid-19 and subordinate legislation. I welcome the Deputy First Minister and Cabinet Secretary for Covid Recovery, John Swinney, and his supporting official, Professor Jason Leitch, who is the national clinical director. I invite the Deputy First Minister to make some remarks before we move on to questions.

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): I am grateful to the committee for the opportunity to discuss the recent developments and updates to Parliament on Covid-19.

As the First Minister set out on Tuesday, recent data continues to give grounds for optimism. The situation that we are now in is much less severe than we had anticipated—although it is important to note that case numbers remain high and that we have seen increases in some age groups.

The significant fall in cases during the first three weeks of January is now reflected in a fall in the number of people who are being admitted to hospital. Thankfully, the number of people with Covid in intensive care has also reduced. Those improving trends are a result of the booster vaccination programme, the proportionate measures that we introduced in December 2021 and the willingness of the public to adapt their behaviour. That has enabled us to remove virtually all the additional protective measures that were introduced in December.

We are continuing our cautious approach to lifting protective measures. This week, we issued guidance for employers on hybrid working, where that can be done safely. From 11 February, fully vaccinated travellers will no longer need to take a test on their arrival into Scotland.

This week, the Cabinet agreed to retain the wider baseline measures, including the Covid certification scheme, the collection of contact details in hospitality settings and the requirement to wear a face covering in many indoor places. We are also asking the public to continue to take lateral flow tests before mixing with people from other households and to ensure that they report their results online. Those measures are important while the national health service remains under acute pressure. The number of people in hospital with Covid is falling, but it is still double what it was just before Christmas.

The advisory sub-group on education and children's issues met recently, refreshed guidance was published on Tuesday, and we will monitor the advice on face coverings in schools and early years settings. The group will consider the issue again at its meeting on 8 February.

Covid vaccinations have now started for five to 11-year-olds who are at the highest clinical risk and who are household contacts of someone who is immunosuppressed, in line with the most recent advice from the Joint Committee on Vaccination and Immunisation. Flu vaccinations have now also resumed for higher-risk groups after being paused in December 2021.

As we look ahead to spring, we can continue to be optimistic, and evidence shows that we may be entering a calmer phase of the pandemic. The revised strategic framework will be published after the February recess, setting out in detail our approach to managing Covid more sustainably in future phases of the pandemic in which the virus will—we hope—become endemic.

I am happy to answer questions from the committee.

The Convener: I will ask the first question. It is very welcome news that we are moving into a different phase of the pandemic. Although this committee is called the COVID-19 Recovery Committee, since our establishment, we have been dealing with the fluid situation of Covid and have not been able to focus on recovery. As we

are moving into a different phase, is it time to stop publishing the daily figures?

John Swinney: We will have to consider that issue. At this stage, however, my answer is a firm no. We have to continue with the daily publication of that information to inform the public about the state of the pandemic. Although the outlook is much better, there are still—on average—more than 6,500 to 7,000 cases daily. In previous periods of the pandemic, those numbers would have absolutely horrified us. Obviously, there is an awful lot more protection within the population through the booster vaccination programme.

We will consider those issues. However, at this stage, it is important that we continue to furnish the debate with that quality of information to ensure that there is transparency around the state of the pandemic and the decisions that Government has to take in the light of that data.

The Convener: Let us turn to the issue of hybrid working as we move forward. I think that we all recognise that there have been huge advantages to the flexibility of hybrid working, but, on the flipside, it can be difficult for employers and people who struggle to work from home, and there is a long-term impact on footfall in our town centres, for example. How is the Scottish Government assessing the risks and benefits of people returning to work and the long-term vision for hybrid working?

John Swinney: I think that the experience of the pandemic, and the fact that many thousands of our fellow citizens have had to work from home, has demonstrated the potential for different models of working. For some people, working from home has been beneficial—they have been able to organise their lives in a way that has enabled them to sustain their lives and undertake all the rest of what various people have to fit into their days, so they may have a slightly less congested life as a consequence.

For others, it has not been successful; it has been a challenge. Many people have missed social interaction in an office or other working environment. There are obviously economic implications for town centres in terms of footfall—as you say, convener—but there are benefits from a reduction in traffic movement. In my anecdotal experience, I have found that the journey into Edinburgh by car, which I make reasonably frequently, is a good deal more straightforward than it has been for most of the past 10 years of my life. There are ups and downs.

Part of the response has to come at an individual business level. Businesses have to work out their way of working, and they should do so in dialogue with their staff. The Government is certainly not going to prescribe a model that must prevail; it would be inappropriate for us to do so. Nonetheless, we encourage hybrid working in the context of the pandemic, and we encourage employers to discuss the subject with their teams.

Equally, as public authorities—both Government and local authorities—we have to look at the appropriate future strategies for town centres. They have been facing challenges for many years—what is happening now is not a new phenomenon. The upsurge in online trading has changed much of the approach to town centres. Nevertheless, there has been a number of imaginative redevelopments and repurposing of town centres as places of leisure and residence as opposed to exclusively retail environments. Such repurposing is possible, and the Government is engaging with a range of local authorities and communities on what that might look like. We will work with public authorities as effectively as we can to try to address those issues.

The Convener: I totally agree. In South Ayrshire, we are looking at repurposing Ayr town centre to bring in residential and leisure elements as well.

We move to questions from Murdo Fraser.

Murdo Fraser (Mid Scotland and Fife) (Con): I will start by picking up on the convener's last point, about a return to office working. It is fair to say that many employers will be moving to a hybrid model. What are the Scottish Government's own plans in that regard?

John Swinney: We have gone to a model of hybrid working. We have more civil servants back in the formal office environment this week, in line with the guidance that the Government has set out. The permanent secretary made it clear that the approach to hybrid working should take its course, and staff are working on that basis as we speak. The Government has followed the guidance that we have issued for others, and that is being applied across the working environment.

Murdo Fraser: Earlier in the week, I spotted a press story that suggested that fewer than 5 per cent of the Government's staff at Victoria Quay were turning up for work. Is that correct? Is that the level that you would expect? Would you not expect it to be higher?

John Swinney: I would be surprised at that. I do not have the data in front of me but I will explore it and, if there is some that I can share with the committee, I will happily do so. The move to hybrid working is welcome and I know that civil servants will embrace it, as the leadership of the organisation has done in setting out what we expect of staff.

Murdo Fraser: You would expect more than 5 per cent of staff to come to the office.

John Swinney: Yes.

Murdo Fraser: I will ask Professor Leitch a separate question. We have heard a lot in the past week or so about the BA.2 subvariant of omicron. How worried should we be about it?

Professor Jason Leitch (Scottish Government): Mildly. From the early research, the subvariant appears to have one advantage. It is tricky to be sure in the early stages—the committee knows how this works now—but the secondary attack rate, which is the number of people who get the virus when a positive case arrives, particularly in a household, appears to be slightly higher with BA.2 than it was with BA.1, which is the original omicron variant. It is 29 per cent versus 39 per cent so, in rough terms, 40 per cent of people in a household get BA.2 if somebody has BA.2 and 30 per cent get BA.1 if somebody has BA.1. It is not a huge difference but it appears that the subvariant has a slight advantage.

In Denmark, BA.2 is now crossing over BA.1 and taking over. We expect that to happen around the rest of the world. However, the good news is that the subvariant does not cause more severe disease. You might be slightly more likely to catch it, particularly if you are unboosted, but you will not end up sicker than you would have done with omicron. Remember that milder disease is not mild—it can still be very bad—but we should not be overly concerned about the subvariant.

The other different thing is that BA.2 has come from omicron. That is quite unusual. Usually, variants come from a common ancestor, which is why the hope in the media and social media that viruses always become milder is not the case; a virus can go back to the original ancestor and find a nastier route. However, the BA.2 subvariant has come from the original omicron and appears to have split at some point in its family tree. It might have arrived at the same time as the original omicron, but nobody can be absolutely certain.

For now, the fundamental answer is that we should be mildly worried. We are monitoring what is happening around the world but, as yet, it does not cause more severe disease.

Murdo Fraser: Thank you. That is helpful. If somebody has had BA.1, can they then be infected with BA.2?

Professor Leitch: Yes. You can get any version of the virus again. It is very unlikely but not impossible for that to happen within three months. However, with omicron, we are seeing higher reinfection rates than with the delta and alpha variants.

Everything about the virus comes down to immunity, as we have learned over the past two years. One of the things to look at constantly is the World Health Organization's risk assessment of what causes severe disease in people. Originally, that list included respiratory disease, diabetes and heart disease, because nobody knew what the coronavirus disease caused. Those conditions still increase your risk a little, but the list is now principally about people who have lowered immunity. That could be the over-60s, over-70s and over-80s, who have naturally lowered immunity, or it could be people who have had a kidney transplant or who are having chemotherapy.

Everything about the disease is about immunity. People who are less immune do worse. Of course, vaccination is the natural experiment of how to deal with that. Boosted reinfection is rarer than unboosted reinfection, but it is still a problem. If you get it quickly, it is milder. If there is a longer gap, your immunity will have waned and you can still get quite severe disease. We are talking about reinfection rates of 10 to 15 per cent with the most recent virus.

Murdo Fraser: Thanks. That is very helpful.

I have one more question for the cabinet secretary on a slightly different topic. We have heard from hospitality businesses that have still not received financial support. They were told in mid or early December that they would be restricted for the Christmas and Hogmanay period and they suffered significant financial losses. We are now at the beginning of February and they have not received payments. Will you give us an update as to when businesses can expect the payout?

John Swinney: Obviously, a process is gone through to verify that payments are appropriate, but all local authorities are now making the payments. The system is active, working and making payments in all parts of the country.

Obviously, individual local authorities will work to their own pace, but we encourage them to move as quickly as possible, given that the resources are available to be distributed. I am certainly keen to encourage all local authorities to resolve any payments as quickly as possible. It is important that businesses receive payment, but it is equally important that it is appropriate for them to receive payment, so the necessary checks must be made to ensure that we are confident about the spending of public money.

10:15

Alex Rowley (Mid Scotland and Fife) (Lab): I think that every MSP will be getting a lot of emails about schools and the continued wearing of face masks in schools. I looked at this morning's newspaper headlines—I see one that says, "Door

chop is totally unhinged"—and every one of the newspapers seems to be having a go at yesterday's announcement. I note that Hugh Pennington said:

"I'm not sure how much science is behind it. I'm sceptical it's going to make much of a difference. It really is showing that something is being done for its own sake."

What is the evidence behind it?

Perth and Kinross Council, which is Mr Swinney's local authority, made clear in *The Courier* today that it has

"dismissed government proposals to chop the bottom off classroom doors to improve ventilation in schools."

Where are we with schools? Parents are rightly concerned that kids have lost a lot of education in recent times. There is a view that continuing to wear face coverings in school—when face coverings are not being worn in many other places—is a distraction and gets in the way of education.

We then have all the measures that were announced yesterday, which include cutting off the bottom of classroom doors. Should we not be empowering local authorities to produce detailed reports that show what is happening in schools and where they are at, and then to take the responsible steps that they believe need to be taken at local level, or is the centralised control of 32 education authorities and a whole load of measures the right way to do it?

John Swinney: Well, where do I start with that one? There were moments in my tenure as Cabinet Secretary for Education and Skills when—believe you me—I would have loved to exercise more control over local authorities on their performance on education.

The scenario that Mr Rowley puts to me is that the Government should empower local authorities. The Government has no need to empower local authorities to do those things, because they have the statutory responsibility for the delivery of education and the maintenance of the education estate.

Some months ago, local authorities were invited by the Government to set out what steps they were taking to improve ventilation. All the responsibility and scope lies exclusively in the hands of local government. The Scottish Government has made resources available to local authorities to help them to fulfil their statutory obligations in maintaining the school estate and ensuring that good ventilation is available.

There is no centralised control on ventilation. There is guidance that is formulated having taken expert advice. That will be signed off by the Covid-19 education recovery group, which of course includes local authorities—they are heavily represented on that group and will be heavily involved in the formulation of the guidance. The education secretary has previously reported to the Parliament on the feedback that she has received from local authorities about the steps that they are taking in relation to the improvement of ventilation.

Mr Rowley also put to me the issue of face coverings in schools. There is a different set of circumstances in that regard. The school-age population, whom we are continuing to require to wear face coverings, is less vaccinated than the rest of the population, because of the timing of the advice from the Joint Committee on Vaccination and Immunisation. Looking at the infection levels, we can clearly see a higher preponderance of omicron infection among younger people in general—that is a summary position, but it is generally the case—and in the absence of high enough levels of vaccination, because of the JCVI advice, we have judged it proportionate to maintain the wearing of face coverings in schools. Of course, the Government will review the issue regularly, but we consider such a move to be proportionate in protecting young people and staff in the school environment.

Alex Rowley: My daughter is a principal teacher in a high school, and I talk to her constantly about the challenges in schools, so I am well aware of them. However, when the Government comes forward and says, "We'll put £2.4 million into mechanical fans and £300,000 into undercutting doors," I have to wonder how you have come up with that solution and how engaged local authorities have been in it. Is there, at local authority level, some report that sets out the challenges in that particular authority?

I go back to Hugh Pennington's point that there seems to be no real evidence for this and that it is almost a case of being seen to do something. Where is the evidence that, say, spending £300,000 to cut the bottoms off doors in schools is the answer?

John Swinney: In formulating any guidance, the Government draws on evidence from a range of sources, considers that evidence and makes appropriate judgments. I know from chairing the education recovery group for a sustained period over the past few years that we engage significantly with local authorities on all aspects of the formulation of that guidance. Local authorities will be involved in the development of this thinking.

As I said in my earlier answer to Mr Rowley, the Government has sought from local authorities an assurance that they are taking all the necessary steps to configure their estate and ensure appropriate ventilation. That will vary from classroom to classroom and from school to school. I accept Mr Rowley's point that, fundamentally,

this issue has to be handled at local level, but that is exactly what the Government has done.

Alex Rowley: I want to move on quickly and ask you about the backlog in the NHS. A number of months ago, I raised with you the rise of the private sector in Scotland, the use of which seems to be increasing. I am dealing with the case of a constituent who went to the private hospital at Murrayfield, paid £200 to see a consultant, was quoted £14,500 for a hip replacement and then, two days before the operation, was told that the cost would be £15,500 instead. She was told to take it or leave it, because there were lots of people looking for hip replacements.

That was the private sector, but what about the people who cannot afford £200 for a consultation or the £15,500 for a hip replacement? Will we, at some point, start to see details of the backlog, health authority by health authority, and specifically where that backlog is? A lot of people out there are in a lot of pain, and they are on waiting lists for hip replacements, cataract removal and so on. You can see why there has been growth in the private sector, but it is fundamentally a result of the NHS failing to meet people's basic needs. Where are we at with all this? What do the waiting lists and waiting times look like, and how are we going to tackle that, other than by saying to people who can afford it, "You can go to the private sector" and to people who are poor, "You can stay in pain"?

John Swinney: A number of points have to be made in response to that question. First of all, we have had a global pandemic that has affected the delivery of healthcare for the past two years. The committee must be careful that it does not forget about the fact that we have had a very disruptive global pandemic that has put enormous pressure on our health service. I make the point bluntly to the committee that we cannot just wish away the past two years, because they have been hugely disruptive to the health service.

Secondly, throughout the pandemic, the health service has maintained as large a range of core services as possible. Some treatments—for example, for cancer—have been sustained throughout the pandemic. There has been less capacity to provide elective treatments, because we have had to allocate capacity to deal with the pandemic. Indeed, I am reminded that there has been significant resistance to some of the Government's measures to protect capacity in the health service by putting restrictions on the general population. Some of these measures have been resisted in Parliament. However, if the Government had not done that, even more hospital capacity would have been used up dealing with Covid rather than other cases. Therefore, hard choices have had to be made. I regret the fact that, as a consequence of that, some members of the public are waiting longer for treatment than they should have to.

Thirdly, there is a recovery programme under way to ensure that people can receive the treatment to which they are entitled. That work is under way now, and elective treatment is being expanded. The more that we can suppress Covid numbers and Covid hospital admissions, the more scope there is for other treatments to be taken forward.

Finally, in relation to the publication of data on those who are waiting for treatment, waiting times data is made available on, I think, a monthly basis. Is that correct?

Professor Leitch: Some are published weekly and some are published monthly.

John Swinney: Therefore, a range of data is available. I would be surprised if that were not available at a health board level.

Professor Leitch: It is.

John Swinney: It will be available at a health board level, so all that data about who is waiting and for how long is publicly available. Obviously, that data will show that today, in a number of different disciplines, people are waiting longer than they would have done pre-pandemic, but we are working hard to ensure that we address that and as quickly as we can.

Alex Rowley: I am certainly not criticising anybody in the NHS, and I have never criticised the Government for the steps that it has had to take throughout the pandemic—I have certainly supported it. Although you can rake through the data and find a lot of that information for, for example, NHS Fife, it is not clear to me when we are going to get in about tackling that problem or whether we have a plan to tackle it. The private sector is the only option that seems to be available to people who are on long waiting lists for operations such as hip replacements. Therefore, we have a two-tier health system that is operating on the ability to pay. All I ask is that we start to see much more evidence of the Government's plans to start tackling that.

John Swinney: I reassure Mr Rowley that the Government is already investing in excess of £1 billion in the NHS recovery plan to do exactly what he asks of us. It is appropriate and important that we do exactly that.

Secondly, there is limited private sector capacity in Scotland, so the priority for the Government is to ensure that we work with health boards to suppress Covid and maximise the available capacity for non-Covid healthcare, so that we can rebalance the health service and so that we do not have to return to the situation that we have,

regrettably, been in for the past two years of having to allocate an increasing proportion of our healthcare resources to dealing with Covid. It is important that we rebalance that to deal with routine treatments.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): My colleague Alex Rowley has quoted Hugh Pennington twice. He is a highly regarded emeritus professor of bacteriology. We have had advice that improving ventilation in schools could be as easy as cracking open a door. If the Government was looking for advice on how to maximise the ability to keep ventilation right, would it go to a professor of bacteriology?

10:30

John Swinney: There is a variety of sources that the Government would go to. There is a lot of expert opinion available. During my time as education secretary, I spent some time in fascinating discussions with Professor Cath Noakes, a renowned expert on ventilation who, if my memory serves me correctly, is a professor at the University of Leeds. She provided substantive advice to me on those questions. There is a lot of good advice available for us on those questions and it is important that we take it from the people with the right discipline of view.

Jim Fairlie: That is exactly my point. I contest the view that *The Sun* article that quotes Professor Hugh Pennington is a fair way for the public to get that message, because they will hear "professor" and think, "He must know what he's talking about," but he is a professor of bacteriology.

John Swinney: It is perhaps not for me to discuss or question the motivations of media coverage. If we do that, we will be here a long time, I suspect.

Jim Fairlie: The point that I am making is on messaging. We get the daily figures from the Government on the number of infections, the number of deaths and the number of people in intensive care units. It is clear that we have a problem with backlogs in cancer diagnosis and cancer treatments. I have spoken at the committee before about the heartbreak of some of my constituents. In relation to Government messaging, what would be the effect of starting to publish every day how many people were diagnosed with cancer, how many people are diagnosed with heart disease, how many people had had a stroke and how many deaths were caused by each of those illnesses? Would that make people less concerned about approaching the NHS to get themselves checked? I hope that we will start to catch up on some of the latent disease that is clearly lying in the community.

John Swinney: This relates to the answer that I gave to Mr Rowley a second ago, and I will maybe bring in Professor Leitch on this point as well. A substantial amount of data is already published on the number of people who are receiving treatment for particular conditions, the number of people who are waiting for treatment for a range of conditions and the length of time that those individuals are waiting.

A wide cross-section of information is available on that question, which allows the public to judge what progress has been made on addressing the health challenges that we face. Members of the public will be able to look at performance today compared with performance during the pandemic at its height and performance prior to the pandemic to see the comparative situation in which we find ourselves in relation to the disruption that the pandemic has created.

I assure the committee that the Government is taking steps to ensure that as much as possible is done through the health service recovery plans and the capacity that we have and that we are creating to ensure that any backlog of treatment is properly and fully addressed. Those data sets are available for us to judge performance on that question.

Jim Fairlie: Could I come in before you go to Professor Leitch? I do not dispute the fact that the Government has put that data out there, and I do not dispute that the Government has modes of allowing people to understand what is going on, but every day we talk about Covid deaths and hospitalisation. It is clear that that has created a behaviour in our society that says, "Covid—we must react to and deal with that." We do not have the same level of reaction to cancer or any of the other diseases that kill people in large numbers every year in Scotland. My question is, do we need to change our behaviour to get the community to say, "This is as dangerous or more so than Covid"? It is about changing that message. If we presented daily figures and said, "This is the number of people who died of cancer today," it might have the same effect.

John Swinney: I would contest a bit of what Mr Fairlie has put to me. Thinking back over my time in Parliament, I came in here—my goodness, what is it?—23 years ago, when death rates from cancer, heart disease and stroke were significantly worse than they are today. Successive Governments concentrated their messaging and measures on proactive interventions to try to address that. For example, screening programmes were introduced, which raised awareness about the degree of risk that individuals faced in relation to particular conditions. Messaging campaigns were undertaken to raise public awareness about symptoms and signs, and the availability of

screening programmes, in order to try to reduce the number of deaths.

Those programmes have, by and large, delivered better outcomes. Obviously, they have not taken away the risks entirely—sadly, people still die from those conditions. Nonetheless, as a consequence of the investments that were made in messaging to raise awareness, fewer people are dying from those causes.

I say to Mr Fairlie that, just now, we have to focus public attention on Covid because of the threat that it continues to pose to our population. Nevertheless, there are other threats out there, and we absolutely need to raise awareness of them and to get the public to comply in their behaviour to ensure that those threats can be properly addressed.

Professor Leitch: I have some sympathy with Mr Fairlie's position, but his solution is probably a little blunt. His public health messaging theory is good. For two years, there has, around the world, been an intermittent clamour from people saying to the BBC, "Why do you talk only about Covid? Why don't you talk about cancer every day?" That is misguided. We are two years into a global public health emergency that has killed at least 5.5 million people. We are not, anywhere in the world, living in normal times, or anything like them.

We publish cause-of-death data for excess deaths and disease groups, but we do not do so daily. A huge amount of resource is required to get daily data even for a single disease such as Covid, and I think that the public would soon switch off. Our behavioural and communication experts agree with Mr Fairlie that we should get out public health messaging on obesity, nutrition, fitness and all the other things, but listing daily deaths by disease is not the way to do that. We should, of course, use those elements in our communication more broadly.

Another point is that that question is often used to underplay Covid. I know that Mr Fairlie is not doing that; we know each other well enough that I know that that is not where he is coming from. However, there is often a suggestion, when people ask for that approach, that we are overreacting to Covid. That is misguided—we are not. The way to get waiting times down, and to get out of Covid and get back to focusing on the health of the population, is to get Covid down and keep it down. That releases resource and people, and it allows us to get back to some form of normal.

I like your diagnosis, Mr Fairlie, but I am not sure that I am with you on your treatment.

Jim Fairlie: I am awfully glad that you clarified that prior point—I am probably more cautious than normal.

Professor Leitch: Yes, you are.

Jim Fairlie: If I have time for one more quick question, I would like to know where we are on long Covid, in terms of our understanding of it, the effect that we are having on it and how we are treating it.

Professor Leitch: With a new disease, there is new news every day and every week. I remind the committee that, two years ago, Covid did not exist—it is a brand new infectious disease. We have not taken anything away—we have laid it on top of what already exists. It appears to be a complex post-viral syndrome, from which most people recover within 12 weeks. Quite a lot of people have a lingering post-viral disease, but we get that with all viruses. Measles does that to some kids, and glandular fever does it to some people. The vast majority of people recover, with general support, within three months. After three months, some people still feel symptoms, and those symptoms vary hugely—there is a very long list. Tiredness and fatigue are probably the most common, but some people are still reporting gastrointestinal symptoms and others are reporting breathing symptoms.

We are investing in research and providing resource to the health and social care system to care for those people. We want that system to decide what the care should look like. In some places, there will be a single point of contact, or the so-called long Covid clinic. However, we are talking about people with a very complex syndromic disease rather than people with an insulin requirement or breathing difficulty. There might be 20 groups of people with 30 symptoms, and there is not a doctor in the world who can deal with that—it is impossible. There has to be a single point of contact, but people might need physio, diagnostics, neurology and so on, and all of that has to come. That is how the health service works. People will come in a front door, which will probably be the general practitioner, and that front door should then open up and allow access to all the available doors beyond it.

That is how we are trying to deal with long Covid. If the situation changes, and if we get more knowledge of the condition and of treatment—for example, some of the antivirals that have been used to treat the acute disease appear to reduce people's chances of getting long Covid—we will take all those things into account as soon as we get that research.

Jim Fairlie: Thank you.

Brian Whittle (South Scotland) (Con): Good morning. I have a quick question about the earlier discussion on hybrid working. A number of companies have made the point to me that, if we end up with a hybrid working system, a lot of

companies will still have a 10 or 15-year lease on office space, which they have to take into account. There is a cost in delivering a hybrid working model, but the costs that those businesses had pre pandemic remain. I do not know whether the Government has considered that or taken it into account.

John Swinney: I go back to the point that I made in answer to Mr Fraser, that individual companies have to assess how they take forward their working environment as a consequence of the pandemic. The substantive point that I was making is that some organisations have probably found that it is possible to undertake a lot more tasks outwith an office or workplace environment than they previously thought was possible. Obviously, that affects their way of working. There will be consequences of adopting that as a more permanent model, which will include some of the issues that Mr Whittle raises in relation to leasing costs of premises. However, individual companies will have to consider whether they can sustain that approach and whether it is the appropriate approach for them to take.

Brian Whittle: I do not want to labour this point, but the worry is that, in those particular circumstances, there might be thought of leaning on employees to get them back into the office.

John Swinney: I would certainly be very much against that, as I do not think that it is fair work practice to lean on one's employees, to use the terminology that Mr Whittle used—that is not the way to think about the world at all. Many business organisations now realise that it is possible to operate in a different fashion and to perhaps have a more productive working environment. Certainly, given some of the challenges that people face in relation to their travel time to work and all the rest of it, some of that time could be saved and could be put to more productive use. In essence, the best way to ensure that the correct approach is taken is by having dialogue between employers and employees.

Brian Whittle: As I said, I do not want to labour the point but, when a business is under that kind of financial pressure, those decisions have to be made. I am just putting that out there.

I will go on to where my real interest lies. My question follows on from the questions that my colleague Jim Fairlie asked. One thing that Covid has shown us is how much we can change societal behaviour in a short space of time. On Mr Fairlie's point, many conditions such as obesity, diabetes, heart disease, some cancers and mental health problems can be positively impacted by behaviour. More people in our population die from those conditions than from Covid, although I know that we have been in an emergency situation. In my book, as we come out of the pandemic, we have an opportunity to change the fact that we live in an unhealthy part of Europe. How do we use what we have learned from Covid to change societal behaviour for the betterment of health in Scotland?

10:45

John Swinney: There is a significant opportunity. As Mr Whittle has said, this is a moment to reset many of our attitudes in that respect.

In a moment, Professor Leitch will give a much more substantive clinical opinion than the one that I am about to give to the committee—

Professor Leitch: Maybe not.

John Swinney: —given my long-standing clinical and epidemiological background. [*Laughter*.]

Fundamentally, the pandemic has shown us that the healthier you are, the better your chances are of weathering some form of adversity to your health. Some healthy people have been absolutely felled by Covid, but, in general, keeping yourself in a good state of health is an important prerequisite for handling any situation.

There is an opportunity to reinforce messages about our individual responsibility and opportunity to lead as healthy a life as we can. Those messages have been around for a long time, but they need to be reinforced. I know the importance of ensuring that people are physically healthy, eating well and exercising. Routine, several-times-a-day factors can be significant in the amount of weight that we carry, how we feel and how much energy we have.

If I go for a run before I start my working day, I generally have a better day, because I have looked after myself in the morning. All those things count when taken together. I know that such points will resonate with Mr Whittle—us athletes have to stick together. [*Laughter*.]

Mr Whittle makes a serious point about the opportunities, which links to what Mr Fairlie said about public awareness. The messaging that we provide about our health and wellbeing has to equip people with the ideas and arguments that will enable them to be as physically capable as possible of withstanding some of the issues that Covid can throw at us.

I invite Professor Leitch to add to that.

Professor Leitch: That fundamental assessment is correct—although I might make a comparison between professional athletes and amateur athletes, who are perhaps at the front of the room.

Mr Whittle is right that we would do well to take advantage of this moment. Part of that responsibility lies with me and other public health communicators, and part of it lies with other stakeholders, such as MSPs. This is a moment for you all to take advantage of your platforms by making those points to the populations that you serve. Covid has given the population a literacy—which is probably unique in our lifetimes—about vaccination programmes and how to protect ourselves and others.

The Deputy First Minister's fundamental point is correct: the healthier you are, the more likely you are to brave infectious disease, although you are not immune. The country has learned a lot about risk. Not everybody has learned about that, because not everybody understands that concept, but a lot of people have understood that, if they do certain things, their risk will fall. They will not have 100 per cent protection, but the risk might come down a little.

The final thing that I wrote down was "kindness". I think that the population has learned a great deal about looking after one another. That kindness was probably already there, but Covid has brought it out. I hope that we do not lose that, because that is also important for public health—for the elderly, the more vulnerable, the homeless and all those groups in the population that we have looked after as neighbours and friends. I hope that we keep some of that.

Brian Whittle: I have to thank you for calling me a professional athlete. I think that that finished a good 2 stone ago.

John Swinney: Just the two?

Brian Whittle: Muscle is so much heavier than fat. [*Laughter.*]

The fact that we have a huge opportunity to reset is a massively important point. That might be contrary to the approach of publishing the sort of data that Mr Fairlie talked about. I would like to think that we could do it from a positive perspective, which means opening up opportunity that has been significantly curtailed during the pandemic. To have that sort of impact, we will need to not just go back to the level of opportunity that we had before but go much further. I want to understand the Government's thinking on that.

Speaking anecdotally, I am still doing athletics coaching, so I know that we have limited access to the track—it is open only at certain times, which I do not understand. My mother cannot go to her exercise classes at the moment. It is not just about getting back to where we were. It is about how we take this opportunity and go much further.

John Swinney: There is a set of events and arrangements that have not yet restarted. To take the example of Mr Whittle's mother's exercise class, obviously, we are trying to get all these arrangements back up and running as soon as possible. My father's exercise class has been going for some time now, and he goes to it and it is great for him. I am delighted that he does that. We are trying to get some of these events back up and running, and we are now in a position where that is plausible, because of the improvement in the Covid situation generally.

There is another set of circumstances—to refer again to Mr Whittle's question—whereby there are public facilities that stand locked up quite a lot for no good rational reason. We need to maximise the use of those public facilities. Of course, some of that might be tied up in the contractual arrangements that procured those facilities, and I encourage public authorities to stretch those arrangements and ensure that they are not an impediment to their use, because the activities that Mr Whittle talks about are possible in communities if there is access to appropriate facilities.

A third element is about the general messaging that tries to get to the point of principle that Professor Leitch was talking about, which is basically that, the healthier you are, the greater your ability to withstand the health adversities that might come your way. Therefore, encouraging public messaging about exercise and looking after individual health is critical as part of the preventative health interventions that we are able to take forward.

Lastly, there are good examples in the health service of interventions being designed—I say this for simplicity—not by the prescription of drugs but by the prescription of exercise. Increasingly, health professionals are trying to say to people, "Look, you'd be better off joining an exercise class than me prescribing you something." That is important in winning hearts and minds about how we can individually take steps to strengthen our health and wellbeing.

Brian Whittle: But the opportunity has to exist—

John Swinney: Yes.

Brian Whittle: —and that is where I am going with that point, Mr Swinney. The Government's responsibility is to make that opportunity available, and the messaging comes after that.

John Swinney: I would agree, where we can do that, but I would simply say that, to my knowledge, the Government does not run any leisure facilities in the country. We are hugely dependent on local authorities for the running of leisure facilities. I am not trying to split hairs—it is a very practical point. I encourage local authorities, in deciding their priorities, to create the opportunities for exercise events.

I can think of really good examples that I have seen in my constituency, where health professionals have gone along to lunch clubs for senior citizens and persuaded them to get involved in a wee bit of exercise, sitting in their chairs, before they have their soup and sandwiches. When health professionals have gone along to such events in the community and engaged with people in that way, those interventions have helped to strengthen mobility and to push against the frailty of some of our senior citizens.

There are simple things that can be done, and I assure Mr Whittle that the Government will be engaged in messaging about that activity and on the substance of those interventions, where we are able to do so.

John Mason (Glasgow Shettleston) (SNP): Before Christmas, when we heard about omicron, the message from South Africa seemed to be that it was transmitting faster but was less serious than previous variants. Various reasons were given for why we should not accept that that would be the case here—it was mentioned, for example, that South Africa had a different climate and that the population was younger. Looking back, should we have accepted the South African experience more readily?

John Swinney: I do not think so, and I think that the evidence bears out why that is the case. In my opening remarks, I talked about the fact that we are in a much stronger position in relation to the number of people in hospital with Covid. However, although that figure is falling, it is still double what it was just before Christmas.

Before Christmas, in this committee and externally, I used language that warned about the galloping nature of omicron and what that would do to hospital admissions, and it did, indeed, affect hospital admissions in the way that I said that it would. Hospital admissions reached very significant levels—at its height, the number of people in hospital with Covid came very close to 1,700. Comparatively, that was a very high level, and it got there very quickly, at a time when the rest of the health system was under all the acute pressures that winter brings.

Therefore, I think that the preventative measures that we put in place were necessary to avoid us getting to a position where our health service was overwhelmed. It is clear from looking at the pace of the increase in hospital admissions that took place prior to Christmas that, if we had not acted but just allowed omicron to take its course, the health service would have been overwhelmed. I am pretty certain of that.

I do not know whether Professor Leitch wants to add to that.

Professor Leitch: I will be uncharacteristically brief. We should accept anecdote from nowhere and evidence from everywhere. When the South Africans had evidence, we accepted it. When the South Africans had anecdote, we did not.

John Mason: Thank you for that. I turn to vaccination. Every week or so, we get figures from the Scottish Parliament information centre on how many people have been vaccinated. We know about the vaccination of people from ethnic minorities and how levels of deprivation, age and so on affect vaccination rates. We also know about vaccination levels in the cities, on which we do not seem to be making much progress. In the four main cities, the figure for those who have had the booster is around 60 per cent. That seems to have been fairly static for a while. Should we be relaxed about that or is there a problem? Is it accepted that we cannot make progress on that?

John Swinney: We should certainly not be relaxed about it, and we should not resign ourselves to that being the case. That is why every possible attempt is being made to invite people to get the booster vaccination. For example, in the run-up to the turn of the year, the volume of messaging and communication to encourage people to come forward for the booster was colossal, and we made significant progress in that respect. We were within clipping distance of 80 per cent of the eligible population being reached by 31 December.

11:00

We are now deploying a range of other interventions, including writing directly to everybody who has been vaccinated with the first and second doses but has not yet had the booster dose to encourage them to get it and provide them with the means of doing so. Extensive walk-in facilities are still available all around the country, particularly in our cities, to make sure that people have ready access to opportunities of that type. A variety of steps have been taken in relation to communication and practical availability to make sure that people have access to vaccination, and that is not something that we should give up on.

Professor Leitch: Fundamentally, that covers it. There are some stragglers who will never come. There are some people who require questions to be answered, and we are trying our best to get to them, whether they are young people or, for example, Polish people, who are quite vaccine sceptical. We have talked about that in this committee before. There are ethnic minority groups that particularly need the language to be expressed in a literate way that they and their community leaders can understand. We are trying to tackle each of those groups. With regard to some of the over-60s, we managed to get them to

come for a second dose, but they are not quite ready for their booster yet.

I think that John Mason is right. In general, the broader population in the cities is less vaccinated, and we should tackle that as best we can. We have vaccine leads in each health board who are trying, as much as possible, to do bespoke comms and delivery to each of those communities, or sets of communities. MSPs should absolutely do everything that they can do to help.

John Mason: Sticking with the vaccine theme, where are we on 5 to 11-year-olds? Has there been any change in the JCVI thinking or is the roll-out still just to the vulnerable ones?

John Swinney: Children in that age group who are clinically vulnerable or are in households where there is a clinically vulnerable adult are now the subject of the roll-out of the vaccination, and that is under way in different parts of the country.

John Mason: Do we know whether the JCVI is looking at vaccinations for all 5 to 11-year-olds, or is that not on the table?

Professor Leitch: It is constantly looking at that. At present, its position is that it is not recommending that. It is not due to a supply problem; it is a public health decision and a risk benefit decision for the JCVI. We now have the paediatric Pfizer vaccine in the country and we are able to give it. We do not have much, but that is not the JCVI's problem, as it will not make the decision based on supply. If it says that the vaccine should be rolled out to all 5 to 11-year-olds, we will have to make choices as we try to buy more paediatric Pfizer vaccine, which is now being used around the world.

The JCVI's present position, which it reinforced last week or the week before, is that it is not presently recommending roll-out to all 5 to 11-year-olds, although that could change any week, frankly.

John Mason: Okay. Looking ahead to future vaccinations or boosters, we know that protection and immunity wane over time, so what is the present thinking about when people will need a fourth dose? Will that be before next winter or earlier than that?

John Swinney: The JCVI has decided not to recommend further booster vaccinations—which would be a fourth dose—for the over-80s, although it specifically considered that proposition. We await further advice from the JCVI about what might become the more routine approach to vaccination for future programmes. Obviously, that will depend significantly on the course of the pandemic, what we experience between now and then, and whether a new variant emerges.

I return to a point that I have rehearsed with the committee before. In late November, the Cabinet took a view on the Tuesday that the pandemic was quite benign, and, by the Thursday, we had omicron. Things can change very quickly, and we stand ready to deploy whatever is necessary to deliver on the vaccination advice that we receive from the JCVI. What reassures us is our solid experience of delivering a colossal vaccination programme with significant efficiency and effectiveness. That should give us confidence that we can pivot in order to take forward whatever the JCVI proposes.

John Mason: I think that you said that the strategic framework will be published in about three weeks' time, perhaps after the recess. Can you say anything more about where we are heading in that respect? Will we continue to take a gradual, step-by-step approach?

John Swinney: The reason why we are taking time to gather evidence and consult is that we would rather put in place a strategic framework with significant longevity to give people confidence and certainty about how we intend to position ourselves to manage the pandemic. We think—we hope—that we have the opportunity to do that. Now that we are in a slightly becalmed situation, we can set out our assessment of the current situation, our view of what approaches might be necessary to manage the pandemic on an on-going basis, and the steps that we would need to take should we have to intensify any of our actions for dealing with the pandemic.

We therefore hope that the framework will have a longer perspective than we were perhaps able to give during the pandemic, when, of necessity, we had to change some of the foundations of our framework approach to reflect the fact that the course of the pandemic had changed significantly right in front of us.

John Mason: Thank you very much.

The Convener: That concludes our consideration of agenda item 1. I thank the Deputy First Minister and Professor Jason Leitch for their evidence.

We move on to agenda item 2, which is consideration of the motions on the made affirmative instruments that we considered under item 1. Deputy First Minister, do you wish to make any further remarks on the SSIs?

John Swinney: It might be helpful if I place on the record some remarks about the various regulations.

Before the committee are motions to approve two emergency health protection instruments. The Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No 2) Regulations 2022

implement the second phase of the lifting of the omicron response measures, removing indoor capacity limits for live events as well as physical distancing and table service requirements, and allowing nightclubs to reopen. On the reopening of nightclubs, the regulations also make a small change to the definition of "late night premises" in relation to the certification requirements.

The Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No 3) Regulations 2022 amend the face covering requirements so that, in the circumstances that are set out in the principal regulations in which a person is permitted not to wear a face covering because they are at least 2m away from other people, that distance is reduced to at least 1m.

Also before the committee is a motion on the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 2) Regulations 2022, which add the Dynamic New Athletics event to the list of specified competitions in the principal regulations. That indoor athletics event is due to take place on 5 February 2022 at the Emirates arena in Glasgow. The amendment is being made to allow international sportspeople and ancillary staff who are coming to Scotland to compete in the event to be eligible for the elite sportsperson exemption.

Finally, there are the regulations on the early expiry of provisions in paragraphs 18(1) and (3) of schedule 4 to the Coronavirus (Scotland) Act 2020. The provisions in question allowed the Parole Board for Scotland to make use of a live link for the entirety of parole proceedings during the Covid pandemic, rather than conducting face-to-face hearings. The Parole Board (Scotland) Amendment Rules 2022, which were laid on 24 January 2022, make equivalent permanent provision in the rules that will take effect from the point of expiry. That will avoid any gap in the Parole Board's ability to conduct remote hearings and will future proof its proceedings in case there is a future pandemic or another reason why face-to-face hearings would not be advisable.

Motions moved,

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No. 2) Regulations 2022 (SSI 2022/13) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No. 2) Regulations 2022 (SSI 2022/25) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No. 3) Regulations 2022 (SSI 2022/29) be approved.—[*John Swinney*]

Motions agreed to.

The Convener: The committee will publish a report to the Parliament in due course, setting out our decision on the statutory instruments that we considered at this meeting.

I again thank the Deputy First Minister and Professor Jason Leitch for their attendance.

Coronavirus (Scotland) Act 2020 (Early Expiry of Provisions) Regulations 2022 (SSI 2022/11)

11:11

The Convener: Agenda item 3 is consideration of a negative instrument on which the committee took evidence under agenda item 1. No motion to annul has been lodged. Do members agree that we have no recommendations to make on the regulations?

Members *indicated agreement.*

The Convener: The committee's next meeting will be on 10 February, when we will consider our work programme in private. That concludes the public part of our meeting.

11:12

Meeting continued in private until 11:19.

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