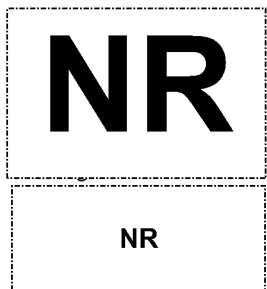


## SCOTTISH CABINET

MINUTES OF MEETING HELD IN ST ANDREW'S HOUSE, EDINBURGH  
AT 9.30 AM ON TUESDAY, 1 DECEMBER 2020

<b>Present:</b>	Rt Hon Nicola Sturgeon MSP	First Minister ( <i>part of meeting only</i> )
	John Swinney MSP	Deputy First Minister and Cabinet Secretary for Education and Skills (*)
	Aileen Campbell MSP	Cabinet Secretary for Communities and Local Government (*)
	Roseanna Cunningham MSP	Cabinet Secretary for the Environment, Climate Change and Land Reform (*)
	Fergus Ewing MSP	Cabinet Secretary for Rural Economy and Tourism (*)
	Kate Forbes MSP	Cabinet Secretary for Finance (*)
	Jeane Freeman MSP	Cabinet Secretary for Health and Sport
	Fiona Hyslop MSP	Cabinet Secretary for the Economy, Fair Work and Culture (*)
	Michael Matheson MSP	Cabinet Secretary for Transport, Infrastructure and Connectivity (*)
	Michael Russell MSP	Cabinet Secretary for the Constitution, Europe and External Affairs (*)
	Shirley-Anne Somerville MSP	Cabinet Secretary for Social Security and Older People (*)
	Humza Yousaf MSP	Cabinet Secretary for Justice (*)
<b>In Attendance:</b>	Leslie Evans	Permanent Secretary
	Alison Di Rollo QC	Solicitor General (*)
	Graeme Dey MSP	Minister for Parliamentary Business and Veterans (*)
	Ken Thomson	Director-General, Constitution and External Affairs
	Dr Gregor Smith	Interim Chief Medical Officer
	Kersti Berge	Director of Energy and Climate Change (*)
	Richard Foggo	Director of Population Health (*)
	Dominic Munro	Director, Exit Strategy (*)
	Jonathan Pryce	Director for Culture, Tourism and Major Events (*)
	David Rogers	Director of Constitution and Cabinet (*)
	Shirley Rogers	Director of Organisational Readiness (*)
	James Hynd	Head of Cabinet Secretariat
	Alisdair McIntosh	Strategic Adviser, Outbreak Management (*)
	Helena Gray	Deputy Director, Climate Change Domestic (*)
	Bettina Sizeland	Deputy Director, Tourism and Major Events (*)
	Katy Bowman	Special Adviser (*)
	Liz Lloyd	Special Adviser
	Màiri McAllan	Special Adviser (*)
	Colin McAllister	Special Adviser (*)
	Stuart Nicolson	Special Adviser (*)
	Aileen Easton	First Minister's Official Spokesperson (*)
		PS/Special Advisers (*)
		Interim Head of Vaccinations (*)
		FM COVID Briefing Unit (*)
		Head of Unit, Climate Change Division (*)
		PS/First Minister (*)

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COVID Vaccine Delivery Team Leader (\*)  
First Minister's Policy and Delivery Unit (\*)  
Sponsorship Manager, Tourism Policy (\*)  
Interim Head, COVID-19 Vaccine Policy Development (\*)  
PS/Deputy First Minister (\*)  
Cabinet Secretariat (\*)  
Cabinet Secretariat (\*)  
Cabinet Secretariat (\*)

(\*) by tele-conference

**Minutes of Meeting held on 24 November 2020**

1. The minutes of the meeting held on 24 November (SC(20)45th Conclusions) were approved.

**Parliamentary Business (Paper SC(20)139)**

2. Mr Dey outlined the planned business in the Parliament during the weeks commencing 30 November, 7, 14 and 21 December, as set out in the tables in Annex A of paper SC(20)139.

3. **Cabinet agreed** the planned business in the Parliament for the weeks commencing 30 November, 7 and 14 December, subject to any further changes that might be required.

**(Action: Minister for Parliamentary Business and Veterans)**

**COVID-19: Coronavirus Update (oral update)**

4. The First Minister invited the Interim Chief Medical Officer (CMO) to provide Cabinet with an update on the progress of the COVID-19 pandemic and the work under way to counter its effects. As at 9 a.m. on Tuesday, 1 December, there had been 95,811 confirmed cases of COVID-19 infection in Scotland, an increase of 754 compared with the previous day, most of which had been in the central belt. Of these, 236 were in the Greater Glasgow and Clyde NHS Board area, 168 were in Lanarkshire and 83 in Lothian. The total number of people whose deaths had been registered within 28 days of testing positive for COVID-19 now stood at 3,759, an increase of 34 since the previous day.

5. Dr Smith noted that the reproduction number for COVID-19 was now likely to stand just below 1.0, driven in part by a decline in the Greater Glasgow and Clyde NHS Board area. There were, however, a number of pockets of smaller areas which were showing some upticks, and close monitoring continued.

**COVID-19: Weekly Review of Protection Levels (Paper SC(20)140)**

**Briefing paper distributed to Ministers attending Cabinet:**

- SC(20)46th Meeting - COVID-19 Strategic Framework: Levels Allocation Review - Summary Indicators and Trends - prepared 30 November 2020

6. Mr Swinney introduced paper SC(20)140, which invited Cabinet to consider the results of the weekly review of COVID-19 protection levels which the First Minister was due to announce in the Parliament that afternoon.

7. This was the fourth weekly review undertaken since the publication of *COVID-19: Scotland's Strategic Framework* on 23 October (*SC(20)40th Conclusions* refers), in line with the decision-making processes and governance arrangements set out in section 4 of the Framework: *Suppressing the virus*. The outcome of the weekly review had again been informed by expert advice from the National Incident Management Team (NIMT) and from the chief advisers and senior officials in the Four Harms Group.

8. To ensure direct representation for local government, both COSLA and SOLACE had observer status on the NIMT and the Four Harms Group. Bilateral discussions had also taken place at chief executive level with Aberdeenshire and Aberdeen City, given the NIMT's advice that they should be considered for Level 3.

9. In forming its conclusions, the NIMT had met the previous day to discuss a 'watch list' report (*Summary Indicators and Trends*) prepared by the COVID Modelling and Analysis Hub under the authority of the Chief Statistician, to provide information about level signals to inform the weekly review. The report showed the position of each local authority area in relation to five agreed indicators: weekly figures for cases per 100,000 and test positivity rates (both updated on 26 November), and the latest daily forecasts (made on 30 November) for cases per 100,000, hospital capacity and ICU capacity.

10. Trends in the data had also been identified and taken into account, alongside more detailed data and analysis for each area supplied by the relevant Directors of Public Health. The final version of the report had been supplied to Ministers attending Cabinet to inform their decision-making and would be published that afternoon to accompany the First Minister's statement to the Parliament.

11. In general, there did not appear to be a need for any changes in levels allocation compared with the previous week. For Dumfries and Galloway, although it might have been possible, based solely on the local data, to support a move to Level 1, the area was bordered to the south by areas of much higher prevalence, especially in Cumbria. The Chief Executive of City of Edinburgh Council had made a strong case for Edinburgh to move to Level 2, but the data did not support this, since there had been no sustained downward trajectory.

12. However, there were two areas – Aberdeenshire and Aberdeen City – in relation to which the NIMT had recommended, on balance, a move upward to Level 3. According to the NIMT, although the indicators for both areas still suggested Level 2, recent increases in cumulative incidence and percentage test positivity over the previous fortnight could not be fully explained by specific outbreaks and might suggest wider community transmission.

13. Although the Director of Public Health for Grampian NHS Board had agreed with the NIMT's assessment, the leadership of the two local authorities had objected: in the context of the 'Four Harms' assessment, they also cited the economic harm that a move to Level 3 might cause in these areas, given the state of the local economy.

14. The upward trends which might justify a move to Level 3 were more evident in Aberdeenshire than in Aberdeen City, but the evidence to distinguish between the combined effect of a number of localised 'spikes' (in, for example, food processing and care homes) and wider community transmission was not clearly enough presented, and the local data available was limited.

15. Comparing the two areas, the headline data appeared similar, but there was appeared to be more evidence of a sustained upward trend in Aberdeenshire. However, the case for a move to Level 3 was not well made for either area at this point: it was highly regrettable that the evidence had not been marshalled sufficiently thoroughly to support a clear conclusion at this point.

16. It appeared that the Director of Public Health for Grampian NHS Board was experiencing difficulties in engaging with the two local authorities (especially Aberdeen City Council), and the CMO considered that there might be merit in convening a meeting between the different parties so as to broker closer co-operation and advance agreement about the sources of data (and other evidence) on which decisions should be based, in order to reduce the risk of contradictory or incomplete advice coming forward in future weeks. A common set of evidence should also limit the scope for one or other local authority to object to future decisions about levels allocation.

17. In the meantime, the only possible way forward – in the absence of a fuller set of information on which there was local agreement – would be to make clear that both authorities were to be monitored very closely over coming days, with the possibility of a move to Level 3 for one or both areas should the case be clearly made (which might be before the next weekly review).

18. There were other points to consider in the course of the coming week, such as whether there should be any change in the dates of school holidays (as discussed at the previous week's meeting of the Cabinet – *SC(20)45th Conclusions refers*) and, in particular, whether to delay the start of the new term until 11 January. No strong evidence appeared to have emerged to support such a move (despite the objections that the teaching unions would be likely to raise should the existing local holiday arrangements be confirmed). Cabinet was invited to delegate a final decision on this point to Mr Swinney.

19. The following week's Cabinet meeting would also need to determine the new levels to which local authorities should be allocated at the conclusion of the time-limited period at Level 4, which was due to expire on 11 December, and data collection over the course of the coming week would be particularly important.

20. In discussion the following points were made:

(a) There was a case to be made for re-starting work with Aberdeen City Council on regeneration projects in the city centre, especially in light of the current downturn in the oil and gas sector. This would, however, be dependent on future budget decisions;

(b) To avoid further situations arising, such as the apparently contradictory evidence about the local positions in Aberdeenshire and Aberdeen City, it would be helpful to ensure that the NIMT had evidence at its disposal that was as solid as possible on which to base its deliberations;

(c) It might be helpful to invite Public Health Scotland to work together with NHS Grampian, Aberdeen City, and Aberdeenshire to improve data quality and consistency;

(d) Given that problems of data quality and consistency were not unique to the Grampian area, a wider effort to improve the evidence on which decisions were based might be required over the coming period.

21. **Cabinet:**

(a) Subject to (b) and (c) below, agreed that all areas should be maintained at their existing protection levels for the time being;

(b) Agreed to delegate to the First Minister all other decisions that might be required in advance of her planned statement to the Parliament later that day, including a final decision in relation to whether Aberdeenshire and Aberdeen City should remain at Level 2 for the time being;

(c) Delegated to the First Minister and Mr Swinney the responsibility for any further decisions that might be required, should there be a material change of circumstances in any local authority area before the next planned review of protection levels;

(d) Noted the proposed approach to preparing for decisions at the following week's meeting of the Cabinet (on 8 December) on exit from Level 4, as described in paragraphs 29 to 31 of the paper;

(e) Noted the proposals for the application of travel restrictions within the Common Travel Area (paragraphs 32 to 36), which should remain unchanged at present;

(f) Noted that proposals would be coming forward concerning in-home socialising on marine islands in Level 1 areas, with a view to including that issue in the following week's review (paragraphs 37 and 38);

(g) Noted the current position on schools, colleges and universities over the holiday period (paragraphs 44 and 45), and delegated to Mr Swinney the final decision on school term dates, which would need to be confirmed later that week;

(h) Noted the proposal that, barring emergencies, levels should remain unchanged over the Christmas and New Year period (paragraph 46); and

(i) Noted that proposals in relation to a wider review of the levels approach would be considered at Cabinet on 8 December (paragraphs 47 to 49).

(Action: First Minister; Deputy First Minister and Cabinet Secretary for Education and Skills; DG Constitution and External Affairs; Interim Chief Medical Officer)

**Initial COVID-19 Vaccines Deployment (Paper SC(20)141)**

22. Ms Freeman introduced paper SC(20)141, which provided Cabinet with an update on COVID-19 vaccines and invited Cabinet to agree the basis on which the available vaccines would be deployed to all adults aged 18 and over throughout Scotland, assuming that final approval was granted by the UK-level Medicines and Healthcare products Regulatory Authority. There were currently two vaccines which were likely to be deployed in Scotland in the near future: the Pfizer/BioNTech vaccine, for which regulatory approval was expected later that week, and the Oxford/AstraZeneca vaccine, which was at an earlier stage in the approvals process (SC(20)45th Conclusions refers).

23. The Pfizer vaccine (of which the first deliveries to Scotland were expected in coming days) needed to be stored at -70 degrees Celsius and was delivered in relatively large batches; urgent work was therefore under way to develop suitable protocols for delivery to priority groups such as care home residents. The UK Joint Committee on Vaccination and Inoculation(JCVI) had recommended an age-based prioritisation model, based on vaccinating those at highest clinical risk in the first instance, which Cabinet was invited to approve. The first doses were expected to be administered on the same day across the UK; front-line health and social care workers, including vaccinators, would be among the first recipients, given the levels of risk to which they were exposed and the need to protect their patients.

24. As detailed more fully in paragraph 6 of the paper, work was under way to establish the best way of ensuring good levels of uptake by people identified by the JCVI as at higher risk of infection, including those *“in black, Asian and minority ethnic groups, in areas of higher socio-economic deprivation, and in areas with outbreaks or high levels of community transmission”*. The support of community leaders would be helpful in this regard, and focused engagement would be required.

25. It was hoped that, by the end of the first quarter of 2021, a significant proportion of the population, including those most at risk, would have been vaccinated. Initial vaccination would require two doses some three weeks apart, but it was not yet known whether booster or regular doses would be needed subsequently.

26. A major communications effort would very shortly be under way, and logistics work would include arrangements for household mail drops and invitations for vaccinations. Public Health Scotland was working to ensure that suitably accessible public information was available to all, including via dedicated telephone lines, and systems were being put in place to ensure that people's medical records would be updated as soon as they had been vaccinated, in whatever setting. The unprecedented national mobilisation that would be required over coming months would require support from across all parts of the organisation.

27. In discussion the following points were made:

- (a) There was no reason for the Scottish Government to depart from the prioritisation schedule devised and recommended by the JCVI, recognising that those at the highest clinical risk (and the health and care staff who looked after them) should receive the vaccine first;
- (b) It would be very important to communicate a clear clinical rationale for the prioritisation schedule recommended by the JCVI, in part to assuage the doubts of some, such as the teaching unions, who were likely to argue in favour of prioritisation according to other criteria, such as membership of particular professional groups;
- (c) Further information on the criteria used by the JCVI (for example, in relation to the risks faced in different occupational settings) would be helpful, so as to be in a position to explain the JCVI's prioritisation schedule, which was – not surprisingly – based primarily on minimising the risk of serious illness and death across the entire population;
- (d) It would be helpful for all Ministers to have up-to-date briefing on arrangements for the safe and effective deployment of vaccines, including their storage at low temperature and distribution to people in all parts of Scotland;
- (e) Ministers and officials should engage early with hard-to-reach groups and community leaders in order to ensure a good level of take-up and the maximum possible level of protection, especially in view of the higher clinical risks that had been shown to be caused by COVID-19 in areas of high deprivation and for members of black and minority ethnic groups;
- (f) In order to maintain momentum and public confidence in the vaccination process, it would be vital to ensure that people would begin to be vaccinated as soon as supplies were available – stocks of vaccine must not lie unused for any length of time.

28. **Cabinet:**

- (a) Agreed that the Scottish Government's policy position should be aligned to the final JCVI recommendation, recognising that those at the highest clinical risk should receive the vaccine first;
- (b) Noted the work in hand to operationalise delivery;
- (c) Agreed to support the mobilisation activity required to scale up within Waves 2 and 3 of the vaccination programme by considering how each portfolio could provide resources, drawn from the wider public sector if required, to augment delivery; and
- (d) Agreed to engage with their stakeholders to manage the pressure that would undoubtedly be applied in seeking adjustments to the terms of the JCVI prioritisation exercise.

**(Action: Cabinet Secretary for Health and Sport; COVID Public Health Directorate)**

**Irrelevant & Sensitive**



**Irrelevant & Sensitive**

# Irrelevant & Sensitive

## **The Scottish Tourism Taskforce Recommendations (Paper SC(20)143)**

41. Mr Ewing introduced paper SC(20)143, which invited Cabinet to agree to the publication of the Scottish Government's response to the recommendation of the Scottish Tourism Task Force.

42. Tourism played a vital role in providing employment and sustaining local economies across Scotland. The sector, which employed some 218,000 people across the country, had been very severely impacted by the global pandemic, though the challenges it faced were not unique: the latest data from the World Tourism Organization showed a 70 per cent fall in international arrivals globally for the first eight months of 2020.

43. The Scottish Government had worked hard to support the sector, helping to meet the immediate needs of businesses in order to protect jobs and ease cashflow challenges. Ministers had also worked closely with the UK Government to try to ensure that businesses had the support that they needed. Further support was now required to ensure that businesses would be able to survive until the 2021 summer season.

44. Mr Ewing had worked together with the Minister for Business, Fair Work and Skills to establish the Scottish Tourism Taskforce. Its work to look at the issues facing the sector was to be commended. At a time of real financial pressure, the financial asks set out by the Taskforce were significant, but given the contribution the sector made to Scotland's economy and the scale of the impact COVID-19 had had on it, the sector would need significant support from government and other public agencies if it was to put in place appropriate recovery plans.

45. In discussion the following points were made:

(a) It would be necessary to ensure that any tourism recovery plans were consistent with the Scottish Government's climate change commitments. Nonetheless, the proposals in the paper represented a positive way forward. There was a need to progress matters at pace to ensure that the sector was adequately supported and to build its confidence that the Government was committed to as swift a recovery as was safely possible under current circumstances;

(b) A decision on funding could not be taken by Cabinet at this time: these matters would need to be agreed first between Mr Ewing and Ms Forbes before being brought back to Cabinet for agreement. The degree to which resources could be made available from the Budget for tourism recovery plans would depend on how much consequential funding was made available by the UK Government, and this was as yet unknown;

(c) The plans set out in the paper had been well thought through, and the extent to which the sector had been involved in the deliberations of the Taskforce was a very positive feature. Given the importance of the tourism sector to Scotland's economy, commissioning the enterprise agencies to design a five year recovery plan seemed an appropriate way forward;

(d) Restoring international connectivity remained fundamental to the success of tourism in Scotland: the aviation sector was already working hard, with support from VisitScotland, to try to win back routes to Scottish airports that had been lost as a result of the pandemic;

(e) The Third Sector Resilience Fund was already supporting small tourism businesses across Scotland. Community enterprises had an important role to play in providing opportunities for ethical tourism and would also require adequate support.

46. **Cabinet:**

- (a) Noted the full responses to the recommendations of the Scottish Tourism Task Force (as set out in Annex C of the paper) and the financial support already agreed, as set out at paragraph 69;
- (b) Agreed to continue working with the industry to develop plans and pilot programmes to enable the full re-opening of the sector, in accordance with clinical and scientific advice;
- (c) Agreed that the Enterprise Agencies and VisitScotland should be commissioned to undertake work to develop a fully detailed and costed five year recovery plan, as well as an investor plan for the sector to clearly set out the benefits of such investment;
- (d) Agreed to publish the Scottish Government's response to the Scottish Tourism Task Force recommendations (as summarised in Annex C of the paper) on the Scottish Government's website;
- (e) Noted the ongoing financial support that would be critical to sector survival and recovery over the coming months and years (as set out in the table in paragraph 69 of the paper), and the ongoing discussions on outstanding requests and future support (as detailed in paragraph 72 of the paper); and
- (f) Agreed that Mr Ewing should finalise a funding proposal with Ms Forbes and Finance officials before bringing a further update on the recovery plan and the financial position back to Cabinet for agreement in early 2021.

**(Action: Cabinet Secretary for Rural Economy and Tourism; Culture, Tourism and Major Events Directorate)**

**SCANCE (Paper SC(20)144)**

47. The First Minister introduced the SCANCE paper (SC(20)144). In discussion of current issues, Cabinet's attention was drawn to the following matters:

***UK Government Spending Review***

48. In relation to the item in paper SC(20)144 concerning the UK Spending Review, Ms Forbes noted that the five per cent cash terms reduction in capital budgets would have implications for the Scottish Government's Low Carbon Fund. It was noted in discussion that the detail of allocations provided by the UK Government was too high-level to provide any indication of portfolio breakdowns at this time. Ms Forbes planned to bring further proposals to Cabinet concerning the Budget, the outcome of the UK Spending Review, and public sector pay policy in the course of the next few weeks.

**(Action: Cabinet Secretary for Finance; Budget and Public Spending Directorate)**

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## ***Social Security Management Information and Statistics***

56. Further to the item in paper SC(20)144 concerning the publication that day of management information on the Scottish Welfare Fund and the Self-Isolation Support Grant (SISG) and Official Statistics on applications for Discretionary Housing Payments, Ms Somerville said that while the award rate of 23 per cent for the SISG appeared low, the figures might include applications which were still being assessed. It was also to be expected that, during the initial phase of this new grant, there would be a large number of speculative applications, which did not meet the current criteria for an award.

57. Local authorities received 23,000 Crisis Grant applications in October 2020 (25 per cent more than in October 2019), and had awarded £1.5 million in grants (33 per cent more than in October 2019). By the end of October 2020, local authorities had received 98,210 applications for Discretionary Housing Payments since April, and had spent (or committed) £67.8 million. This was six per cent more applications and 12 per cent higher expenditure than at the same time in 2019, though it remained within budget.

*[The First Minister and Liz Lloyd left the meeting; the Deputy First Minister took the chair.]*

## ***Testing of Higher and Further Education Students***

58. Mr Swinney updated Cabinet on progress with the testing of Higher and Further Education students to enable them to travel home for the festive period, should they wish to do so (*SC(20)44th Conclusions refers*). To date, some 20,000 bookings for tests had been made on the new system. The creation of these wholly new arrangements in such short order was a significant achievement and resulted from a very good level of partnership working.

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# LPP/LAP

**LPP/LAP**



**LPP/LAP**

# LPP/LAP

(Action: Deputy First Minister and Cabinet Secretary for Education and Skills; Organisational Continuity Directorate)

## Any Other Business

69. None.

Cabinet Secretariat  
December 2020