

COVID-19 Recovery Committee

15th Meeting, 2021 (Session 6), Thursday, 16 December 2021

SPICe: issues paper

This note highlights some issues Members may wish to take account of when the Cabinet Secretary speaks to the committee. The note also highlights some of the questions posed by members of the public in the Committee's engagement activity.

Vaccine rollout

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

The committee heard from two panels of experts, and range of practical solutions were identified (see separate SPICe note summarising these). Members may wish to discuss these ideas with the Cabinet Secretary.

The [Scottish Government announced on 12 December](#) that all 30-39 year olds can book their appointment online for a COVID-19 vaccine booster from Monday 13th December, with 18-29 year olds being able to do so "later in the week". The [FM also said](#) that booster jags would be offered to "all eligible adults by the end of this year if possible".

Members may wish to discuss the logistical challenges of the accelerated vaccine rollout, and the knock on effect on other parts of the health service, (e.g. deferred appointments), and the [redeployment of staff](#) to participate in the vaccine rollout.

Omicron variant

The [First Minister announced on 10 December](#) a tightening of isolation requirements for contacts of confirmed Covid cases. The First Minister is due to provide an update on Tuesday 14 December.

The Scottish Government published an [evidence paper on 10 December](#) which concluded that “The evidence that Omicron is here and is spreading fast, and uncertainty over how it responds to vaccines and how much severe illness it causes, are grounds for concern about what might happen as it becomes the dominant strain of the virus.

Following [recommendations from the UK Chief Medical Officers](#) on 12 December, the [UK Covid threat Level](#) was raised to the second highest level 4, set when “a COVID-19 epidemic is in general circulation; transmission is high and direct COVID-19 pressure on healthcare services is widespread and substantial or rising”.

Members may wish to discuss:

- **The Scottish Government’s most recent understanding of the variant, for example on transmission, health outcomes, vaccine effectiveness, and prevalence within Scotland (including who is infected, for example by age, sex and geographical location)**
- **The implications of this on hospital admissions, ICU admissions and deaths; and the impact on the indirect health effects and the operation of the health service, and specifically the impact of absences, due to isolation, on the health, social care, other public services, and other key sectors of the economy**
- **The quality of the underlying data and evidence to support this analysis, the results of Scottish Government modelling, and what that tells us about what the situation could look like over the next few weeks**
- **The evidence base, and the thinking behind decisions to implement different baseline health measures, and how the four harms are weighed up (direct and indirect health effects, economic impacts, and social impacts)**
- **Latest thinking on financial support, for example for hospitality (given the recommendations to defer Christmas celebrations), for the increased number of people asked to self-isolate (for example through the Self-Isolation Support Grant referred to in the paper relating to the bill)**

Winter planning

The Committee [wrote to the Cabinet Secretary on 30 September](#) highlighting issues related to the Vaccination Certification Scheme. One of the suggestions from the Committee was that the government should set out a winter plan

“to highlight what measures will be introduced to tackle a worsening state of the epidemic should it arise, including whether there is any scope for the vaccination certification scheme to be widened. This would enable businesses to adequately prepare and may alleviate the impact of any further measures should they be required”.

The [Cabinet Secretary responded on 28 October](#), and said

“We plan to publish a further update of the Strategic Framework shortly, which will explain our approach to managing the pandemic over the late autumn/winter period”

The Cabinet Secretary also said in his response

“We hope that these scenarios – such as a new variant of concern that is worse than, and replaces, the now dominant Delta variant – do not become the reality, but we need to be ready in case they do. We already have our system of protective levels of graduated restrictions, which would enable us to respond in a targeted and proportionate way, potentially tailored by geography, in response to epidemiological conditions. Alternatively, we might pursue specific measures on certain high-transmission risk settings that avoided the need for a more general levels approach and thereby alleviated broader harms. This could potentially include extending Certification to a wider range of settings”.

The [updated Strategic Framework](#) was subsequently published on 16 November. This included the continuation of the previous strategic intent

"to suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future."

The plan included the 'four harms' approach in weighing up decisions about the imposition or easing of protective measures, and set out the continuation of the six elements of framework

- [Vaccination](#)
- [Test and Protect](#)
- [Protective measures](#)
- [Managing the risk of importation](#)
- [Supporting adherence](#)
- [Providing care and support to mitigate the harms of the crisis](#)

Members may wish to discuss the degree to which, in retrospect, the strategic framework met the aspirations of the committee's suggestion for a winter plan in the event of a worsening situation, and as the committee hoped, has helped businesses adequately prepare.

Some questions from the public

This is the eighth week of running the online engagement tool "Your Priorities" for the committee. By the time we 'closed' this week's submissions on 6th December, we had received 58 questions from the public to date. Twenty-two questions have been raised in previous Committee meetings so far.

Full details of the questions are available on the [consultation website](#). The questions have been analysed and grouped into themes. In some cases, the issues raised in the questions have been combined to produce broader questions the Committee may wish to put to Scottish Government Ministers.

Schools and Colleges

- Has transmission in Scottish schools been underestimated? Will the Scottish Government be increasing the level of in-school mitigations to prevent schools further amplifying the spread of Covid-19, including increasing ventilation and using HEPA air filters? ([Anonymous submission](#))
- How is Scot Gov assessing Long Covid risks in children? When considering the balance of harms associated with Covid and various mitigations, how is the Scottish Government assessing the risks associated with Long Covid for children and how often is it updating its assessment? ([Anonymous submission](#))

A number of questions continue to come in relation to **ventilation**:

- How are the Scottish Government spending funds to ensure all schools can improve air circulation to stop the spread of the virus? Improvements don't appear to be happening quickly enough. ([Campbell, Edinburgh](#))

Questioner frustrated at lack of upgrades, especially when children are asked to wear warm clothes to school to keep warm when windows are kept open.

- What lessons have been learned in relation to Covid-19 & buildings in Scotland & do the Committee and the Scottish Government believe we are doing enough to address the problem of infected air indoors?
- A number of people have been in touch with the committee about mask wearing in schools and colleges, some are concerned about the inconsistent approach to mask wearing in education settings, with pupils in a college in Western Isles concerned that in some classes only the teacher wears a mask.

Others are questioning why pupils are being told to wear a mask, while many

in the adult population are not bothering to wear face coverings?

- Can the government clarify their policy on mask wearing in education settings?
- The European Centre for Disease prevention and Control (ECDC)'s definition of a high risk contact includes a person who has "been in a closed environment (house, classroom, meeting room, hospital waiting room, etc.) with a COVID-19 case for more than 15 minutes." (Source: <https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>) Why is the Scottish Government no longer using the 15 minute definition used by other countries?

What evidence is there to support the Scottish Government's new definition which means that someone who has been in a classroom with a positive case for more than 15 minutes is no longer considered to be at high risk of transmission? ([Concerned Citizen, Aberdeenshire](#))

Impact on Health and Social Care

- When will my daughter will be able to get her assessed 5 days a week support at her Resource Centre? (Adult Disability Day Resource Centres are still working at level 3, yet the whole of Scotland is at level 0, while ASN schools are open, festivals etc.) ([Jacqueline, East Dunbartonshire](#))
- When will acute mental health wards review restrictions? (Meetings with relatives have ceased which has meant key people are removed from discussions, information and planning for discharge; patients are not encouraged to cook or wash their own clothes, these skills and confidence are then impacted upon discharge; the requirements to isolate are beyond measures in other settings and this is causing distress and loneliness.) ([Jodie, Renfrewshire](#))
- Why were care homes and their clients not protected better? ([Kathleen, Glasgow](#))
- What funds will be made available to support third sector organisations who support health and social care and have been negatively impacted by the pandemic? ([Kirsty, East Ayrshire](#))

Self-Isolation

- Why have provisions been stopped for people who have been told to isolate by a medical body after receiving a positive test? ([anonymous](#))
This question could be useful as part of an introduction to the scrutiny of the Self-isolation Bill

Access to Vaccine/Booster:

- Why are people having to go on 20, 60, or even 90 mile round trips to access the booster? People in Dunbar are being asked to travel as far as Livingston to receive their booster. ([Soorat, East Lothian](#))
- Why are we relying on letters and long queues in phone lines to access the vaccine, without an online booking system as seen in England? Whose idea was this and why was it chosen? ([Lesley, South Ayrshire](#))

Booster and Flu Jag rollout: Impact on people with long term health conditions

- Why has the Scottish Government and NHS Scotland chosen to vaccinate the over 50s with the winter flu jab in 2021 before the under 50s who have a serious underlying health complaint? What is the rationale for a healthy over 50 year old receiving their flu vaccination BEFORE a 22 year old who suffers with severe asthma and an autoimmune condition? Normally, the latter would have been vaccinated early in to October, nearly November and still no appointment. Is this a game of roulette with people's health that the Government and NHS are playing? ([Cheryl, Aberdeenshire](#))

Vaccination Uptake

- What can Ministers do to encourage health boards to actively partner with their local voluntary and third sector to help ensure the vaccine programme is fully inclusive of and accessible to marginalised populations including patients who are frequently 'missing in health', including homeless people, people whose first language isn't English, people living in poverty and people with serious mental health issues? ([Voluntary Action Scotland](#))
- A number of people have asked why the vaccination programme is not mandatory/compulsory? (Multiple Submissions)
- Why is it so difficult to obtain a medical exemption to vaccination due to concerns about allergies or family history of clotting? ([Eliza, East Ayrshire](#))

Increasing Restriction Levels

- Why were restrictions lowered so soon after cases started to fall? Surely this would have only increased the rise like we are seeing now? ([Anonymous submission](#)) Why not return to stronger mitigation measures, especially as cases are increasing and many cases could lead to Long Covid? ([Graham Checkley](#))

Decreasing Restriction Levels and achieving herd immunity

- Conversely, another member of the public has asked about removing the need for restrictions and vaccine passports and instead achieve herd immunity? Why is the government not pursuing that strategy instead? ([Campbell, Edinburgh](#))

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13 December 2021

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