



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# COVID-19 Committee

**Wednesday 10 March 2021**

**Session 5**



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**COVID-19 COMMITTEE**

**9<sup>th</sup> Meeting 2021, 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)

\*John Mason (Glasgow Shettleston) (SNP)

\*Stuart McMillan (Greenock and Inverclyde) (SNP)

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

Beatrice Wishart (Shetland Islands) (LD)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Willie Rennie (North East Fife) (LD) (Committee Substitute)

Dr Gregor Smith (Scottish Government)

Nicola Sturgeon (First Minister)

**CLERK TO THE COMMITTEE**

Sigrid Robinson

**LOCATION**

Virtual Meeting



## Scottish Parliament

### COVID-19 Committee

*Wednesday 10 March 2021*

*[The Convener opened the meeting at 11:00]*

### Decision on Taking Business in Private

**The Convener (Donald Cameron):** Good morning, and welcome to the ninth meeting of the COVID-19 Committee in 2021. The committee has received apologies from Beatrice Wishart, who is attending another committee meeting. I welcome Willie Rennie, who is attending as substitute for Beatrice.

The first agenda item is to decide whether to take item 3, which will be consideration of the evidence that we will hear today, in private. If any member disagrees, please type N in the chat bar.

It appears that no member disagrees, therefore we agree to take agenda item 3 in private.

## Next Steps

### Coronavirus (Scotland) Acts (Amendment of Expiry Dates) Regulations 2021 [Draft]

### Coronavirus (Scotland) Acts (Early Expiry and Suspension of Provisions) Regulations 2021 (SSI 2021/93)

11:01

**The Convener:** Under agenda item 2, the committee will take evidence on the next steps in the Covid-19 pandemic from Nicola Sturgeon, the First Minister, and Dr Gregor Smith, the chief medical officer for the Scottish Government. I welcome you both to the meeting. First Minister, I invite you to make an opening statement.

**The First Minister (Nicola Sturgeon):** Thank you, convener. I very much welcome the opportunity to join you today, along with the chief medical officer. We both look forward to the discussions ahead and to answering your questions on our overall strategic approach to Covid, on the detail of the emergency legislation—to the extent that you want to get into it—and on any other issues that are of interest to the committee.

I will keep my introductory remarks brief, but I have some of today's figures—albeit that I do not have all of them; it is a bit early in the day for that—which, I think, it might be useful to share with the committee.

Yesterday there were 691 new cases reported, and the test positivity percentage was 3.1 per cent of all tests carried out. Unfortunately, a further 20 deaths were registered in the past 24 hours, which means that the total number of deaths under the daily measurement that we use is now 7,461. I am sure that the thoughts of all of us are with those who have been bereaved over the past year.

Later today, National Records of Scotland will publish its weekly report on deaths, and the Scottish Government will publish the daily figures on the number of people who are currently in hospital and in intensive care. We know from recent days that both those numbers have been declining; we hope that we will continue to see that trend in the days to come.

I will also give you the information that I have so far today on the progress of the vaccination programme. As at 8.30 this morning, 1,809,158 people have received the first dose of vaccine, which is an increase since yesterday of 19,781. As I have said, most recently yesterday in the Parliament, over the past couple of weeks a dip in the supply of the vaccine has resulted in the dip in

the daily vaccination rate that you can see from the latest figure, but we expect supplies to increase from the middle of this month. We expect that the daily vaccination rate will, consequently, pick up again.

We have now vaccinated virtually everybody in the over-65 age group and, to date, 44 per cent of 60 to 64-year-olds, 37 per cent of 55 to 59-year-olds and 30 per cent of 50 to 54-year-olds. We are still on track, and we expect to stay on track, to offer first doses to all over-50s, all unpaid carers and all adults with an underlying health condition by the middle of April.

The progress on the vaccination programme, coupled with the progress that has been made in suppressing the virus, gives us more grounds for optimism now than we have had for some time, and it has opened the way to getting children back to school in a phased way. Progress allowed me to set out to Parliament yesterday some very modest but, I hope, important relaxations of the restrictions that are in place, in particular around our ability to meet other people outdoors. As I said yesterday, next week I will set out a more detailed indicative timeline for the opening up of the economy.

To reiterate what I said in my statement to the Parliament yesterday, despite all the positive news that we have to report and reflect on, we still need to be cautious. We still face a number of risks that will materialise if we start to come out of lockdown more quickly than the vaccination programme gives protection across the whole population.

The virus that we are dealing with now is more infectious than the one that we were dealing with as we came out of lockdown last year. Right now, the new variant accounts for around 90 per cent of all new cases in Scotland. The reproduction number is below 1, but we believe that it is not much below 1. As we start to ease restrictions, there is a risk that it will go above 1 again, so we need to be careful in what we do.

As you can see from the information that I have shared today, although case numbers have fallen significantly—down to 691 new cases yesterday—they remain higher than we want them to be. Having the virus circulating at such a relatively high level, although it is much lower than it was, poses the risk that it will, as we start to ease restrictions, run out of control again. That all means that we have to be careful, cautious and very considered in what we do, so that the progress that we are making out of lockdown continues to be steady. Progress might not be as quick as we would all love it to be, but we hope that if we get the timing right, progress will be steady and will go in one direction, rather than our suffering setbacks along the way.

I imagine that this will be the last time that I appear before the committee in this parliamentary session. Therefore, I take the opportunity to thank the committee for the immense amount of work that it has done, in very unusual circumstances over the past year, to scrutinise what the Government has been doing on an emergency footing. I know that it has not been easy, but the Government has—usually—appreciated the committee's contribution and input. Therefore, I convey my thanks to all members of the committee for their work.

I will stop there; I am sure that the committee has lots of questions.

**The Convener:** Thank you, First Minister, and thank you for the comments that you made at the end of your statement. We will move to questions. Members will each have about 10 minutes to ask questions of witnesses. As ever, I ask that questions and answers be as concise as possible. If there is time for supplementary questions, I will indicate that, once all members have had a chance to ask their questions. If members could indicate to whom their questions are directed, that will assist broadcasting staff.

I will ask the first question. The Government's current aim is to return to the levels system on 26 April, which is about six or seven weeks away. In the light of the vaccination roll-out and the progress that we seem to be making, what is preventing us from returning more quickly to a localised approach—in particular, given that the levels system allows the Government still to apply rigorous protection measures while taking account of local circumstances?

**The First Minister:** In short, the degree of caution is appropriate. Perhaps the islands would be an exception, and prevalence is lower in some parts of the country than it is in others. However, we still have a virus that is circulating at levels that are too high for comfort. We also know that the variant of the virus that accounts for almost all—around 90 per cent—of the virus that is circulating in Scotland right now is much more infectious. From pretty hard experience in the final part of last year and the first part of this year, we know that it transmits quickly. We do not yet have experience of how far and fast the variant will spread as we start to lift restrictions. Although we are making really good progress with the vaccination programme—about 40 per cent of the adult population is now vaccinated—we need to get the percentage higher in order to reach the degree of protection through vaccination that will replace protection through lockdown measures.

We are, rightly, being cautious in order that, as we start to lift the restrictions, we make sure that we have as much certainty as we will ever have in

such a situation that we will not immediately be overtaken by spread of the virus.

It is also the case that we are taking some quite significant steps right now, through the return to school. We have substantial numbers of primary school pupils already back full time in school, and the number will increase significantly from next week. We still do not know what impact that is having on transmission. We are monitoring it carefully, but it is too early to be definitive, given the life cycle of the virus.

We just need to be cautious. The last thing that we want to do is go faster because we are all impatient to get back to normal, then find that that sets us back so that, in some or all of the country, we would live with the restrictions for longer than would otherwise have been necessary.

I will make a final point, to which Gregor Smith might want to add. I will set out more of our expectations around this to the Parliament next Tuesday, but I hope that, initially, as we come out of lockdown measures, we can do so as one country and then, in the future, if we have outbreaks or flare-ups, we can use the levels system to deal with them. However, I hope that at least some substantial parts of easing of lockdown can apply across the country. Of course, it might very quickly be possible for some parts to go faster—I am talking about island and rural communities, in particular.

As I said in my initial statement, the exit from lockdown might be slower than any of us wants it to be, for good reason—that is true across the United Kingdom—but my focus and priority are to try to make it steady and one-directional, rather than going too fast now and finding that we take one step forward but two steps back. I cannot guarantee that we will not have to do that, but I think that a bit of caution at this stage is the best mitigation and protection against it that we have.

**The Convener:** Chief medical officer, do you wish to add to that?

**Dr Gregor Smith (Scottish Government):** I am happy to expand a little bit on that. We are dealing with a different situation to that which we faced last summer as we began to exit lockdown, because the virus that we are now dealing with is in many respects different to the one that we had become used to, simply in how it behaves. We are taking a considered and measured approach to how we begin to change the restrictions that we have been living with. It is important that we do not tip the balance in the virus's favour again, but there is a real risk that that will happen if we move too quickly and use too wide a scope.

The virus that we are now dealing with is somewhere between 30 and 70 per cent more transmissible than the virus that we had been

used to dealing with, so it is right that we just take that little bit of extra care and pay extra attention to examine all the data that is available to us and ensure that we do not tip the balance in favour of the virus and allow it to get a foothold.

I am conscious of the fact that, as we exit some restrictions, we still have a fairly high level of the virus circulating in the country. It would not take much upward pressure on the R number before we would see transmission begin to take off again.

I think that what we are doing is the safest way of ensuring that we have a sustainable exit from the measures, and that we do not find ourselves having to reapply them quickly afterwards. No one wants that.

**The Convener:** Thank you. I will stay with you for my next question, Dr Smith.

We all accept that vaccination roll-out is dependent on supply, but once vaccination of the initial priority groups is complete—by, say, the middle of April—what is the expected weekly vaccination rate, and when do you expect that vaccination of the adult population will be completed, in particular given that the Moderna vaccine is coming online quite soon?

**Dr Smith:** The weekly vaccination rates will be wholly determined by the supplies that are coming into the country at that point. I do not have detail on what will happen that far ahead, so I cannot say exactly what the numbers will be. However, we certainly have capacity now to deal with significant numbers of vaccinations daily and weekly, so that we can get through the vaccination programme as quickly as we all want to get through it.

We all recognise that the sooner we provide protection beyond the initial nine groups that we have identified through the Joint Committee on Vaccination and Immunisation, and into the groups under the age of 50, the sooner we will be likely to see very much less mortality and morbidity throughout the country.

We will be keeping in close touch with the other UK nations, the UK Government and the suppliers to make sure that as soon as the vaccine supply pipeline begins to open up again, as the First Minister has already outlined, our health and social care workers across the country can get vaccines into arms as quickly as possible.

11:15

**The Convener:** My final question is about the potential extension of the emergency legislation. Last week, the committee heard powerful evidence from Inclusion Scotland, representing disabled people, and from the Scottish Police Federation. From very different perspectives, they

are of the view that instead of simply extending the legislation after a year in which so much has happened since it was passed, there is a strong argument for taking stock to see what has and has not worked, especially given the impact on civil liberties. Does the First Minister have any comments on that?

**The First Minister:** Before I go on to that, I say—to complete the answer to the previous question—that we hope to get back up to around 400,000 vaccinations per week, if supplies permit, in order to meet that mid-April target. We were due to get there a few weeks ago, but the snow meant that we fell just short of that. Our aim—again, supplies permitting—is to have offered a first dose to the whole adult population by the end of July. That is the target that we are working towards. It will be dependent on supplies, but we are reasonably confident that we can hit that end of July target.

I have a lot of sympathy with the question on emergency legislation. People might be sceptical about politicians saying what I am about to say; I do not want emergency legislation to be in place for a moment longer than it has to be. However, we are still in an emergency, so it is important that we have a commensurate degree of flexibility and adaptability, which is why we think that the extension is appropriate. We look very carefully at each provision of the emergency legislation to judge whether it is appropriate and whether it is proportionate to continue with it. We have already decided to change some provisions.

The extension would, of course, be until September. There is no provision, without further primary legislation, to extend beyond September. It will, obviously, be for the incoming Administration after the election to make judgments and assessments about that. However—this might attract some scepticism; and perhaps my body language does not always suggest that I mean what I am about to say—proper and normal parliamentary scrutiny is what we all aspire to get back to for all such things, because that makes for better legislation and better decisions.

We need to make sure that we hear the voices of people who are most affected by the emergency provisions. We will do everything that we can to ensure that disabled groups are included and heard when we are designing and delivering new policies. We have some good experience from the past—when we consulted on reforms to the Adults with Incapacity (Scotland) Act 2000—on making that an accessible process. There is much work to be done on that, but given the degree of emergency that we continue to face, a legislative framework that allows the Government to properly

respond to that is—I think—necessary, appropriate and proportionate.

**The Convener:** Thank you for those answers. I turn now to the deputy convener, Monica Lennon, for her questions.

**Monica Lennon (Central Scotland) (Lab):** Thank you, convener, and good morning. At the start of the pandemic we heard it said a lot, not just in Scotland but around the world, that we are all in it together, but we know that that is not the case. The pandemic has highlighted the disproportionate impact of the virus on people from low-income backgrounds. What has the Government done to address that, and what further targeted action is planned to reduce inequalities?

**The First Minister:** I will kick off on that. We are all in this together, but it became obvious very quickly—it should always have been obvious—that our experiences are not the same.

People who have secure employment, a comfortable home environment and plenty of space to work from home are in a much easier position—although I do not think that anybody is in an easy position during a pandemic—than somebody who is living in cramped accommodation, who is worrying about how to pay the bills or who has perhaps lost their job. The exacerbation of pre-existing inequalities has also been obvious.

In the interests of time, I will not go through every single detail, although we can provide the committee with that if it does not have it. From the outset, we have provided targeted investment to try to help those who need it most, such as those who are already living in poverty or who are in positions of inequality, and those for whom such situations developed throughout the pandemic. That investment ranges from the additional money that was given to local authorities to support service delivery, to the £148 million that we made available right at the start of the pandemic to tackle food insecurity. We developed the winter hardship payment, again to put money into the pockets of people who needed it most. We put additional funding into the Scottish welfare fund. We established the self-isolation support grant. We added funding to the discretionary housing payment fund. We made additional payments to carers through a specific coronavirus carers allowance supplement. We invested a lot in connectivity to mitigate the digital divide. We also did things such as making free school meals available during the holidays. The budget that has just been passed in the Parliament for the year ahead continues a lot of the support of that nature.

That investment deals with the immediate situation, but it has highlighted and underlined for



me and the Government the need to focus on many of the things that we were doing already to tackle poverty at a fundamental level and some of the drivers of poverty. The Scottish child payment was launched during the pandemic and planned before it. My party has said that, post the election, it will commit to providing free school meals for all primary kids all year round. There is a real need to power on with some of the important measures to tackle inequality. There is also a need for us to continue to look with a fresh eye at some of the new inequalities that will have been created by the pandemic and how we can best respond to them.

**Monica Lennon:** One of the measures that the Parliament passed in the emergency legislation was the social care staff support fund. That came about through one of my amendments, and I was pleased that the Parliament agreed it. I particularly thank Jeane Freeman for her co-operation on that.

Has the Government done any analysis of the uptake of that fund? Are there any plans to extend that benefit to other workers and other groups of occupations? We know that many workers still struggle to self-isolate because they are worried about affordability. Even if you cannot do so today, can you provide the committee with figures on the uptake of the fund?

**The First Minister:** I do not have figures available right now, but I will check what analysis has been done. As you know, it often takes a bit longer to properly analyse the uptake and impact of a relatively new provision, but I will see what we have available that can be provided to the committee.

The fund is a good example of a targeted, bespoke solution to a problem that became very obvious as the pandemic started to unfold. It is also an example of something that we have done specifically because of the pandemic that we will want to consider making permanent. As well as highlighting some pre-existing inequalities, the pandemic has created new inequalities, so I do not think that it is appropriate simply to go back to everything as it was before the crisis hit us. As we move forward, we need to do some serious thinking about the things that we have had to do out of necessity because of the pandemic, and the extent to which we want them to become part of the mainstream offer.

**Monica Lennon:** You have given us a helpful update on the vaccination programme, and I again thank all the staff who are involved in the roll-out of the programme.

How can the public access data on ethnicity and deprivation? I cannot find data on vaccine uptake levels by ethnicity. Is that information available to the public and MSPs? If not, can it be made available? Information is available by deprivation

quintile, but it is not on the public health dashboard. Can that be changed?

**The First Minister:** We are still developing the granularity of the data that is provided on the vaccination programme. That has developed since the programme started, but it will develop further. It takes a bit of time to get the necessary robustness in the data so that Public Health Scotland and others are satisfied about publishing it. I will ask Public Health Scotland to provide some forward-looking information on what it considers will be possible in terms of further breakdowns of data—Gregor Smith might be able to say something about that this morning.

On the general issue, since the outset, we have been aware of the importance of making sure that the vaccine offer is taken up by high percentages of the population across all sectors of the population. We have been very aware of the possibility and the likelihood of greater degrees of what we refer to as vaccine hesitancy in some parts of the population, and ethnic minority communities are certainly one such group.

I should say that, if anything, we have been pleasantly surprised by the uptake of the vaccine in the groups that have been offered vaccination so far. It has exceeded all our expectations, and levels of vaccine hesitancy seem to be lower, I think, across all parts of the population than we might have thought they would be.

We have been working and will continue to work alongside faith, third sector and community groups to make sure that we are reaching all parts of the population. Groups such as BEMIS, for example, have been really vital in making sure that the information that we give out on vaccination is accessible and culturally appropriate and, crucially, that it is delivered by trusted voices in particular communities.

We know that, in general, Covid has had a disproportionate impact on ethnic minority communities, so some of what we are already doing tries to take account of that. The testing centre in Glasgow central mosque is just one of many examples of how we are trying to take account of that.

We had the expert reference group on Covid and ethnicity look at these issues for us during last year, and our priority and focus is to take forward all its key recommendations. That is a key part of making sure that the vaccine provides the maximum protection that we know it can provide if as many people as possible take it up.

Gregor Smith might want to say a little more about ethnicity and data.

**Dr Smith:** Public Health Scotland is working through the granularity that we can achieve with

some of the data. It is looking at all aspects of the subject and considering how we can drill down to get more information about the different groups that are receiving the vaccine. I hope that we will be able to report more progress on that in the near future.

I particularly wanted to pick up on this point, because it is really important that we consider the impact that the pandemic has had in widening some of the inequalities, particularly health inequalities, that we have had in this country. If we look at examples of pandemics in history, we can see that they have always struck disproportionately those already suffering inequalities within countries. Whether we are talking about the Spanish flu—the great flu after the first world war—or the pandemics of the late 19th century, those who already had some sort of disadvantage always suffered disproportionately.

It is therefore really important that we make sure that no one is left behind, particularly as we begin to exit from the high levels of cases that we have had over recent months. That is why it is really important that we continue to maintain and pursue the strategy of elimination, whereby we get as close to suppression and low numbers as we possibly can. If we tolerate higher numbers at all within our society as we begin finally to exit from the impact of the pandemic, it will be those who already suffer inequalities in society who will continue to suffer the impacts of coronavirus as a disease. It is therefore critical that we do not leave anyone behind.

11:30

**Monica Lennon:** In the interests of time I will pause there, convener, but I might have supplementaries if there is time later in the session.

**The Convener:** Thank you, Monica. Our next questions come from Mark Ruskell.

**Mark Ruskell (Mid Scotland and Fife) (Green):** First Minister, I want to ask you about support for self-isolation and, in particular, the self-isolation support grant. It is welcome that eligibility for the grant has now been widened on two occasions and that, through the budget negotiations that have concluded this week, there is now more budget for the grant. As we start to move through the pandemic, fewer people will be self-isolating, so the Government's financial commitment will be less. Would that be a good point at which to say that the grant should be universal?

**The First Minister:** I would not rule that out. However, let me start from the principle. If the Scottish Government's budget were unlimited, I guess that I would not be unsympathetic to the

argument that we should make self-isolation payments universal—that there would be no application process and everyone would have access to them. We would then be focusing on getting support to everyone rather than having to work out their eligibility. However, we would not have the financial cover and wherewithal to pay for that when the levels of the virus, and the numbers of people who would require to self-isolate, were anywhere near what they have been in recent times.

As we suppress the virus—as we are doing right now—if we get it down to levels close to those in the latter part of last summer, that might become more possible financially. I just have a question in my mind about making something universal when levels of the virus are low, but not being able to continue that if we were again to have a surge—which we hope will not happen—because we did not have the financial cover.

We would need to consider such issues, but I do not rule it out. Our response thus far has demonstrated that we want to make financial payments and support available as widely as possible. As you rightly said, we have extended eligibility on two occasions. I do not rule out doing so again if the case for that is made.

Although financial support is arguably the most important part of the support that we provide—people have to put food on the table and pay their bills—it is not the only one. It is really important that, if they need it, those who live alone get support to have essentials delivered. As has been raised by your colleagues previously, if people need to be put up in alternative accommodation in order to self-isolate, there is provision for that as well. We have to see support as an overall package, but I am certainly not closed minded to what more we could do to improve such provision overall.

**Mark Ruskell:** Let us turn to the report of the Westminster Parliament's Public Accounts Committee, which has been published today and which focuses on the UK Government's polymerase chain reaction testing regime. One of the committee's conclusions was that that regime should

“wean itself off its persistent reliance on consultants”.

Do you recognise that practice and have you been concerned about it?

**The First Minister:** Forgive me, Mark—I have not had an opportunity to read the PAC's report this morning, because I have been doing other things; I am sure that I will do so later on. I have therefore not seen those comments in context.

Speaking from the Scottish Government's perspective, there have been times—particularly

over the past year—when we have used the services of consultants because we have needed to supplement our in-house capacity and capability. We have also had to take steps very quickly, and that might still be necessary.

We use consultants appropriately. Some might say that it is too often—I am mindful of that in normal times, as well—but it is important that we do that. Has it been too frequent? Have we overrelied on consultants? We would need to take a proper look at those questions to answer them definitively. I hope that that is not the case for the Scottish Government.

We have done some things very differently from the UK Government, so there are differences, and our approach to test and protect is one of those. What test and protect does, its purpose and the fundamentals of how it works are similar to England's test and trace system, but we built test and protect from the bottom up, from our pre-existing localised public health teams and the much more limited contact-tracing capability that we had in place. We did not build a brand-new system that almost sits outside the NHS, which is what was done in England—but I am not an expert on that, so I will not comment in detail.

As much as possible, we tried to work with the existing infrastructure that we had in Scotland. However, because of the speed at which we had to do things and the scale of the infrastructure that we had to put in place—often from a standing start—we had to draw in external help at times. That help has not always been from consultants; we have drawn in logistical and advisory support from the armed forces on test and protect and, more recently, on the vaccination programme. Given the challenge that we faced, that was necessary and appropriate. It is one of the many things that will deserve proper, detailed scrutiny and accountability when—in the not-too-distant future, I hope—we are at the point of looking back on the pandemic and not still living through it.

**Mark Ruskell:** On the UK-wide PCR testing regime, has your Government been able to feed into how the scheme has been rolled out?

**The First Minister:** Yes, we have. I will not shy away from saying that we have had frustrations along the way, some of which I have voiced. At times, we faced backlogs in the lighthouse laboratory network, which we feared had an impact on our ability to quickly identify cases and then do contact tracing and isolation. When we have had those problems, we have tried to work through them with the UK Government. We have been very involved in decisions on the location of the testing centres—the drive-through centres, as well as the mobile and walk-through centres that came at a slightly later stage.

We have been meaningfully involved in all of that, but we took a decision at the outset that, for speed and as much efficiency as possible, operating in the UK-wide system was the right thing to do. That has delivered frustrations, but we might have had some of those frustrations regardless. We will try to work through them as constructively as possible. Luckily, I am sitting at a wooden desk, so I can touch wood as I say that some of the issues that I have spoken about, such as PCR testing backlogs, have not been a feature for quite some time now. I hope we will not go back to them. As I said, when problems arise, we try to work through them as speedily and constructively as we can.

**Mark Ruskell:** My final question is about occupational workplace testing. Testing has been extended to NHS staff and care workers, and teachers are now getting asymptomatic testing twice weekly. Last week, the Scottish Police Federation attended the committee and I was surprised to hear that front-line police officers are not receiving regular testing. I find that quite incredible, especially given the scenes that we saw this week and the amount of work that police officers have to do in breaking up mass gatherings as well as in continuing with their everyday duties. Is there not a case for saying that, if people need to go back to their workplace and they are in close proximity with colleagues and members of the public, as teachers are, they should get an asymptomatic test twice a week or that it should at least be available? I do not get a sense of where the strategy is at the moment—it does not seem to be clear in the framework that you announced a couple of weeks ago.

**The First Minister:** We have substantially extended the reach of testing—you referred to some of that in your question. We now test many more people who work in the NHS, and the testing is not just in hospitals but across primary care and in care homes, for example. In addition, we have recently started to expand testing into parts of the private sector, including food processing and distribution premises, where we know from past experience and the nature of those environments that there is a particular risk of outbreaks.

We are now offering twice-weekly testing to all people who work in education and, initially, to senior phase pupils in secondary schools. We have indicated recently that, following the Easter break, the tests will be available to all secondary school pupils. We remain open to extending testing as far as we can.

The form of testing to which I have just referred is predominantly lateral flow tests, which are rapid tests that give a result in 45 minutes or so. Gregor Smith will correct me if I am getting the detail wrong. Those are quicker than PCR tests, but they

are slightly less sensitive and reliable. If you test positive through a lateral flow test, the advice is to get that confirmed through a PCR test.

Why can we not just give the tests twice weekly to everyone in the population? We do not have the capacity to do that. We have good supplies of lateral flow test devices, but they are not unlimited. We have to work out the priorities on the basis of the perceived and actual risk that people face and what our priorities are for opening up things.

The priorities that we have focused on so far are healthcare staff, schools and some really high-risk working environments, but that does not mean that we are going that far and no further. As far as the capacity that we have allows us, we want to extend the use of testing, because, together with vaccination, it is one of the most effective tools that we have in our toolbox other than all of us staying at home all the time, which is not sustainable.

I will end on this point, because Gregor Smith might want to say a word or two on testing. Although testing is really important, we must never see testing as a magic-wand solution. I have felt strongly about that almost since the outset of the pandemic. I have always had a concern that, if we encourage or create a sense that someone who gets a negative test one day is free to act however they want, that could create a false sense of security in the population that could have damaging, counterproductive effects.

Testing tells you whether you have the virus at a moment in time. It does not tell you whether you are incubating the virus and might test positive the following day, and a negative test does not mean that you will not walk out of wherever you are and get it transmitted to you by someone else. We must see testing as the effective tool that it is but be careful that we always see it in the round and do not think of it as a panacea, because, unfortunately, it is not.

**Mark Ruskell:** I recognise that, First Minister. However, there are still questions about why there is not a strategy. If there is limited capacity for asymptomatic testing beyond care homes, the NHS and food-processing businesses, what are the priorities? Are the police a priority?

**The First Minister:** We will certainly talk to the police about the possibility of that. For schools, the significant priority is to test people who work in education and secondary school pupils. Using the capacity in that way gives added reassurance, and the strong feedback from teachers and others was that that would be very welcome.

We are doing quite a substantial amount of community asymptomatic testing, and we are encouraging people to get tested whether or not they have symptoms. It is not that we have lots of

capacity that we are just not using because we do not want to use it. People will always have different views on whether our chosen priorities are the right ones. However, we are choosing them carefully on the basis of the assessment of risk and on what is most important in giving the assurance that is needed to get really important things opened up. That is obviously one of the key factors with schools.

11:45

**Dr Smith:** I am keen to respond. Although we are more than 12 months into the pandemic, we are still learning an awful lot about the virus and its new variants. An important area in which we continue to develop a great deal of evidence is testing. As we use more and more lateral flow devices and other rapid diagnostic techniques, we are gaining much more confidence in using them and we are becoming more sure that the results portray the true picture of what is going on with the virus.

As that confidence builds, it is right to continue to review the strategy, and we are doing that. We have revisited the strategy in the light of all the new evidence that we have gathered, so that we can make the next evolution in how we approach testing across the country. It is right to think of the approach as multilayered; testing is only one part of the multilayered protection that we offer people as they go about their everyday business and we gradually get back to normal.

The First Minister touched on something that is important. Some of the evidence that is coming through shows that, when people are subjected to regular testing, they are perhaps less diligent in following other protective measures such as physical distancing and regular hand washing—the simple measures that are probably even more important layers of protection than testing alone is.

A balance needs to be struck in how we use testing, although it will be firmly with us for some time. As evidence is gathered, we will have further iterations of the strategy that allow us to be more confident that we are increasing protection for people, particularly as they go back into the workplace.

**Willie Rennie (North East Fife) (LD):** Last week in Parliament, I asked the First Minister about schools reopening and about how teachers would cope with having just one third of a class in the classroom at any one time. There are problems with the emerging plans, and there are lots of angry parents out there. The amount of education a week for those in secondary 1 to S3 is to vary from one day, which is typical, down to 1 hour and 45 minutes. Many have still not been told

about that, although schools are supposed to open to them on Monday.

Most parents think that the plans will adversely impact the quality and the quantity of education. This morning, I am sure that you heard Jim Thewliss of School Leaders Scotland describe the approach as counterproductive and cobbled together. Will you go ahead with the proposed arrangements for secondary schools from Monday?

**The First Minister:** Yes. I appreciate that views on the issue differ. There are people out there who think that all young people should be put back into school straight away, but that would not be the right approach, because it could lead to an increase in transmission that would allow things to run out of control again. Other people say that we should keep all secondary school pupils on remote learning for a longer period.

We want to get young people back into school full time. We achieved that in August and we think that it can be achieved again. Our aim is for that to be possible after the Easter break, and it will be the reality from Monday for all primary school pupils.

In the implementation of the first phase, we prioritised in-school learning for senior phase secondary school pupils, which was to support work for national qualifications. That will continue to be the priority.

We had to judge whether lower secondary school pupils would have no in-school provision until after the Easter holidays or whether we would try to have some provision, even if it was limited, between now and Easter. We opted for the latter because there is concern—including on the part of many of us who know young people in our own lives who are in that age group—about not just the educational impact of those young people being out of school 100 per cent of the time, but the wellbeing impact of their being separated from friends and normal life. Therefore, we decided to try, in the period between now and Easter, to get young people back into school for some periods, even though the time would be limited, and to reacquaint them with school ahead of the Easter holidays. We always said that that would be limited, and that there would be local flexibility in how that is delivered. I appreciate the pressure that that puts on teachers and local authorities, but we are trying to get back to full-time provision of education as quickly as possible. We recognise the need to introduce—even in a partial, phased and limited way—greater degrees of normality for young people from now onwards.

On this, as on everything else, legitimately different views will be expressed about the right and wrong thing to do. There is nothing perfect

here, and there is absolutely nothing that is ideal when we are living through a global pandemic. We are trying to balance the considerations in the best way possible.

**Willie Rennie:** You will not hear me arguing about mental health needs, First Minister. However, this seems an incredibly complicated plan for such a short time, especially when children have lost out on a huge amount over the past year with regards to their education, and teachers and school leaders are pretty clear that there is going to be a diminished educational offer for those two weeks. Is it worth the candle doing this? Why are we going through such a complicated process? Was there not another way of getting the interaction between pupils that would deal with the mental health issues outside school hours, rather than impacting on their education in the way that has been set out?

**The First Minister:** I suspect that, if we had tried to create some alternative provision—which I am not saying is an illegitimate suggestion—we would probably be having a similar discussion on a different set of circumstances, as there would be differing provision in some local authorities.

Had we not tried to get some provision between now and Easter, the alternative would not have involved us saying to secondary school pupils that everybody can go back full time from 15 March, because the data would not allow that; if he wants to come in, Gregor Smith can confirm that his advice to me would not have supported that. There was a choice between some limited provision and no in-school provision at all. I appreciate that there will be different views on that, and I appreciate that, if you are on the front line of education, anything that tries to do something that is partial and limited is more difficult to deliver than the alternative. However, that judgment had to be made.

As I said, many of us will have family members in the affected age group, and we know that, for every week that a young person in that 12 to 14 age group is completely out of school, their mental health, their ability to interact and their relationships suffer. You are right to say that you know all that as well as I do, and I know that you are an advocate of mental health issues.

I am not going to sit here and say that I think that the approach is 100 per cent the best thing to do and that the other option would be absolutely the wrong thing to do. These are all balanced judgments, and it is perfectly legitimate for people to say that we have struck the wrong balance. However, in the interests of trying to reintroduce young people to school before we get to a full-time return after the Easter break—that is what I hope will happen, although it is not guaranteed—we

opted for the approach that we have set out, given how long pupils have been out of school.

**Willie Rennie:** The many parents who have contacted me this morning are clear that the approach is not 100 per cent correct and that it will have an adverse effect on pupils' education.

I want to move on to the zero Covid strategy. You have talked about stricter indicators for the next route map and you have said that you support a zero Covid strategy. You have also said that you want to follow an approach that is more like the measles model than the flu model. However, after measles was first discovered in the ninth century, it took us until 1963 to get the vaccine and we did not eliminate it in the UK until 2017. How long would it take for Covid to be eliminated in Scotland under your measles plan?

**The First Minister:** With the greatest respect, I do not have a measles plan. I am using broad analogies. It was the chief medical officer who first suggested that the nature of Covid and its impact and effects make the model that we should use more akin to the measles model than to the flu model. However, I will let Gregor Smith comment on that. That does not mean to say that we are following an exact measles model. The two illnesses are not the same.

I am not a clinician or scientist, and I can speak only as a politician on how I see such things. I will put it in non-scientific language. The one thing that I have learned, although it is something that Gregor Smith will always have known, is that with a virus like Covid-19, what we absolutely cannot do—no country has been successful in doing this—is just let it simmer at a medium level, like a gently simmering pot. The virus will not behave like that. It will quickly decide that it is the boss and it will run out of control; it will boil up, rather than simmering at the level that we had decided that our health service could cope with. We cannot take an approach in which we just accept X number of cases a year, Y number of deaths and Z number of hospitalisations. Even if that were ethically right, which I would question, the virus will not play ball like that. In my view, the approach to the virus has to be that our objective is to eliminate it.

Even if we do not quite achieve elimination, the act of trying to get the virus as low as possible keeps it under control. To do anything else would be to do what I have just described as impossible: to decide that there is a level that we can live with and hope that the virus co-operates. It will not do that. It will run out of control if we let it. For me, the only sensible strategy is to get the levels as low as we possibly can. I call that elimination.

Although we are trying very hard to protect in that way, we have open borders and a four-

nations approach in the UK. We may not get to the point at which we eliminate the virus completely, but the act of trying will get us closer than if we did not try and it makes it more likely that we will be able to keep it at levels that do not overwhelm us.

That is my layperson's way of describing the approach. I caution against saying that Covid-19 is absolutely the same as flu. To say that it is like flu is perhaps the biggest mistake, because what we have learned is that coronavirus is not flu and is something that we must keep as contained as possible, more like measles—although it is not identical. How do we get it as low as possible? By trying to eliminate it. Even if we do not succeed in elimination, we will hopefully succeed in keeping it at levels that we can genuinely cope with.

That was an entirely layperson's approach to explaining elimination.

**Dr Smith:** It was very good. I could talk about the subject for hours, Mr Rennie. It is really important because it gets to the heart of the critical path that we need to take over the next couple of years in dealing with the pandemic. We must also consider our role as a country as part of that global collective that can take action to try to limit the damage that the coronavirus causes on a worldwide basis.

I would not call it a measles plan; it would be wrong to make that direct comparison. Measles is a much more infectious disease than coronavirus and is still responsible for 140,000 deaths a year worldwide. In comparison, in an average year, flu is responsible for 650,000 deaths worldwide. There is a magnitude of difference in the impact on populations, which is partly due to the way that we manage the diseases. One of the key differences is that, with measles, the world has taken on the challenge of trying to eliminate it. What we mean by "eliminate" is not the same as eradicating the virus. In my view, we will not eradicate coronavirus. However, on a regional basis and then by gradually expanding internationally, we can drive it down to as low a level as possible, so that it has as little impact on communities as possible, bringing down morbidity and mortality.

12:00

If we can do that, we can manage the outbreaks just as we do when we manage measles—we occasionally see flare-ups of measles in the UK and across Europe, in which case numbers begin to rise again. That is where the public health infrastructure that we have now strongly built up comes into play, in order that we use test and protect, our knowledge of isolation and general public health measures to try to ensure that we deal with those outbreaks on a localised basis.

We are still missing some key data in order to be able to say that the measles model is fully plausible, but we are getting more confident that that model lies open to us. One of the key elements of the missing data is the impact on transmission of the vaccines that we are currently deploying at scale. If they have a high impact in the reduction of transmission, we can then vaccinate a significantly high proportion of the population and begin to see that population protection really suppresses the ability of the virus to spread in communities.

Scotland can do that—we can make those decisions and take that path—but it is really important that we see a global, collective action to take the same path. I have heard Tony Fauci, who is the US chief adviser to Mr Biden and has become well known, speak about that in the past 10 days. He advocated the very same approach. If we take that action and those choices collectively and globally at this moment in time, we can limit the impact of this disease not just in our own countries but on a global scale.

That is important, because—to go back to my earlier point—we must leave no one behind. If we look at the impact that infectious diseases such as flu have every year, we can see that flu picks out, and preys on, those who already have the most disadvantage in their lives. It exploits those inequalities that we spoke about earlier. I am not ready to take Scotland down a route that exposes those people to the widening inequalities that another infectious agent would cause, while there is still an opportunity to ensure that we eliminate this and take it off the register. Scotland has one of the potential big infectious agents, and we should continue to pursue vigorously the opportunity of elimination—with the data that we are seeing from the vaccine programme, it is becoming more realistic every day—while we have it.

**Annabelle Ewing (Cowdenbeath) (SNP):** I return to the issue of what would be an appropriate degree of caution in easing lockdown. I was struck by the comments earlier this week of Sir Patrick Vallance, who is the chief scientific officer in England, at a meeting of the House of Commons Science and Technology Committee. He made the point that politicians would be “flying blind” if they did not have a five-week gap between easements of lockdown to allow the sufficient analysis of data that would be collected during that period.

Will the First Minister comment on the applicability of that remark to the approach that is pursued in Scotland?

**The First Minister:** The CMO might want to say something about the appropriate periods of time to give ourselves the ability to monitor changes. We

have always said that we need that time. As I said, we still do not know for sure what impact the partial opening of schools has had. Although we carried out weekly reviews when the level system was in place at the end of last year, we have tended to work in at least a three-week cycle with regard to making actual changes, and that is what we would anticipate as a minimum as we go into the next phase.

There might be arguments—we are thinking through all those things now—about making that period slightly longer, because we are dealing with a much more infectious variant of the same virus and we do not have the same understanding of how it spreads and transmits as we had developed last year. Although we might be able to do minor things in a shorter timescale, that minimum three-week period between significant easings is certainly a planning assumption.

The CMO might want to add to that.

**Dr Smith:** We have all become used to the fact that our data on the virus lags because of the virus’s life cycle, and therefore, a gap of three to five weeks is needed to begin to see the impact of any change. It is about balancing the various risks at play, because we still want to take a proportionate approach to ensure that we do not keep restrictions in place for any longer than is absolutely needed.

Three weeks is a good balance in order to be able to see the impact of any opening up. By that time, people have come together and, if they were beginning to re-establish chains of transmission, we would begin to see that coming through in the data, particularly in the cumulative case numbers that we get on a seven-day basis and the test positivity, but also in other signs and data that we use, such as evidence of surveillance from testing in other parts of the community and in our waste water. The Scottish Environment Protection Agency and Scottish Water have been superb in putting together a surveillance programme at their sites, which gives us very early warnings of developing infection hot spots around the country. All those things are put together to give us a bit more confidence that, by the time that we reach the three-week stage, we can assess the impacts of the changes in restrictions.

**Annabelle Ewing:** I thank Dr Smith for that further detail. Also at the House of Commons Science and Technology Committee meeting this week, Professor Chris Whitty, Dr Smith’s counterpart in England, warned that another surge in England will be inevitable when lockdown is eased there. I hope that I am not misquoting that, but that is the way that it was reported. What might be the implications for Scotland in that regard? What planning is in place to tackle such an eventuality?

**The First Minister:** Gregor Smith will give you a much more expert scientific answer to that. I heard Chris Whitty's comments yesterday, and he is right to be blunt about the risks that lie ahead. The pandemic is not over; the virus is still there, and it is still a matter of how we keep it under control. We are controlling it largely through people staying away from each other. As we ease restrictions, so that people are coming into contact with each other, cases will increase. That is a truism, and it is just the reality of how infectious viruses spread. With every restriction that we ease and lift, we will increase the virus's ability to transmit. It is not a perfect science. If it is, that has eluded me over the past year. We must try—in as careful, cautious and phased a way as possible—to reintroduce normality while keeping the virus at as low a level as possible.

I go back to what I said to Willie Rennie. The virus will not hang around at a particular level to keep us happy. It will get going as fast as it can, so we must continue to limit that. I hope that we can do that without another surge. I cannot guarantee that, but that is what we are aiming to achieve. Of course, when we came out of the first lockdown last year, we did not have the suppressive effect of the vaccine, giving people immunity. We still do not understand enough about how much immunity it will give people and how much it will suppress transmission. All the early indications are promising and positive, so I hope that, as we ease lockdown over the next few months, even as we start to live more normally, the vaccine will keep the virus suppressed. However, getting all the moving parts in perfect equilibrium to avoid its running out of control again is not easy, which is why we need to be very careful.

I hope that we can avoid a surge by getting all the bits working together as well as possible, but nobody can guarantee that. Therefore, to go back to my earlier point, we are still in an emergency situation and must be able to plan for all eventualities as we try very hard to keep the momentum going in one direction only and get to a point at which we can all live much more freely. I hope—although I am not sure whether scientific opinion is conclusive on this—that, as we go into the spring and summer, the slightly better weather conditions will help us a little with that.

However, we are not out of the pandemic. This is a global pandemic, and many countries are still much more in the grip of it than even we are. Unfortunately, we are not in a position in which we can just throw caution to the wind and stop worrying about Covid, and we might not be in that position for some time to come.

**Dr Smith:** I strongly associate myself with Chris Whitty's remarks yesterday. It is still possible that

there will be a further surge, most likely, later in the summer. I have seen modelling that shows the path towards that.

So much is dependent on how we all respond to the gradual reopening of society that we are undertaking. If we lose the sense of caution that we have carefully guarded for so many months, high levels of infection will be re-established very quickly. We must remember the proportion of the population that remains susceptible to being infected with the virus. Although we have provided protection to people who are most vulnerable in society, that does not mean that we have yet given protection to everybody who could be susceptible to the virus. There will be more cases of infection—with all the implications of that relating to the long Covid syndromes that we are learning more about all the time—if we are not careful about the way in which we begin to reopen society.

**Annabelle Ewing:** I have a minute of my questioning left, so I will ask a final brief question to the First Minister. I take into account all that has been said about the need for caution, but my question is one that a lot of women across Scotland would want me to take the opportunity to ask. When can we go to the hairdressers? If the First Minister is not able to give a specific date this morning, can she indicate a date by which we might be able to know when we can go to the hairdressers?

**The First Minister:** I am not able to give a date, but I can give an absolute 100 per cent assurance that I will not delay our ability to visit the hairdresser any longer than is necessary. I say that out of pure self-interest, as anybody who looks at me can see. From time to time, conspiracy theories still circulate on social media that I have a secret hairdresser somewhere. First, I can say that that is not true. Secondly, I do not know how anybody who looks at me right now could reach that conclusion. No hairdresser would take responsibility for this. Hairdressers will reopen just as quickly as it is possible for that to happen.

**Annabelle Ewing:** I take some confidence and encouragement from that. Thank you.

**Stuart McMillan (Greenock and Inverclyde) (SNP):** My first question, which relates to Willie Rennie's questions and to living with Covid at some point in the future, is for Dr Smith. I take it that it is still too early to determine whether there will have to be annual or regular vaccination for Covid—something akin to flu vaccination, which takes place annually.

**Dr Smith:** It is highly likely that there will be regular vaccination updates for the SARS-CoV-2 virus but, at this point, we cannot say with



confidence what form the updates will take. We still do not know all the truth about how long the immunity that vaccination confers lasts for. When we have that data, we will be able to say what an update or booster programme might look like.

One of the reasons why I think that is really important and that it is almost inevitable that it will eventually happen is that a great number of variants of the virus are already beginning to show themselves, and many of them are showing some convergence around points of mutation that confer an advantage. That advantage might be because it increases the transmissibility of the virus or allows it to escape the immune system just now. We have a group of what we have been calling racers and escapers or evaders that are increasingly being seen across the globe just now.

For that reason alone, it is almost inevitable that we will eventually get into the realms of update programmes for vaccination over time. The frequency at which we will have to do that is still a bit up in the air.

12:15

**Stuart McMillan:** I take it that that is the consideration behind your point about testing being with us for some time. Will that be not just for the rest of the year, but possibly for a few years hence?

**Dr Smith:** I mentioned that one of the important things is that we are taking global collective action. As well as leaving no one behind in this country, we should leave no countries behind. For that purpose, countries across the globe are preparing for vaccination campaigns, testing programmes and tracing programmes that are likely to last for years rather than months.

It is likely that things will get much better than we are experiencing just now. I have no doubt of that in my mind. Even the impact of the vaccination programme just now gives me confidence that things are already beginning to improve significantly. However, we have to remain vigilant for the presence of variants and the impacts that they might have on our communities. It is really important that we keep the infrastructure in place so that we can scale up the response quickly, if that becomes necessary.

**Stuart McMillan:** My next question is for the First Minister. I had a meeting with the Cabinet Secretary for Finance leading up to the budget and one of the things that I asked for was a review into deprivation in Inverclyde. You will be aware that Inverclyde has suffered greatly throughout Covid. I accept that it is not the only area that has suffered, but Inverclyde certainly has.

In that review, we could also look at other areas that have a high level of Scottish index of multiple deprivation data zones. There are four on the Clyde—Inverclyde, Glasgow, North Ayrshire and West Dunbartonshire. Has any thinking been given to providing additional assistance and resource to those four local authority areas—predominantly mine, because it is the worst in terms of SIMD—when we get out of Covid and start to move the country forward, to make them more economically and socially resilient and to help to build them up?

**The First Minister:** In short, my answer to that would be that we should, because the link between deprivation and the impact and effects of Covid is there for everybody to see. That should not surprise us, because the reasons why people living in deprivation are more likely to get Covid and become seriously ill are things that we have known about for a long time, such as poor housing conditions, poverty and relatively poorer health. Those people are more likely to have further underlying conditions and comorbidities that have, in relation to Covid, made them more susceptible to serious illness. That is one of the lessons coming out of this.

I said in answer to an earlier question that a lot of what the Scottish Government was doing pre-Covid has been seriously justified by Covid. If anything, the lesson has to be that we need to do more of it. That includes our commitments to new affordable housing, for example, and the work that we are doing through the social security system, particularly the new payments to try to lift children out of poverty; how we design and implement the jobs guarantee for young people; and some of what we are looking at in terms of place making—the 20-minute neighbourhoods, investment in regeneration and all of that. It is not new. It has not come about because of Covid, but Covid should make us understand even more than we did before how important all of that is.

We need to consider properly how that all translates into actual budget allocations. As far as funding to local authorities is concerned, we need to discuss and agree any changes to allocation methodology with the Convention of Scottish Local Authorities. Translating what I have just said into the nuts and bolts will take some proper work and consideration.

In a whole range of ways, the pandemic should make us sit up and take notice and make those of us who recognised the problems before Covid do much more than we were doing to tackle them. It should also make those who perhaps had their head in the sand and did not want to see the problems before Covid understand just how serious poverty, deprivation, and inequality are. If, five to 10 years from now, the experience of the

pandemic has not led to fundamental changes, we will have failed to learn and apply the right lessons.

**Stuart McMillan:** The Inverclyde area has a growing ageing population and fewer younger people. Last year, at the outset of Covid, the demographic of people in the Inverclyde community who were getting Covid was mainly older people. Inverclyde, like North Ayrshire, West Dunbartonshire, and Argyll and Bute, has seen a population decline, not just in the past five to 10 years, but in the past 30 years—that is certainly true in Inverclyde’s case. Losing about 35 per cent of your population means that something more systemic is under way.

I accept your point about local government funding when we get out of Covid, and I accept that there will be a challenge, but I want to impress on you that there might be other assistance that could help, particularly in areas such as tourism. North Ayrshire and Argyll and Bute are a lot more sustainable than my area in that regard, but there is potential there and additional assistance for tourism could certainly help to stem population decline and get more people coming in. It could help to make the economy and the community a lot more sustainable.

**The First Minister:** I agree in principle. We have to take all those things and put them into practice but, as I know you understand, I cannot give specific commitments about such things right now. However, they are very much part of our thinking, for all the reasons that I have given.

**Stuart McMillan:** I have a final question on a completely different area. It might be too early for you to answer this, but I will ask the question nonetheless. It is about Euro 2021 and the four matches that are due to be played at Hampden. I assume that discussions are still going on between the Scottish Government, the Scottish Football Association and UEFA before any final decisions are taken about whether those matches will be played.

**The First Minister:** You are right: discussions are under way, and not just about Scotland. All the countries that are due to host matches are grappling with the same things. There are deadlines by which we have to give an indication to UEFA, which I think we must do some time in the early part of April. I can repeat what I said last week, but I cannot really go much beyond that. I really want the matches at Hampden to go ahead, and I would really love them to go ahead with some spectators there to see them, particularly because of Scotland being there for the first time in a long, long time.

We are focused on that, and we will do everything to bring it about. However, it is not

possible for me, sitting here right now, in early to mid-March, to give hard and fast, definitive answers—not just on that, but on anything.

There is, absolutely no suggestion other than that we want the matches to go ahead. I would love to think that I will be there, cheering on Scotland at Hampden with more than a few others alongside me, if it is safe and possible to achieve that.

**Maurice Corry (West Scotland) (Con):** First Minister, what value has the report from the citizens panel had in the Government’s consideration of future strategy? Can you point to anything in it that you would particularly like to pursue from among the panel’s recommendations?

**The First Minister:** I found the report of the citizens panel both fascinating and really useful. Through the committee, I take this opportunity to thank the panel for it. It has given the Scottish Government a lot of insight and food for thought. The panel has made a lot of recommendations, and we will consider all of them carefully.

I will highlight some of the key areas of focus. All of those that I am about to mention are either areas in which we are already aligned with the views of the citizens panel or areas in which we will carefully consider how we will better align our policy.

The panel was clear on the importance of an elimination strategy, which, as I set out in response to Willie Rennie, is very much the approach that we are taking—and I have set out the reasons for that. The panel had lots to say about the need to define a Covid strategy for 2021, and we are very much engaged in that work. It discussed the need to balance the four harms while recognising and prioritising the direct harms from Covid. That is very much in alignment with our approach, because, if we do not do that, everything else will become much worse. That is how we will limit the overall harm.

The panel made recommendations about enhancing targeted testing, which we are doing and will do more of.

One thing that I was very interested in, and which we have already tried to build into our messaging, is the need to explain to the public what the risks are even as the vaccines roll out: vaccine escape, mutation and suchlike. We have already tried to reflect on that.

On the prioritisation of vulnerable groups through the roll-out of the vaccine, we are doing that, guided by the JCVI. I could probably talk for a long time about that, although you would not want me to.

There are loads of things in the report on which we are carefully reflecting, and it will be of huge assistance to us as we move into this next phase.

**Maurice Corry:** Would you support an inquiry, as was recommended by the Law Society of Scotland, into the fitness of the legislative and policy framework to deal with the future public health crises that may arise?

**The First Minister:** In principle, yes. It would be remiss and wrong of us as we eventually get out of this crisis—we have to get ourselves through this crisis—if we did not then look back critically at almost every aspect of our handling of it and think about what we got right, what we got wrong and how we can better prepare ourselves for future health crises as a result of this experience. The one thing that we know for certain is that there will be future health crises. I certainly hope that none of us live through another global pandemic, although this is the second one that I have had to deal with as a minister—obviously, this one is much more severe than swine flu was a number of years ago.

In short, yes, I agree with that recommendation. As I have said publicly before, there needs to be a full public inquiry that is capable of examining all aspects of the matter. Underneath that, there will be specific, discrete areas that we will want to examine. On the issue that you have raised, one question is how fit for purpose the emergency legislation framework was. It may be that a future parliamentary committee will be best placed to do that kind of detailed work for us.

**Maurice Corry:** Plenty of lessons learned and things like that will be produced, with a sort of post-exercise report, we might say. That is fine. Thank you for those answers—that was kind of you, First Minister.

This question is for Dr Smith. Inclusion Scotland suggested that the easing of social care assessment duties during the pandemic has had the unintended consequence of permitting cuts to existing social care support packages. From your point of view, how can we ensure that that does not become part of the new normal in the long term?

12:30

**Dr Smith:** That is really important. Whenever any of these issues are raised with us, we need to make sure that we follow them through and, in particular, that we hear from those who have experienced difficulties and learn from their point of view when it is necessary to do so. We will continue to do that as we engage with those groups, and we will feed the information back through our different policy areas that deal with them. I am very happy to take part in any of those

discussions to make sure that the assessments are not having a detrimental impact on people.

**Maurice Corry:** Are any areas jumping out at you in relation to that question at the moment?

**Dr Smith:** No areas are jumping out at me at the moment, but, if you wish to highlight anything to me separately, I would be very happy to hear from you.

**Willie Coffey (Kilmarnock and Irvine Valley) (SNP):** I will invite the First Minister to say a few words on the international dimension to the vaccination programme.

First, however, looking at the live feeds of our committee meeting this morning, it is really interesting to see that the hypodermic syringe was invented by a Scotsman, Dr Alexander Wood, in the 1850s. It makes us all particularly proud that the mass vaccination programme across the world started with that invention in the 1850s.

You have only to take a quick look at some of the charts around the world to see how well we are getting on with the vaccination programme. However, it is perhaps no surprise that many countries in Africa have not even started the vaccination programme. Do we need to do more to assist the international community? Do you think that western economies or modern democracies need to do a bit more to help the vaccination programme across the world?

**The First Minister:** I absolutely do. It is a really important question. All of us across the UK are really pleased at how well our vaccination programme is going. It is exceeding our expectations.

Every country wants to vaccinate its own population as a priority. That is natural and it is the responsibility of domestic Governments. It is my responsibility to get the Scottish population vaccinated as quickly as possible, but we kid ourselves on if we think that vaccinating our own population solves a global pandemic for us. We will be in this global pandemic as long as other countries are in the global pandemic. We should be helping not only out of altruism—although there is nothing wrong that, and it is important—but because we have a selfish shared interest in wanting to see countries across the entire globe get themselves vaccinated as well.

We are already taking some action, but I think that we could all do more. Through our international development funding, the Scottish Government is helping to prepare health systems in countries such as Malawi, Zambia and Rwanda for the distribution of the vaccine. We are supporting that through our existing international development programme.

More broadly than the vaccine, we have also been helping some of those development partner countries since the start of the pandemic. Since, I think, around about September last year, we have carried out a review of the approach that we are taking to international development in the light of Covid, and we have ring fenced some of that funding to support specific Covid responses.

Beyond that, the UK is participating in the international effort to reach out and help with vaccination in other countries, which is a really good thing. The programme is called COVAX, and the UK Government announced last year that the UK would participate in that. The roll-out through COVAX has started in a number of African countries—including, I think, Rwanda—which are already receiving allocations. I also think that the UK Government has already confirmed that the majority of any surplus vaccine will be sent to COVAX. What is less clear is when that will start to happen.

Lots of work is being done on that, and, because of the success of vaccine procurement and delivery, the UK is in a strong position to show international leadership on it. I hope that, working together, we will be able to do that.

**Willie Coffey:** Even this early into President Biden's Administration, are we already beginning to see its benefits, through America rejoining the World Health Organization and being a major contributor to COVAX?

**The First Minister:** Yes. We are starting to see early benefits across a range of issues, including climate change. Sitting in this very chair, I had a videoconference on Friday with John Kerry, President Biden's climate envoy. It is already transforming the potential for brokering international agreement.

The same is true in this matter. We have gone from having a US President who seemed to think that one of his many malign purposes in life was to undermine and take funding away from the WHO to an Administration that sees the value and benefit for us all in having international collaboration. It is hugely positive and will bring practical benefits as well as improving the general environment in which those collaborations happen.

Do not get me wrong: just as we will want to look back on everything else as we come out of the global pandemic, there will be questions that, in the light of our experience, we will want to ask about how the WHO and the operation of international health regulations can be improved and strengthened for the future. However, principally because of my experience during swine flu, although it was underlined during the pandemic, I am a big supporter of the vital role that the WHO plays in international health. It does

an invaluable job, and, as an international community, our focus should be on strengthening it and not in any way weakening it.

**Willie Coffey:** I will bring you back to Scotland, specifically to Ayrshire. When we are able to introduce more relaxations, do you envisage those applying to health board boundaries, or will we stick with local council boundaries? As you know, many people in Ayrshire cross the three Ayrshire council boundaries frequently—they do not do that at the moment, but they are looking forward to being able to do so in order to visit friends and family. When we get to the relaxation point, will the measures apply to council or health board boundaries?

**The First Minister:** I am always delighted to be taken back to Ayrshire, the place of my birth. There is only one Ayrshire, although, as we both know, Willie, there are parts of Ayrshire that are better than others—I will not go any further down that track.

My family is in the position that you have just described in the Ayrshire context—families around the country are in the same situation—with predetermined boundaries limiting their ability to travel. We are all meant to stay at home right now, so it is less of an issue. I hope that we can get to a point—I cannot put a date on this yet—when we can completely lift travel restrictions in Scotland. I think that it will be further into the future before we can lift international travel restrictions. Travel restrictions in Scotland are our first priority, travel restrictions in the UK are the next priority and international restrictions will be with us for a bit longer than that.

Between now and then, if we cannot get to the end point as quickly as we all want, how do we ease the travel restrictions a bit? As we ease up, as we did yesterday on people's ability to meet outdoors, and—I hope—are able to lift the stay-at-home restriction, moving to health board boundaries would give people a bit more freedom than they have now, if not complete freedom to travel anywhere.

The best way of summarising it is that we want, as quickly and as safely as possible, to give people as much ability to interact with loved ones. We have to do that carefully and cautiously or we run the risk that, before we know it, we will all be back under a stay-at-home order, which nobody wants.

**Willie Coffey:** When do you envisage our beloved football supporters getting back—legitimately—to see their clubs? Do you see that happening in the near future?

**The First Minister:** That might be a sensitive subject to ask me about at the moment. I am also conscious that—this is just one of the burdens of

office—anything that I say about football results in somebody or other deciding that I am the worst person ever.

I hope that it will be possible for football supporters to go to watch their team soon. I hope that, before too long, in some competition or other, fans will be able to be in Somerset Park to watch Ayr United beat Killie—

**Willie Coffey:** There is no chance of that.

**The First Minister:** —but I cannot put a date on that right now.

Our approach has not been free of criticism, but we have tried to keep sport going, or to get it going again after last year's lockdown, albeit behind closed doors, in order to give football fans the ability to watch their team, even if they cannot be there in person. My dad—who, as you know, is an Ayr United supporter—would love to be on the terraces at Somerset Park, but he has enjoyed being able to log on and watch Ayr United, at a time when people cannot do many of the things that they enjoy. That is why we have tried to keep sport going.

Obviously, what happened at the weekend puts a huge question mark in people's minds over whether that was the right thing to do and creates lots of anger on the part of many people. We want to get sport back to normal as quickly as possible, just as we want to get everything back to normal as quickly as possible, but one of the things that Covid loves most is crowds of people coming together. Unfortunately, that is the description of spectators at a football or a rugby match. Therefore, we need to bring fans back carefully and cautiously, and we might need to do it on a phased basis.

However, if we keep the figures going in the right direction and progress with the vaccine keeps going in the way that it is going at the moment, we can be really hopeful that all those things are not too far in the future.

**Willie Coffey:** Thank you so much for that.

**The Convener:** The final set of questions comes from John Mason.

**John Mason (Glasgow Shettleston) (SNP):** Last but not least.

First, thank you for opening up places of worship and churches. That is very much appreciated by a lot of people; they are very grateful for that.

Secondly, I want to follow on from where Willie Coffey was going with his questioning. I think that the line that the police and the Government have taken is to engage, explain and encourage, with enforcement being only a last resort. Do you feel that that has largely been working?

**The First Minister:** Yes, I do. I think that, overall, Police Scotland has responded very well to the Covid crisis and that its approach has been the right one. The vast majority of people have complied with all the restrictions in place. With regard to the minority who have not, the majority of them have probably breached them out of error or ignorance of aspects of the regulations. The chief constable regularly tells me that most people who are stopped by the police or whom the police query will immediately rectify whatever it was that they were doing that was not correct.

There is a much smaller minority—we will find such a group in any society—who decide not to comply, for whatever reason; perhaps they think that Covid is a hoax or they do not like somebody like me telling them what to do, which I appreciate that nobody likes. That is when, unfortunately, there must be enforcement. In a situation such as the one that we are in at the moment, somebody who deliberately and wilfully refuses to comply with the restrictions puts not just themselves but other people at risk. That is why enforcement must be an option.

The police will be criticised at times, as was the case at the weekend, but, by and large, I think that their overall approach has been sensitive, proportionate and extremely effective.

**John Mason:** That is great—thank you very much.

We took evidence from a professor of public health in New Zealand, which is seen as having been quite successful in how it has tackled Covid, although it has still had a few issues. They pointed to Taiwan as being one of the most successful countries in dealing with the pandemic. Can learn from New Zealand and Taiwan, or is it simply the case that, because they are islands and far away, the process has been a lot easier for them?

12:45

**The First Minister:** There is a lot for us to learn from other countries, and New Zealand and Taiwan are in that category. There is a lot to learn from New Zealand. Maybe other countries can also learn things from us.

International learning is important. However, we are not New Zealand. I do not suggest that we cannot learn anything from New Zealand because it is much further away—that is not true, but it is equally not true to say that we could have 100 per cent replicated the approach that New Zealand took. That is not so much because New Zealand is an island—England, Wales and Scotland form an island, too—but because New Zealand's geography means that it is in a different position, so different approaches are more effective there than they would be here.

It is important to remember that, although we can say that some countries have been more successful because they have kept case numbers and death numbers lower, no country has managed to do that without paying a price for it. New Zealand is paying a big price for the approach that it is taking, in the form of really strict border control, which will impact its economy and tourism. The New Zealand Government has said that its borders will possibly not reopen even this year. Like we all are, New Zealand is paying a price, which it has chosen to pay.

There are balances. Some approaches work better in some countries than in others, but we absolutely do have a lot to learn. I have said openly—maybe too openly at times—that what the UK and other countries across Europe got wrong at the outset, which was this time last year, is that we thought that we were dealing with a flu pandemic. The countries that experienced SARS probably realised more quickly that we were not dealing with a flu pandemic, so they took more appropriate approaches back in the early days. That is one of the many lessons that we must be prepared to look at critically and learn from when we have the time to do that.

**John Mason:** My final question is slightly closer to home. What will be the future for our city centres? Major stores where I shopped, such as Debenhams, have closed; office workers have got more used to working at home, and we do not know whether they will return. Do you have a vision for where city centres might go?

**The First Minister:** I have thoughts and ideas; I have a sense of that. Two things are important. We need to have a proper open discussion as we come out of the crisis. We should not hang around to answer such questions for too long, but we must recognise that it might take a little time to work out where some things will settle.

I will speak in general terms about home working, as a random example. At the outset of the pandemic, I was struck by the number of people I spoke to who said, “Home working’s much better—you get much more done and I never want to go back to working in an office.” Now, many of those people say, “I can’t take home working any more; I need to get back to the office.”

Where will that settle? I do not think that it will go back completely to how it was, but will it stay where it was at the outset? We will go through a readjustment period. Once we have a better sense of the world as it will be, as it emerges, such questions will become easier to answer.

We must remember that some city centre trends that Covid has undoubtedly accelerated and exacerbated were already under way because of online shopping and out-of-town shopping centres.

There is a big challenge for city and town centres, which we must see as an opportunity to design those spaces—where people will go back to spending a lot of their time and their lives—to be fit for purpose.

I do not have all the answers and we should not come to all those answers too quickly. However, it is a key issue that we must work through in fairly short order.

**The Convener:** We have a supplementary question from Monica Lennon.

**Monica Lennon:** I return to the citizen’s panel, which you were asked about earlier, First Minister. You will know from the submissions that the view has been expressed that it would be undemocratic for the First Minister to deliver the daily briefings during the pre-election period. Some expressed the view that it would be better to allow officials, such as the national clinical director, to lead the briefing. In general, it was thought that scientists should be front and centre of public communications. What are your intentions for the briefings? Will they be led by you and your ministers, or will you pass those over to officials and advisers?

**The First Minister:** We have not come to a final detailed decision on that yet. Already, I am leading the briefings less frequently. I have not done one this week: the Deputy First Minister led the briefing on Monday, and yesterday, today and tomorrow, I will be answering questions in the Parliament. The briefings are already less frequent, partly because of parliamentary commitments going into the election.

I remain the First Minister and ministers remain ministers, so we have to be accountable. During a health crisis, we must have the ability to communicate directly with the public. Some members will be more sceptical about that than others. I am a democrat. I understand the importance of having level playing fields in elections and I will act appropriately.

Undoubtedly, I will not be doing daily briefings every day in the way that I have done them previously, but, if we have to make big decisions during the election period, I have a duty to communicate those to the public. It is open to the Parliament to say that I should do that in the Parliament rather than at the daily briefing. Those discussions will be open.

I suspect that, day to day, you will be seeing even more of Gregor Smith and Jason Leitch than you have seen over the past year. I fully understand the importance of the election and the democratic process. It is not in my interests to be seen to be abusing in any way the position of First Minister. I will absolutely not do that; I will try to

discharge my responsibilities as First Minister as best as I can.

Whatever I decide to do in relation to briefings—and this applies at all times—it is for the broadcasters to decide what they will broadcast; I do not decide that. Broadcasters have duties in relation to impartiality and balance in their coverage. I do not get to watch the BBC broadcast because I am doing the briefing, but I know that the BBC now has other parties represented as part of the coverage of the briefings. It will not be business as normal during the election campaign, but we will still be in a crisis and therefore will need to ensure that we serve the public appropriately.

**Monica Lennon:** Thank you.

**The Convener:** That concludes our evidence session with the First Minister and the chief medical officer. Thank you again for giving us your time and evidence this morning—it is much appreciated by everyone on the committee. The committee will meet again tomorrow morning to consider various regulations.

12:53

*Meeting continued in private until 13:16.*





This is the final edition of the *Official Report* of this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

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