

**OFFICIAL SENSITIVE  
DOCUMENT NOT TO BE SHARED BEYOND ADVISORY GROUP OR SG**

**Seventh Meeting of Scottish Government COVID19 Advisory Group  
16.04.2020  
Held via Zoom**

**Welcome and Apologies**

1. Chair welcomed all group members and thanked them for their work on the note which was submitted to the First Minister, particularly Aziz for leading on this. Graham Ellis dialled in on behalf of Gregor.

Apologies – Gregor Smith, Jim McMenemy

**Minutes, Action Points, Chair Update**

2. Chair asked Jill for an update on the testing data request she had made, Jill said that Niamh had provided very useful data. Suggested that the testing sub-group look over it and then bring back to the group.

**CSA Update**

3. Sheila had internet issues but reported that she is continuing to explore the contribution of science advice on futures work.

**ACTION** – Secretariat to investigate BT's offer to improve internet for those who need it.

**SAGE Update**

4. Chair gave an update on the most recent meetings in which there were discussions on:
- Masks: Devi asked if we want to wait for SAGE to make a decision on masks, particularly cloth masks. Chair said there are not only benefits but also risks of behaviour change from mask wearing. Steve agreed following discussion at SPI-B. Chair suggested waiting until SAGE makes a decision on this on Tuesday, accepting Aziz's idea to feed in a suggestion that a trial should be commissioned.
  - Physical environment and ventilation of public spaces
  - Cabinet Office requests on exit strategies for consideration
  - determining R, including potential sampling as part of ONS household survey
  - Ministerial priority of determining disease progress in different ethnic groups
  - Children and schools. Tom flagged the question of school return as a priority. Devi asked could / should this be done on a regional basis? Mark noted that a SPI-M subgroup is working on this and will get back to SAGE.
  - Nosocomial transmission
  - vulnerable groups. Question to Roger about identifying vulnerable groups. Roger outlined ongoing Scottish Government work and noted that over 100,000 have been identified as vulnerable in Scotland. Currently bringing

together various data sources on care homes, children, and other transmissions. Graham asked if this can be used as an opportunity to better join up social care data – Roger will discuss with Graham directly.

**ACTION** – Roger to present a paper to the group on the data currently being analysed and timelines for delivery

### **Review of FM advice on lockdown and next steps**

5. Aziz thanked the group for their input and raised three key issues:
- Group composition, in particular should there be economists on the group
  - Framework for considering release from lockdown. Continuing to look at exit scenarios from elsewhere, noted that this could tie in well with the work Devi will lead for the Edinburgh Royal Society.
  - Shielding – can we come up with better evidence on this from Scottish data?

Economists on the group - Niamh said that work is ongoing within Scottish Government and civil servants on the group are well sighted on this work, so it seems unnecessary to have economists on the group.

Further advice – using Aziz’s annex as a starting point. Is there enough data to establish the likely impact of each strategy? Models cannot accurately predict this, other kinds of evidence will be needed to support modelling. Niamh noted that FM can make decisions based on policy advice as well as modelling and also a Scottish Government desire to set out publicly the decision making process on lifting restrictions.

Steve noted a desire in the media for a ‘magic bullet’ and that the solution is likely to be complex and multifactorial – this should be communicated to the public. Recommended care and clarity when using terms such as ‘vulnerable’. Noted a need to maintain an overall sense of equity and legitimacy. Discussion of public sentiment, vulnerable groups, and the impact of shielding on quality of what might be short remaining lifespan for the very elderly or terminally ill.

Additional topics suggested by Devi that need further evidence – international transmission, temperature effect on virus, school closure. Also communicating to the public that this will be a long process. Aziz further suggested a need to understand more about non-COVID related avoidable mortality due to the surrounding circumstances, e.g. delayed seeking of healthcare.

Chair suggested expanding the annex into a more comprehensive list for discussion on Monday.

Question of whether the group should communicate directly with the public. Mark noted the need for full support from Scottish Government if people are publicly identified along with advice given.

**ACTION** – Chair to discuss with Niamh about potential impact of publicising the group.

**ACTION** – Aziz to map out factors for consideration – expanded from the annex from the advice paper.

### **Behavioural Interventions**

6. Steven spoke to the two papers provided to the group. Said that the notion of psychological vulnerability and ‘behavioural fatigue’ may have been damaging, likely wrong. Don’t underestimate the public. Framing should be at a collective level, Scotland’s comms have been good on this front so far. Key compliance issues are ambiguity of messaging, and opportunity / practicality. For example, the poorest are less likely to be able to stay at home. Helping people is better than punishing non-compliance. For example, could more private space be opened up in order to reduce crowding in urban parks? Start from an assumption of good will and providing additional help, only then punishing non-compliance when needed in order to build public buy-in. Understanding people’s experiences is important. Key options: expert informants, e.g. Imams and Rabbis on impact of restricting funerals; expert groups such as NICE; wide-scale listening, with researchers delving into issues raised.

Richard said that the First Minister is keen to engage with the public. Advice on bottom-up approaches will be welcome.

Discussion – both public engagement and also feedback on what has been done with suggestions will be needed. Resource to sort through responses and what reflects broad understanding vs interest groups is important. Lessons from research – the James Lind Alliance has been good at establishing a clear communication structure in medical research.

David asked could data on mood / sentiment be included in app development, alongside symptoms. Steven could be ideally placed to comment on this.

**ACTION** – Steven to present a draft paper to the group early next week, covering practical recommendations that can be made to the FM on public communication principles and structures. Angela to provide support from PHS resource. Richard and Niamh to be included in the discussion as policy touchpoints.

**ACTION** – Secretariat and Chair to include ‘app strategy’ on an upcoming agenda

### **Attendees**

**Advisory Group Members:** Andrew Morris, Angela Leitch, Aziz Sheikh, Chris Robertson, David Crossman, Devi Sridhar, Jill Pell, Mark Woolhouse, Stephen Reicher, Sheila Rowan, Tom Evans.

**Invited Attendees:** Mary Black

**SG:** Roger Halliday, Niamh O’Connor, Richard Foggo, Daniel Kleinberg.

**Secretariat:** NR, Name Redacted