

## OFFICIAL-SENSITIVE

RESTRICTED HANDLING

SCN(21)14th Conclusions

## SCOTTISH CABINET

**MINUTES OF MEETING HELD IN ST ANDREW'S HOUSE, EDINBURGH  
AT 9.30 AM ON TUESDAY, 14 SEPTEMBER 2021**

<b>Present:</b>	Rt Hon Nicola Sturgeon MSP John Swinney MSP	First Minister Deputy First Minister and Cabinet Secretary for Covid Recovery
	Keith Brown MSP Kate Forbes MSP Mairi Gougeon MSP Rt Hon Angus Robertson MSP	Cabinet Secretary for Justice and Veterans Cabinet Secretary for Finance and the Economy Cabinet Secretary for Rural Affairs and Islands Cabinet Secretary for the Constitution, External Affairs and Culture
	Shona Robison MSP	Cabinet Secretary for Social Justice, Housing and Local Government
	Shirley-Anne Somerville MSP Humza Yousaf MSP	Cabinet Secretary for Education and Skills Cabinet Secretary for Health and Social Care
<b>In Attendance:</b>	Leslie Evans LPP Mairi McAllan MSP Dr Gregor Smith James Hynd LPP Dominic Munro David Rogers Shirley Rogers Michelle Rennie Lisa McGuinness Liz Lloyd Colin McAllister	Permanent Secretary LPP Minister for Environment and Land Reform Chief Medical Officer (*) Director for Cabinet LPP Director, Exit Strategy (*) Director, Constitution (*) Director of Organisational Readiness (*) First Minister's Principal Private Secretary Permanent Secretary's Principal Private Secretary (*) Special Adviser (*) Special Adviser Special Adviser (*) PS/First Minister (*) Assistant Head of News (*) First Minister's Official Spokesperson (*) Cabinet Secretariat Cabinet Secretariat (*) Cabinet Secretariat (*)

NR

NR

(\*) by tele-conference

**Apologies**

1. Apologies were received from Mr Matheson; he was represented by Ms McAllan.

**OFFICIAL-SENSITIVE****Minutes of Meeting held on 31 August 2021**

2. The minutes of the meeting held on 31 August (SCN(21)12th Conclusions) were approved.

**Parliamentary Business (Paper SCN(21)32)**

3. Mr Swinney outlined the planned business in the Parliament during the weeks commencing 13, 20 and 27 September and 4 October, as set out in the tables in Annex A of paper SCN(21)32.

4. **Cabinet agreed** the planned business in the Parliament for the week commencing 27 September.

**(Action: Minister for Parliamentary Business)****COVID-19: Coronavirus Update** *(oral update)*

5. The First Minister invited the Chief Medical Officer to provide Cabinet with an update on the progress of the COVID-19 pandemic and the work under way to counter its effects.

6. As at 9 a.m. on Tuesday, 14 September, there had been 512,312 confirmed cases of COVID-19 infection in Scotland (compared with 475,027 on the same day the previous week). There had been a net increase of 3,375 cases compared with the previous day, which corresponded to 11.4 per cent of those tested (compared with a positivity rate of 13.2 per cent on the same day the previous week).

7. The daily case numbers were the lowest for some time, and there appeared to be a genuine dip in averages over recent days. The positivity rate also appeared to be declining.

8. Under 40s made up around 60 per cent of the case numbers announced that day, with over 60s representing around 13 per cent (compared with 63 per cent and 10 per cent, respectively, the previous week). Case numbers among over 60s appeared to be plateauing, with younger age groups mostly in decline (even 12- to 15-year olds, where case numbers had been especially high of late). The situation among over 60s continued to be closely monitored.

9. Daily case numbers had reduced steadily since a peak of over 7,500 cases on 2 September (by sample date), which gave cause for some optimism, although absolute levels of infection were still at an exceptionally high level. The incidence rate per 100,000 population was now around 731, compared with 801 a week previously and a peak of 824 eight days ago. Average positivity of 11.7 per cent for the most recent week was also falling.

10. Nationwide levels of COVID-19 in wastewater currently showed the highest reported levels since the start of the pandemic. Previous experience had, however, suggested that wastewater measurements could remain elevated after reported cases had begun to fall; this indicator would continue to be monitored closely.

**OFFICIAL-SENSITIVE**

11. According to survey evidence published on 9 September, people's average daily contacts were at a high level and had increased by around 14 per cent over the previous fortnight. This was of some concern, but at least provided some indication of which settings to target in public messaging: for instance, mean contacts in work settings had increased by some 63 per cent, whereas contacts in the home and other settings had remained broadly stable, which might suggest a need for greater prudence in the gradual return to offices and other workplaces.

12. Pressures on the NHS remained at an extremely high level, driven by very high case volumes: over 1,000 beds were now occupied by COVID-19 patients, and increasingly high numbers of COVID patients in Intensive Care Units (ICU), including long stay ICU. It was expected that admissions would continue to rise, at least for the next week or so.

13. Although, at its most recent meeting, the National Incident Management Team had been slightly less pessimistic than at the previous week's meeting, significant concerns had been expressed about the rise in cases over the previous seven days (with Glasgow hospitals, for example, showing a 40 per cent rise in admissions over the previous week). It was clear that movements in case numbers over the coming week would be crucial in determining whether the situation might yet become critical across the whole spectrum of health and care services.

14. In other recent developments, the First Minister welcomed the four CMOs' joint decision to recommend vaccination for 12- to 15-year olds and confirmed that the Scottish Government had accepted that recommendation: vaccinations would commence from the following Monday. In addition, following the final advice from the Joint Committee on Vaccination and Immunisation (JCVI) recommending 'booster' shots, the booster programme would commence on Monday, 20 September, starting with frontline health and social care workers. Those eligible for a booster shot would also include all adults over 50 and those aged over 16 with underlying health conditions and their carers. The JCVI had recommended that booster shots should be given six months after the second dose of the initial vaccine so as to have the best chance of counteracting any waning in its effectiveness. It would be important to take forward the booster doses as soon as possible ahead of the winter period.

15. It was noted in discussion that, despite the welcome news that there had been slight reductions in the rate of increase in case numbers, the overall situation remained fragile and highly challenging, and there was no room for any complacency, especially with the forthcoming return of college and university students to halls, and the new pressures that would undoubtedly result from hosting the UN Climate Change Conference (COP26) in Glasgow later in the autumn.

**COVID-19: Review and Response (Paper SCN(21)37)**

16. Mr Swinney introduced paper SCN(21)37, which provided Cabinet with a review of the current situation and again recommended the maintenance of the current statutory regime while encouraging further improved adherence to the existing 'baseline' measures, as an alternative to re-imposing further restrictions at this point.



## OFFICIAL-SENSITIVE

17. The pressures on the NHS were currently very great, and were growing. This intensified the need for further dialogue with stakeholders to reinforce public messages about the importance of adhering to baseline measures. Anecdotally, it would seem that these messages were beginning to percolate, and a further meeting would be held with stakeholders later that day, with the participation of the First Minister. Recent statistics about the rising average number of contacts, particularly in workplace settings, underlined the need for continued patience and restraint.

18. The paper mentioned two events that would increase pressure on case numbers: the start of the university term and, later in the autumn, COP 26 (see *above*). The charts contained in the paper illustrated the potential for the rise in case numbers to be refuelled by events (as it had been in August with the return of schools and the relaxation of many restrictions). This meant that there might yet be a need to re-impose more stringent restrictions in due course.

19. At this stage, however, the paper did not provide any justification either for the removal of restrictions, nor for the imposition of new ones. In this, the key remained to base all decisions on an analysis of proportionality LPP

LPP so as to adopt a position that would remain defensible and sustainable.

20. The issue of vaccination status certification (*SCN(21)12th and 13th Conclusions refer*) continued to attract controversy, not least because of the wide publicity given to recent broadcast comments by UK Government Ministers about the likely direction of travel in England, which remained somewhat ambiguous. The Scottish Government would maintain its current plans to introduce a targeted scheme of domestic certification, as approved by the Parliament, with the addition of further engagement and substantive dialogue with the relevant sectors, to ensure that the practicalities associated with implementation would be properly understood by all concerned. A careful approach to Parliamentary scrutiny would also be required, given the levels of interest among MSPs.

21. In discussion the following points were made:

(a) Public messaging over the coming weeks might usefully be targeted at the over 50s and the clinically more vulnerable (most of whom would have received their first doses at the start of the campaign), emphasising the importance of remaining especially cautious (such as by avoiding crowded pubs, large events, or major sporting venues) at least until they had received their booster shot (which would be offered from six months after the second dose), because of the risks associated with the gradual waning of vaccine-induced immunity over time. The promise of booster jags might therefore provide a helpful hook for any publicity campaign for older people in particular;

(b) There had been discussion at the previous week's meeting (*SCN(21)13th Conclusions refers*) of the possibility that the prospect of a certification scheme might encourage more young people (in particular) to come forward for vaccination. Anecdotally, this appeared possible, based on recent rises in attendance at 'drop-in' vaccination centres;

**OFFICIAL-SENSITIVE**

(c) While parallels might also be drawn with other countries, such as France, which had a comprehensive certification scheme, it should be borne in mind that France had introduced this scheme early on in its programme, which meant that meaningful comparisons might not be straightforward;

(d) To the pressures brought by rising COVID-19 hospital admissions must soon be added the usual pressures of autumn, winter and the coming influenza season, and all possible efforts were being made within the health and care sectors to ensure that as much headroom could be created as possible;

(e) As was made clear in paragraph 24 of the paper (and in paragraphs 17 to 26 more generally), the System Response Group, which included senior leaders from across the health and social care system, was considering what further actions might be taken to support NHS Boards and their delivery partners and mitigate the risk of services becoming overwhelmed in the short and medium term. Around 100 actions were already in train, and a further 30 or so new measures were under urgent consideration, although some might prove challenging to implement, given the pressures the system was already under;

(f) Although the intention had been to submit a paper to the First Minister describing these additional actions (which would form part of a Health and Social Care System Response Plan, as described in paragraph 25 of the paper) by the end of the week, Mr Yousaf undertook to accelerate their development and to submit proposals to the First Minister and Mr Swinney as soon as possible;

(g) Each day gained in developing measures to ease pressures in the system would be invaluable. It remained essential to run ahead of potential adverse developments, so as to be as well prepared as possible in time for the onset of autumn;

(h) With people returning in larger numbers to entertainment venues and large sporting events – as well as the prospect of COP26 – it would be important to ensure that transport providers were as well prepared as possible so that public transport would present as few additional risks as possible for the travelling public and staff alike;

(i) This said, it was acknowledged that some events (such as COP26 and major football fixtures) would inevitably present higher risks than others, but there was currently no suggestion that further restrictions should be applied to such events;

(j) The proposed public communications activity described paragraph 60 of the paper ('Reboot, Reinforce, Remind') seemed a sensible package, especially when combined with further work with stakeholders.

**OFFICIAL-SENSITIVE****22. Cabinet:**

- (a) Agreed that Mr Yousaf and Health and Social Care officials should continue, as a matter of urgency, to develop measures intended to relieve the winter pressures expected on the NHS;
- (b) Noted the developing situation with the epidemic, as described in the paper;
- (c) Agreed that the current regime of statutory measures should be maintained – and thus that the existing Regulations should be rolled forward at this point, to be reviewed again after a further three weeks;
- (d) Agreed that further statutory measures should not be re-imposed at this point, but that engagement with stakeholders and other work should continue, in order to improve adherence with baseline measures, and that targeted and proportionate statutory measures should continue to be held in readiness in case they were required;
- (e) Noted the updates provided in the paper on schools and Early Learning Centres, on stakeholder engagement to promote adherence, and on communications;
- (f) Delegated to the First Minister any relevant final decision-making ahead of her statement to the Parliament on COVID-19 on the afternoon of Tuesday, 14 September; and
- (g) Agreed to continue to delegate to the First Minister any further urgent decisions which might be required prior to the following week's meeting of the Cabinet (provided they were consistent with the *Strategic Framework*), supported as required by the Gold Group structure of key Ministers and by any other Ministers with an interest, with input from LPP [REDACTED], chief advisers and senior lead officials.

**(Action: First Minister; Deputy First Minister and Cabinet Secretary for Covid Recovery; Cabinet Secretary for Health and Social Care; DG Constitution and External Affairs; Health Performance and Delivery Directorate)**

**SCANCE (Paper SCN(21)38)**

23. The First Minister introduced the SCANCE paper (SCN(21)38). In discussion of current issues, Cabinet's attention was drawn to the following matters:

**Irrelevant & Sensitive**



## OFFICIAL-SENSITIVE

# Irrelevant & Sensitive

***Labour Market Statistics***

26. Ms Forbes noted that the latest Labour Market Statistics, for May to July 2021, had been published by the Office for National Statistics earlier that morning. Scotland's employment rate was 74.1 per cent, higher than the previous quarter (73.9 per cent) but below the UK rate of 75.2 per cent. Scotland's unemployment rate was 4.3 per cent, slightly lower than the quarter before (4.4 per cent) and below the UK rate of 4.6 per cent.

# Irrelevant & Sensitive

**Any Other Business**

28. None.

Cabinet Secretariat  
September 2021