



The Scottish Parliament  
Pàrlamaid na h-Alba

# Scottish Parliament Citizens' Panel on COVID-19

*Pannal Saoranaich Pàrlamaid na h-  
Alba air COVID-19*

18<sup>th</sup> February 2021

SP Paper 938



# Introduction

This Citizens' Panel was commissioned by the Scottish Parliament's COVID-19 Committee. Its findings will support the COVID-19 Committee's work to scrutinise the Scottish Government's response to the COVID-19 pandemic at a time when the health protection measures put in place to respond to COVID-19 have had – and continue to have – a considerable impact on all people in Scotland. These measures are made using emergency powers given to the Scottish Government and are often implemented with no public consultation and under a compressed timetable for parliamentary scrutiny.

This is why the COVID-19 Committee decided to establish a broadly representative Citizens' Panel. The Committee wanted to ensure that its work in scrutinising these measures is informed by the lived experience of people in Scotland, who have had the opportunity to learn about the issues relating to the Scottish Government's response to COVID-19.



The Citizens' Panel met virtually over four Saturdays in January and February 2021. It comprised of 19 randomly selected individuals who were broadly representative of Scotland's population. The Citizens' Panel was asked to develop recommendations in response to the following question—

**“What priorities should shape the Scottish Government's approach to COVID-19 restrictions and strategy in 2021?”**

The participants spoke to a range of expert witnesses to consider evidence and ideas that were relevant to answering this question. The participants used facilitated video conference discussions and an online platform to deliberate over these issues and form their recommendations.

This report is divided into three sections. The first section provides background information on how the Citizens' Panel was formed and who took part. The middle section provides an overview of the Citizens' Panel's sittings, including how evidence was presented to the participants and their process of deliberation. The final section outlines the participants' recommendations.

# How the Citizens' Panel was formed


## Choosing a topic

The Committee Engagement Unit has worked with Dr Oliver Escobar, Senior Lecturer in Public Policy, University of Edinburgh and Dr Stephen Elstub, Reader in British Politics, University of Newcastle, to identify five criteria that can be used to select a Citizens' Panel topic, as part of the Scottish Parliament's public engagement strategy.

1. **Problem:** There needs to be a problem that requires solving and that would benefit from the input of citizens through a small deliberative process.
2. **Scope:** Deliberative forums usually sample participants from the entire community, therefore the topic of the deliberative forum should be sufficiently broad in the groups that it will affect or should concern the entire community.
3. **Framing:** A topic for the deliberative forum can be posed as a question or in the form of a problem to solve. The topic should be framed in a clear and precise manner and its scope should be narrow enough to be able to discuss it meaningfully in the information phase of the deliberative forum and to have a realistic chance of resolving differences and agreeing actionable recommendations in the deliberative phase.
4. **Timing:** New issues that have only recently come to the public domain also make suitable topics where both the public and politicians are still forming opinions on the issue and political disagreements are yet to be identified.
5. **Impact:** The issue selected should relate to a current or forthcoming inquiry where the committee convener, members and staff see merit in a deliberative forum and are willing to make a firm commitment that the results will have a bearing on their own consideration and recommendations.

The COVID-19 Committee agreed that a Citizens' Panel should be established at its meeting on 26 November 2020. The COVID-19 Committee agreed that the Citizens' Panel should broadly focus on the Scottish Government's approach to public health restrictions and remitted the specific question to be asked to the Scottish Parliament's Committee Engagement Unit.

The Committee Engagement Unit's Citizens' Panel model involves the appointment of an expert Steering Group. A group of experts was appointed to form a Steering Group to support the Citizens' Panel. Members of the Steering Group were chosen to form a relevant and balanced group of experts to support the process. Their expertise covered epidemiology and public health; public communication; public participation and civic engagement; social policy; and tourism.



The Steering Group Members were:

- Professor Glen Bramley, Professor of Urban Studies, Heriot Watt University
- Professor John Connolly, Professor of Public Policy, School of Education and Social Sciences, University of the West of Scotland
- Dr Gary Kerr, Lecturer in Festival and Event Management, Edinburgh Napier University
- Aleksandar Kocic, Lecturer in Journalism, Edinburgh Napier University
- Professor Gary Macfarlane, Clinical Chair in Epidemiology and Dean of Interdisciplinary Research and Research Impact, University of Aberdeen
- Kaela Scott, Head of Democratic Innovation, Involve

The role of the Steering Group is to help ensure that the process is conducted fairly, credibly and transparently. The Steering Group approved the overarching question; the design of the sessions, the topics being discussed, and the expert witnesses invited to present on each topic.

When the Steering Group first considered how to frame the overarching question in early December 2020, it agreed to the following wording: “What priorities should shape the Scottish Government’s approach to COVID-19 restrictions and recovery in 2021?” The Steering Group agreed to change the framing of the question in light of rising case numbers in December and January. The question was reframed before the first sitting of the Citizens’ Panel, as follows: **“What priorities should shape the Scottish Government’s approach to COVID-19 restrictions and strategy in 2021?”**

## Participant recruitment

The Scottish Parliament’s Committee Engagement Unit worked with a not-for-profit organisation, the Sortition Foundation, to recruit a randomly selected and stratified sample of 20 people, based on 2011 Scottish Census data. Throughout this report the panel members will be referred to as ‘participants’.

A total of 20 participants were recruited using a database containing details of over 1,500 Scottish residents. These residents had previously received a random invitation in the post to participate in a deliberative event and had registered their interest. Each of these 1,500 people received a text or email asking them to register their interest to be part of the random selection process for this Citizens’ Panel on Covid-19. 350 people registered an interest and an initial stratified random sampling process took place in December 2020.

The personal circumstances of two participants changed between being recruited and the first sitting on the 16<sup>th</sup> January, which meant they were no longer able to take part. In the short time available, one new participant was recruited to join the panel before the second sitting and received a personal briefing on the material covered in the first sitting. The remaining 18 panel members were present for all four sittings.

The data below illustrates that the 19 participants represented a diverse group of citizens and demonstrates the benefits of random stratified selection methods. There were challenges to ensuring a small group were fully representative across all categories. Creating a broadly representative panel, taking into account participants' multiple characteristics, can sometimes lead to slightly varied results in comparison to the Census data. Where this has happened, an explanation of the difference between the selected panel make up and the Census data is provided below.

## Gender

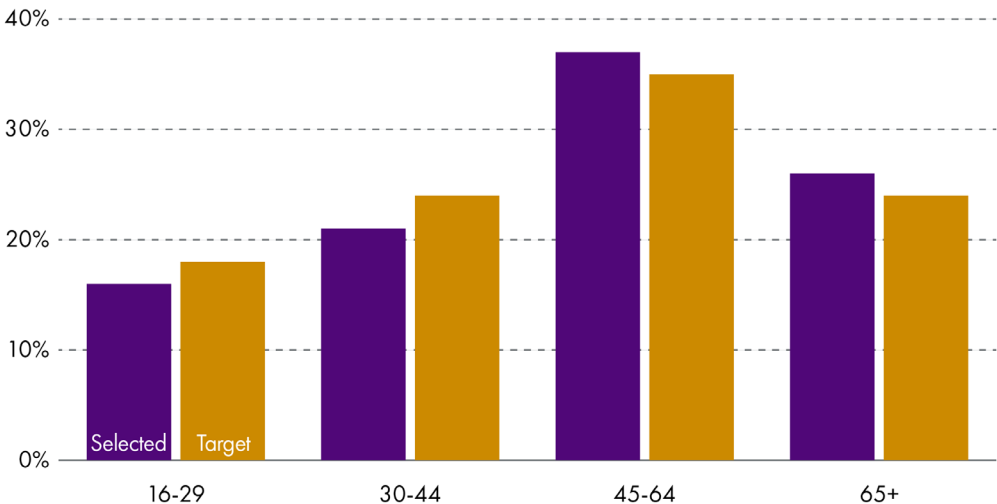
The participants were 47% women and 53% men – a variation of  $\pm 4\%$  compared to Scottish Census data:



It is worth noting that the imbalance between genders on the panel is due to changes in circumstances for 2 of the original panellists, both of whom were women. In the 7 days available between sessions, 1 replacement female member was selected, which resulted in the panel consisting of 10 men and 9 women.

## Age

The participants closely matched Scottish Census data for age, with only slight variations: 16-29 (-1.5%); 30-44 (-3%); 45-64 (+2.5) 65+ (+2%)





## Region

We aimed to have participants from every parliamentary region broadly in proportion to their population size. Some areas were overrepresented: Highlands and Islands (+3%); North East Scotland (+2%); Lothians (+1.5%); West Scotland (+3%); mid Scotland & Fife (+4%) and other areas were underrepresented: Glasgow (-2%); and Central Scotland (-1%) and South Scotland (-8%). Nevertheless, the panel consisted of people from all over Scotland, and all eight Parliamentary regions were represented.



## SIMD

The Scottish Index of Multiple Deprivation (SIMD) is a tool produced by the Scottish Government to help identify areas where people are experiencing disadvantage in different aspects of their lives, for example in health, housing, or education. The SIMD splits Scotland into 6,976 small areas known as “data zones”. These are then ranked

using data relating to around 30 indicators, which help measure different aspects of deprivation. Rankings give us an understanding of where each area in Scotland sits in terms of deprivation.

These data zones can be split in to 10 equal parts, based on their rank, which are called deciles. The 1<sup>st</sup> decile has the 10% most deprived areas in the country while the 10<sup>th</sup> decile has the 10% least deprived. We aimed to have 30% participants from deciles 1-3, 30% from deciles 8-10 and 40% from 4-7 to ensure the panel was broadly proportionate. It is worth noting that deprived does not mean “poor” or “low income”. It means people have fewer resources and opportunities. Also, although SIMD identifies areas which are deprived, not everyone living in a deprived area is experiencing deprivation.

Selected



Targeted



As is illustrated above the panel was diverse and broadly representative in terms of the location of data zones of material deprivation. Participants who lived within deciles 1-3 (-4%) were slightly underrepresented and those located in deciles 4-7 (+2%) and 8-10 (+2%) were slightly over represented.

## Ethnicity

Participants' ethnicity was taken into account when selecting the panel. The Steering Group recommended that participants from Black and Minority Ethnic (BAME) backgrounds should be slightly over represented because otherwise there would be only 1 participant representing BAME communities, which was considered insufficient in light of the disproportionate impact of COVID-19 on these communities. As a result, 17 of the recruited participants described their ethnicity as 'White' (89%) and 2 described their ethnicity as BAME (11%).



## Facilitation process

The Citizens' Panel process involved team building, learning about the topic, questioning witnesses, deliberation and consensus-based decision-making. A team of 10 facilitators from the Scottish Parliament supported this, guiding the participants through the activities and ensuring that all members had the opportunity to contribute to discussions and participate in the exercises.

After confirmation of selection, participants were asked if they required access to a laptop or internet to take part. Two participants were provided with laptops for the duration of the Panel to ensure they could take part in the process. All participants were given training and written guidance to use the video conferencing software, Zoom, and the online discussion site, Your Priorities.

During all the sessions steps were taken to ensure that every participant had an opportunity to take part and contribute to discussions. This was the first time that the Scottish Parliament has delivered a Citizens' Panel online. A range of participation techniques were adapted for online use, including:

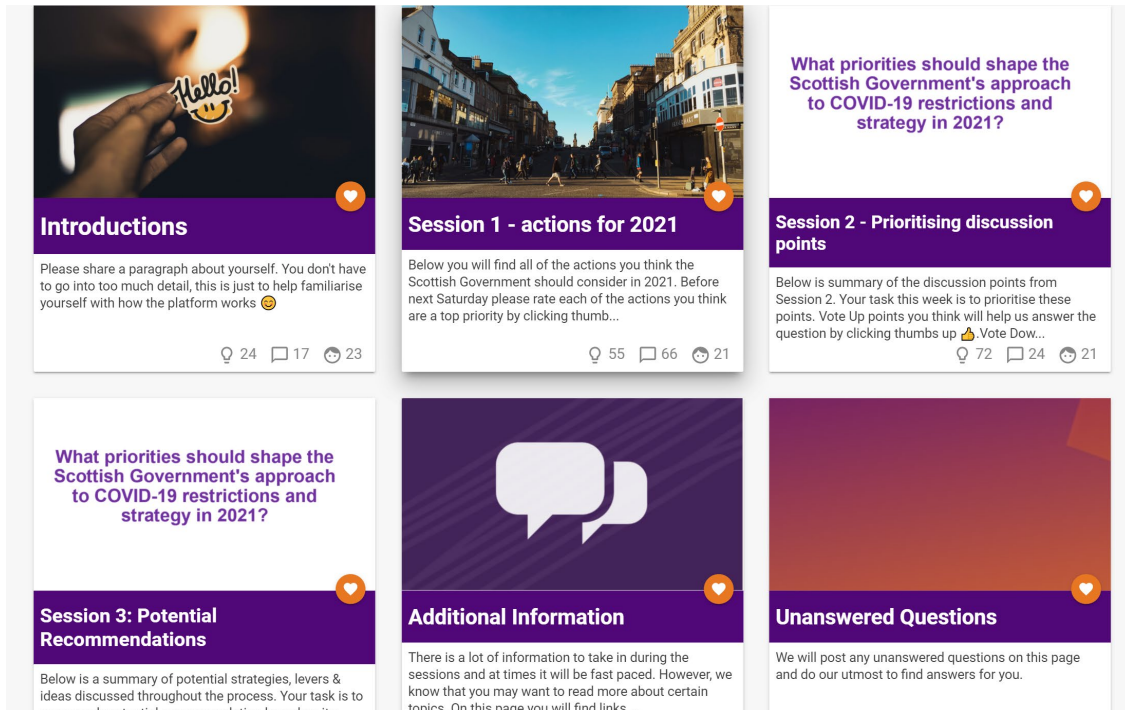
- working in small groups to ensure participants had time to fully explore and make sense of evidence and provide reasons for their opinions in a relaxed environment;
- whole group discussions to ensure all participants were involved in key discussions and decisions at the same time;
- providing an online platform where participants could reflect on the information provided between sittings, pose questions and identify priority issues to be explored in future sittings.

Facilitators also ensured participants worked in groups with as many different people as possible to expose them to a range of views and to prevent individual voices dominating



discussions; and, maintaining, as far as possible, a balance of gender and age in each virtual breakout room.

Virtual White Boards were used during each session to capture information from discussions and these were used to keep track of the issues raised and to prioritise questions and topics. A section was also set up in the online platform to store any additional questions that arose during sessions, so that these could be answered by the facilitators, SPICe Researchers or expert witnesses at a later point.



Screenshot of the online platform used by participants in between sessions to review discussion points, prioritise issues and make recommendations.



Example of 'virtual white boards' used throughout the process to note, group and prioritise emerging ideas and discussion points.

# Evidence-gathering and deliberation

**Saturday, 16 January 2021**

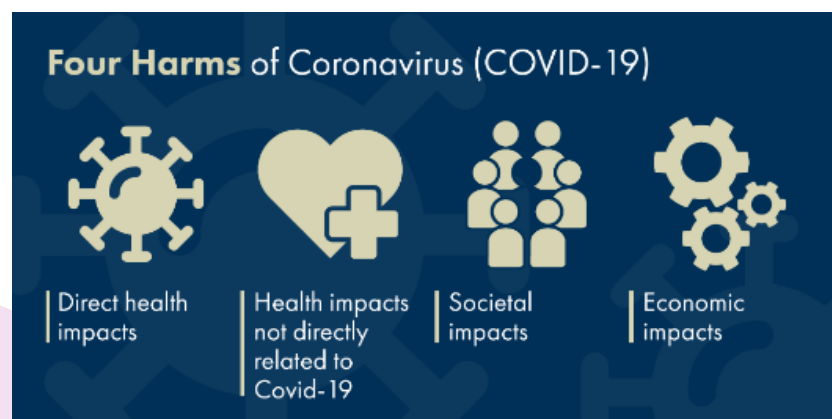
## Parliamentary awareness

Donald Cameron MSP, Convener of the COVID-19 Committee, opened the first sitting with a recorded message for the participants. Mr Cameron explained to the participants the parliamentary scrutiny process for COVID-19 and why the COVID-19 Committee agreed to establish a Citizens' Panel.

The Scottish Parliament's facilitators then delivered a presentation on how the Scottish Parliament works. This included the Scottish Parliament's role in holding the Scottish Government to account and the devolution of powers to the Scottish Parliament from Westminster. Other topics included an overview on the work of the COVID-19 Committee, as well as the work of other parliamentary committees in scrutinising Scotland's COVID-19 response and its impacts.

## Scottish public health policy-making in a crisis

A Senior Researcher from the Scottish Parliament's Information Centre ([SPICe](#)) gave a presentation that provided an introduction to Scottish public health policy-making. This included information on the Scottish Government's National Performance Framework; the Scottish Government's four harms of COVID-19, illustrated below. The presentation also covered the role of expert advice in political decision-making, including the role of Chief Medical Officers; scientific researchers and the pharmaceutical industry. This session also provided an overview of different decision-making forums that are used to respond to an emergency situation, including Cabinet meetings, Cabinet Office Briefing Room (COBRA) meetings and Ministerial Implementation Groups (MIGS).



## Introduction to critical thinking and weighing-up evidence

Dr Oliver Escobar, Senior Lecturer in Public Policy at the University of Edinburgh (below right), delivered [a presentation](#) to the participants about assessing evidence and applying critical thinking during the process.



The participants then worked in small groups to produce a prioritised set of 'top tips' that could be used to weigh-up evidence. The participants then came to an agreement on a list of 'deliberation tips' that were referred to throughout its sittings to support their work.

## Sharing experiences of the pandemic

This Citizens' Panel is unique insofar as all the participants have direct experience of the policy area being considered because it affects everyone in Scotland. The broadly representative nature of the panel means that they all brought different perspectives and experiences of the pandemic. This session provided the participants with an opportunity to share those experiences with a view to developing a list of issues that they consider need to be addressed as part of the Scottish Government's approach to restrictions and strategy in 2021.

## Scottish Parliament committee inquiries into COVID-19

A facilitator delivered a presentation giving an overview of inquiries undertaken by Scottish Parliament committees on COVID-19 and its impacts in different policy areas. The participants were invited to reflect on the findings and recommendations that had emerged from these inquiries and whether they related to the participants' experiences of the pandemic.

## Brainstorming ideas for recommendations

The participants were invited to work in small groups to reflect on the issues identified by parliamentary committees and to frame their own experiences into issues they would like to explore as potential recommendations. It also provided an opportunity to identify any inconsistencies or gaps they perceived in the handling of the pandemic. This session was also an opportunity to test out the conversation guidelines agreed earlier in the sitting and to apply Dr Escobar's principles for critical thinking.

**Saturday, 23 January 2021**

## **What is COVID-19? Consequences of COVID-19 in Scotland**

Professor Raj Bhopal, Professor Emeritus of Epidemiology, University of Edinburgh, [presented to the participants on the epidemiology of COVID-19](#). Professor Bhopal provided information on what is a virus, how COVID-19 is transmitted, how mutation occurs, rates of mortality, clinical and other risk factors, how immunity can be achieved, as well as what happens if a pandemic becomes endemic.

## **How has the Scottish Government responded to COVID-19?**

Professor Jason Leitch, National Clinical Director for the Scottish Government, presented to the participants on the Scottish Government's response to COVID-19. Professor Leitch's [presentation included an overview of the pandemic, mortality rates and transmission of the disease](#). Professor Leitch also explained the Scottish Government's use of health protection measures, including lockdowns, as well as the four harms approach to decision-making and the vaccine roll-out.



Professor Raj Bhopal (left); Professor Jason Leitch (right) speaking to the participants.

## **Vaccines and the COVID-19 vaccines rollout**

Professor Eleanor Riley, Professor of immunology and infectious disease, University of Edinburgh, [presented to the participants on vaccines and the vaccines rollout](#). Professor Riley explained how a vaccine works, the Joint Committee on Vaccination and Immunisation's priority list for COVID-19 vaccination programme, whether the vaccine protects against transmission of the disease, how vaccine safety is assessed, how vaccine hesitancy can be addressed, as well as how the vaccination programmes work within wider health protection restrictions.

## Assessment of risk and political decision-making

A panel of speakers presented to the participants on different issues that inform the assessment of risk and political decision-making. Professor Paul Cairney, Professor of Politics, University of Stirling, [presented an introduction to political decision making and public policy-making](#). Professor Stephen Reicher, Bishop Wardlaw Professor, University of St Andrews, [presented on public behaviour and adherence to public health restriction measures](#). Dr Abigail Colson, Lecturer in Management Science, University of Strathclyde presented on the [use of modelling in decision-making](#). Dr Dominic Smith, Lecturer in Philosophy, University of Dundee [presented on political philosophy in public attitudes to compliance](#).



Professor Paul Cairney (left); Professor Stephen Reicher (middle) and Dr Abigail Colson (right) speaking to the participants.

## Introduction to the impact of restrictions

This session was facilitated in a World Café format, which enabled the participants to learn about the impact of restrictions on different sectors. The participants spoke to the experts in small groups. Gail Boag, Dean of the Business School, Edinburgh Napier University presented on the impact of restrictions on the economy and business sector. Professor Stephen Sinclair, Professor in Social Policy, Glasgow Caledonian University presented on the impact of restrictions on income and poverty. Gerry McCartney, Head of Public Health Observatory Division, Public Health Scotland, presented on the impact of restrictions on public health generally and the NHS. Dr Daniela Mercieca, Lecturer in Education, University of Dundee and Dr Duncan Mercieca, Senior Lecturer in Education, University of Dundee presented on the impact of restrictions on education, including teachers, pupils and families.



**Saturday, 30 January 2021**

## **Strategies for responding to COVID-19**

Professor Devi Sridhar, Professor of Global Public Health, University of Edinburgh [presented to the participants on the different types of strategies available to respond to the COVID-19 pandemic](#). The presentation included international examples of where the various strategies have been used so far and Scotland's options going forward. The strategies discussed included: No substantive strategy; mitigation; suppression; elimination; and exclusion.

<b>Strategy</b>	<b>Description<sup>1</sup></b>
No substantive strategy	No direct governmental management of pandemic. Results include hospitals unable to cope with demand and economic crisis due to uncertainty. Example: Brazil
Mitigation	Focuses on herd immunity and protecting the most vulnerable. Example: Sweden
Suppression	Focuses on testing and suppressing the virus. Example: Germany
Elimination	Focuses on excluding disease by for example closing borders and introducing strict entry regulations such as quarantine hotels and testing and eliminating potential transmission. Example: New Zealand
Exclusion	Closing down borders before virus is transmitted into the area. Example: Mali

Following the presentation, the participants were divided into small groups to discuss what outcome(s) each strategy would lead to and how easily it could be implemented in Scotland. Finally, the participants were invited to vote on which strategies they believed would be the best going forward for Scotland. The results of the vote can be seen below.

<b>Strategy</b>	<b>Yes</b>	<b>No</b>
<b>No substantive strategy</b>	0	19
<b>Mitigation</b>	4	15
<b>Suppression</b>	15	4
<b>Elimination</b>	19	0
<b>Exclusion</b>	16	3

While this vote was indicative it allowed participants to consider potential strategies ahead of producing recommendations in the final session.

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<sup>1</sup> Professor Michael Baker, Presentation to the Usher Institute, University of Edinburgh: "New Zealand's elimination strategy for the Covid-19 pandemic: early success but uncertainties and risks remain", 11 June 2020. Accessed at: [https://www.ed.ac.uk/files/atoms/files/nz\\_elimination\\_strategy\\_11\\_june\\_2020\\_forwebsite.pdf](https://www.ed.ac.uk/files/atoms/files/nz_elimination_strategy_11_june_2020_forwebsite.pdf).

## Policy levers for responding to COVID-19

In the afternoon, the Citizens' Panel heard from various experts on different policy levers that could be used in the response to the pandemic. The session was facilitated in a World Café format, where the participants spoke to the experts in small groups.

Professor David Bell, Professor Emeritus of Economics, University of Stirling and Professor Lena Dominelli, Professor of Social Work, University of Stirling were in the same group. They spoke about the economic recovery, including a green recovery. The topics covered included the national debt, mechanisms for borrowing and the different ways that taxation can be raised.

Professor Andy Miah, Chair in Science Communication and Future Media, University of Salford discussed communication strategies used in response to Covid-19, the use of print and social media and innovative ways to get public health messages to a wider audience.

Professor Anna Leask, Tourism Management, Edinburgh Napier University discussed measures that could be used in the travel sector, including quarantine hotels, travel corridors and pre-departure testing.


Professor Andrew Hayward, Professor of Infectious Disease Epidemiology and Inclusion Health Research, University College London covered public health restrictions. The topics discussed included at-home testing, social distancing, personal protective equipment and lockdowns.

Professor Matt Smith, Professor of History, University of Strathclyde and Christopher Chapman, Chair in Educational Policy and Practice, University of Glasgow were in the same group. The discussion covered Universal Basic Income and how this differs from the furlough scheme, as well as measures that could be used in schools to offer better educational support to young people.

## Deliberation on the four harms

Following a short recap of the four harms, the participants were asked to reflect how the four harms can be used to evaluate the impact of different strategies and levers that could be used to respond to COVID-19. They then rated the importance of each harm on a scale of 1-10, 1 having the lowest importance and 10 having the highest importance. The result of this assessment can be seen below.

Harm	Rating
Direct health impacts	9.7
Health impacts not directly related to Covid-19	7
Societal impacts	7.6
Economic impacts	6.5



Again, although this vote was indicative and not directly tied to the final recommendations, it allowed participants to consider the importance of the four harms as a way of evaluating and producing recommendations in the final session.

## **Saturday, 6 February 2021**

### **Recap on public health evidence and information**

The facilitators provided a brief recap of the topics covered in previous sittings and the structure of the final day. The participants were then divided into small groups to identify any final public health-related issues or questions that required further clarification. The participants then returned to a plenary session to put these questions to Professor Gary Macfarlane, Clinical Chair in Epidemiology and Dean of Interdisciplinary Research and Research Impact, University of Aberdeen. A Senior Researcher in Health Policy from the Scottish Parliament's Information Centre also supported this session to provide additional factual information where this was requested by the participants.

### **Deliberating draft recommendations**

Following the sitting on Saturday 30 January, the participants were asked to identify and rate suggested recommendations on the online platform. The facilitators then collated the suggestions that achieved an overall rating of 2.5/5.0 or above to form the basis of the draft recommendations. These draft recommendations were then grouped into the following themes:

- Strategy, four harms and intergovernmental collaboration
- Public health restrictions and communication
- Vaccine, health and wellbeing, and education
- Economy, travel and green recovery

The participants were divided into four small groups, with each group focusing on refining the recommendations for one of the four main themes. Following the small group breakouts, the participants returned to a plenary session. The lead facilitator gave a summary of each groups' refined recommendations to all participants. This provided an opportunity for all participants to provide feedback on their support for recommendations and to identify others that could be refined, further clarified, or removed.

### **Testing recommendations with stakeholders**

In the final section of the sitting on 30 January, the participants were asked to identify stakeholders to speak to about their draft recommendations at the final sitting on 6 February. The participants identified the type of stakeholders they wanted to speak to, with a focus on people who would bring lived experience to each of the four harms of COVID-19, and perspectives that the participants thought may have been missing from the evidence received to date. The types of people the participants identified as ideal final witnesses are listed below:

### **Direct impact of COVID-19**

- Epidemiologist
- Expert in public health policy

### **Non-direct health impacts of COVID-19**

- Frontline medical staff

### **Societal impacts of COVID-19**

- An island perspective (as due to the random nature of selection and small sample size all participants lived in mainland Scotland)
- A young person's perspective
- Social work and mental health worker
- Teacher
- A politician
- A journalist

### **Economic impacts of COVID-19**

- Tourism or construction
- Union representative
- Financial, commerce or business perspective
- Skills development and youth policy

The Committee Engagement Unit then worked to identify people who were available from the list above to attend at the next weeks' session. Not surprisingly, it was a challenge to secure the participation of frontline medical staff at such short notice. The Royal College of General Practitioners and Scottish Chamber of Commerce attempted to find suitable witnesses, but understandably none were available due to short notice.

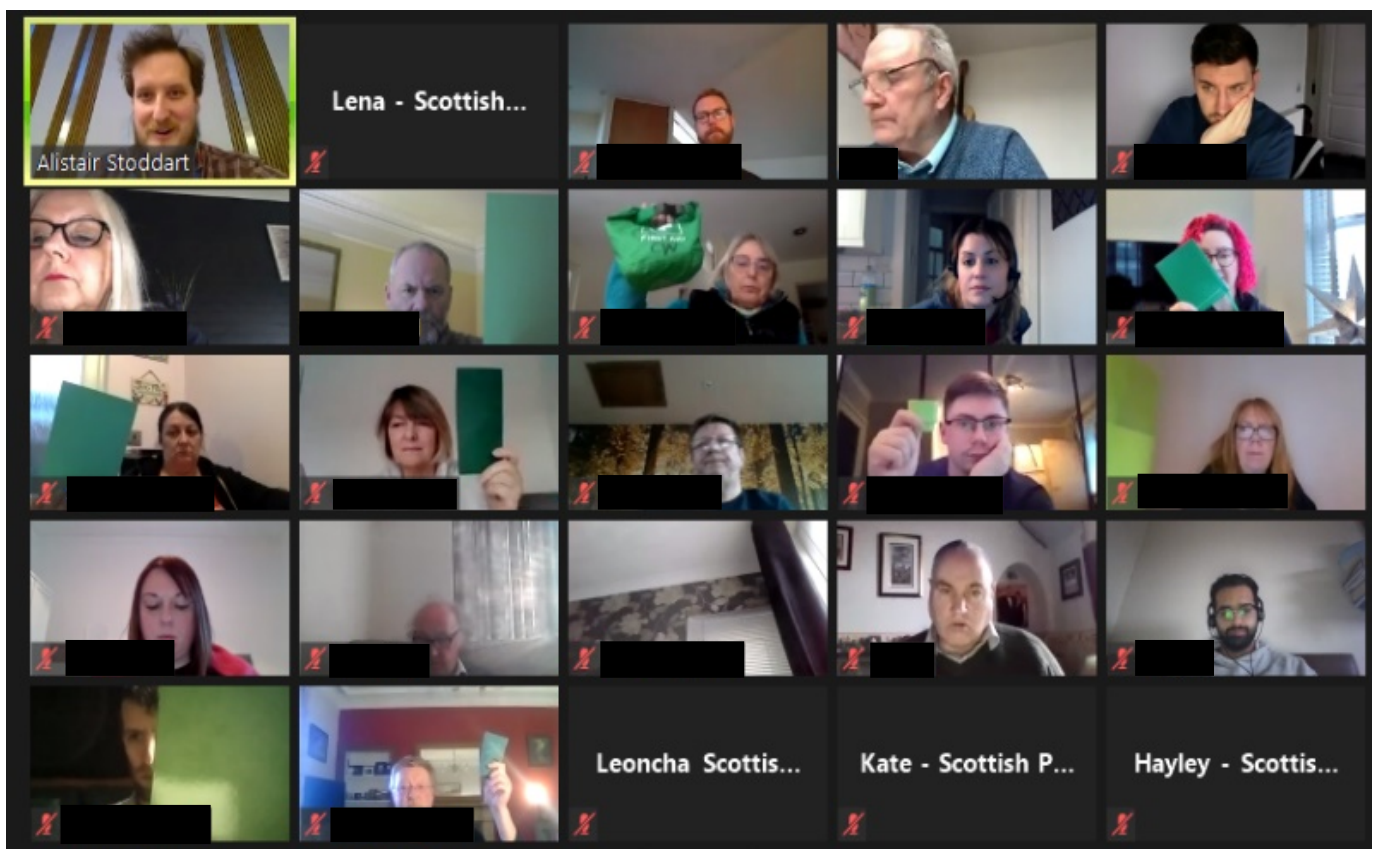
We were successful in forming the following list of witnesses who fulfilled many of the characteristics the panellists were hoping for from their final group of witnesses.

- Maya Tams-Gray, Member of the Scottish Youth Parliament and originally from Orkney
- Nik James, Head Teacher of a primary school in rural Aberdeenshire and former Scottish President to the NASUWT Union
- Tom Eden, Journalist, Press Association
- Stefanie Doebl, PhD candidate in the Epidemiology Group at the University of Aberdeen, with previous work experience in social work and mental health
- Vicki Yuill, Chief Executive Officer, Arran Community and Voluntary Service TSI
- Alex Macheras, Aviation sector analyst

The participants were divided into their four groups from the previous session in a World Café format. Maya and Nik, and Stefanie and Vicki, were grouped together in pairs for this activity. Tom and Alex spoke to groups individually. The invited stakeholders moved between the four groups. This provided an opportunity for the participants to present their ideas to all of the invited stakeholders and discuss their draft recommendations.

## Final decision-making

The participants came back together in plenary to feedback on the small group discussions with stakeholders. The participants then split into the four small groups again to refine the recommendations. The final decision-making stage was based on a consensus model. The whole group suggested and reviewed potential recommendations and agreed as a group. Each participant was asked to have a green object and a red object in front of them to aid the decision-making process. If the panel member agreed with the proposal, they would show the green object. If they had further questions or changes they wanted to make, they would hold up the red object to prompt further discussion in order to come to a consensus.





# Recommendations

## Introduction

**We urge the Scottish Government to define its COVID-19 strategy in 2021.** In the past year, COVID-19 has led to the loss of life, long-term health complications with 'long COVID' and other health impacts; as well as economic and social harms. It is therefore important that we urgently learn lessons and good practice from the past year for our response to COVID-19 moving forward.

## The four harms of COVID-19

**The Scottish Government should prioritise the direct harms (harm number 1) caused by COVID-19 and should focus their strategy on stopping the spread of the virus.** We have considered the 'four-harms' approach as a means to evaluate the Scottish Government's response to Covid-19. We think that the direct harms caused by Covid-19 must be tackled urgently in order to reduce the impact of all the other harms.

## Action to mitigate against the direct harms of COVID-19


### The Scottish Government's strategy for 2021

**The Scottish Government should implement an elimination strategy as far as possible in 2021 and where this is not feasible should aim for maximum suppression of the virus.**

We recommend that the Scottish Government should clearly state its aims, including what it considers to be an acceptable level of infection in the population for its strategy to be effectively implemented and evaluated.

We think that the elimination strategy has many benefits and provides the clearest route to returning to 'normal'. We recognise that the elimination strategy will require significant sacrifices, such as travel restrictions, which are considered necessary in order to keep schools open for children. This would require a planned, phased approach to re-opening. This strategy would also require maximum cooperation across the four nations of the UK.

In any respect where the elimination strategy is not considered possible, we consider the suppression strategy should be used in 2021. For this to work effectively, there needs to be greater clarity and more engagement about its aims. This in turn will help to identify which levers best support the strategy and will help to maintain public confidence.



Similarly, any change in approach must be clearly explained and justified in relation to costs and consequences.

## Learning from other countries

**The Scottish Government should consider what can be learned from other countries in their response to Covid-19.** Some lessons may include, but are not limited to:

- taking faster decisions to lockdown;
- closing borders;
- enforcing quarantine;
- adapting the priority list for vaccination to suit the population's specific needs or characteristics.

Any international/UK comparisons should be drawn carefully to ensure they are relevant to Scotland and should be evidence-based, acknowledging the interconnected nature of Scotland.

## Implementing lessons learned

The Scottish Government must immediately use the lessons learned from the response to the pandemic to inform Scotland's approach to the ongoing pandemic and any future pandemics.


We recommend the establishment of an oversight committee, independent of Government, to oversee the implementation of any actions that require to be taken. This should include members of the public, as well as scientific, industrial and economic expertise.

It is essential that any findings from a review into the Government's response be shared with the public. Whilst these recommendations are being implemented, progress information should be shared periodically with the public to ensure that the general population knows that any future outbreaks will be mitigated by a ready-made plan, which can be acted upon. The process should be done on a cross-party basis to ensure it remains impartial.

## Public Health Restrictions

**The Scottish Government should enforce social distancing and face coverings for all sectors until vaccination rates are very high.**

**The Scottish Government should improve and enhance targeted testing.** We support more rigorous, regular and targeted testing for people who cannot work from home. This would particularly include those in public-facing roles: retail, public transport, teaching, and postal and delivery staff for example. This approach is a lever to support an elimination strategy to test, protect and isolate people more likely to be at risk of catching and spreading the disease. In other words, where future outbreaks are evident in a specific



local community, asymptomatic testing is quickly implemented amongst public-facing groups in the impacted locality.

**The Scottish Government should improve test and trace to ensure maximum impact when cases drop.** COVID-19 seems unlikely to be eliminated on a worldwide scale within the foreseeable future, therefore when our population is vaccinated to keep our borders Covid free, Test and Trace will be vital. We were convinced by the argument that Test and Trace is not efficient when the rate of infection is high within the population, however, as cases lower, a reinvigorated Test and Trace system would maximise our chances of eliminating the virus in Scotland.

**The Scottish Government should be proactive to quickly and consistently lockdown when cases rise.** As part of a move towards elimination of the virus, we agreed that future increases in cases should lead to earlier, shorter, and localised lockdowns. We consider that the Scottish Government has previously gone into lockdown too late, which has led to more deaths and longer lockdown periods.

**The Scottish Government should reinforce the need for restrictions even when vaccines are rolled out to the majority by explaining the reasons for this approach, such as, risk of mutation and vaccine escape.** We feel there is a need to set expectations in relation to the consequences of eliminating the virus. We are concerned that members of the public who expect everything to go back to normal once the vaccination program is complete will be disappointed and potentially may not adhere to future restrictions.

**In relation to work places and self-isolation support, the Scottish Government must:**

- do more to support people who cannot afford to stay at home to self-isolate, expanding the eligibility to include people who may already be in work but not in receipt of other benefits;
- make self-isolation leave akin to normal pay to protect employees;
- urge employers to support and encourage employees who can to work from home;
- make it easy for employees to anonymously “whistle-blow” against any violation related to restrictions and working conditions.

## Communication

**The Scottish Government needs to work with a range of organisations to ensure strong communications, including:**

- engaging people in meaningful ways, ownership and attachment, dialogue with grass roots citizen-led organisations. Understanding communities and working with them;

- communicating through the [Third Sector Interfaces \(TSIs\)](#);
- working with different members of the public to develop content.

**The Scottish Government should explain their strategies and the evidence that informs their decision-making to the public.** We consider that “letting the scientists take centre stage” would support and strengthen the Scottish Government’s communication of strategies and decision-making processes.

## Travel

**The Scottish Government should limit international travel and give clear messaging and guidelines around international travel. This should include:**

- compulsory testing;
- clear guidance on who can travel;
- clarification of the groups that are exempt from ‘vaccine passports’;
- consider financial barriers to the ‘vaccine passport’;
- a universal approach to quarantine hotels.

## Vaccines

**The Scottish Government must implement a fast vaccine roll out, including the second dose, and should continue to prioritise vulnerable groups throughout the vaccination roll out. This must include increased engagement with GPs.**

We heard about many ways to maximise the vaccine roll out. These could include:

- 24-hour (or extended hours)/7-day vaccination programme;
- an investment in one-dose vaccines (which may help address access issues relating to inequalities);
- communicating that the first dose will have a certain percentage of protection after 3 weeks, with more protection after the second dose;
- vaccinating multiple groups in tandem: including via mass vaccination centres, as well as GPs for rural communities;
- having a strategy for leftover vaccines - list of those available to be vaccinated at short notice;
- ensuring support is in place for those who are vulnerable, undocumented, isolated and those living in rural areas;

- working with local organisations to identify those who are less able to access vaccines and support them to do so.

**The Scottish Government must do all it can to ensure second dose of the vaccine is not delayed.** We had a lot of discussion about shortening the 12-week period between vaccines but did not feel we had enough evidence to make a recommendation on this issue. However, we did agree that the roll out should happen quickly and that people awaiting a second dose should not wait longer than the recommended 12-week period.

**The Scottish Government should raise public awareness and advocate for the global effort required to maximise vaccinations across the world. No one is safe until everyone is safe.**

## Action to mitigate against the indirect health impacts of COVID-19

### Health and Wellbeing

**The Scottish Government should prioritise improving wellbeing through increased mental health support, sustainable funding and preventative measures, such as encouraging physical activity and healthy lifestyles.**

**The Scottish Government must develop an immediate strategy to deal with the backlog of non-COVID conditions and post-pandemic healthcare. This should include increased spending on research relating to the impacts of the pandemic and assessing potential for accessing healthcare in new ways.**


**The Scottish Government must ensure improved recognition of social care and support. We welcome the Independent Review of Adult Social Care and we believe the lessons learned as a result of the pandemic should be acted on as a priority.**

## Action to mitigate against the societal impacts of COVID-19

### Education

**The Scottish Government, universities and schools should use the pandemic as an opportunity to make improvements to education and lifelong learning by building on current reviews of assessment processes and blended models of learning. This should also include looking beyond digital access to address other barriers to remote learning, such as language and home environments.**





We also considered the issue of reopening schools but could not come to an agreement on a recommendation. A recommendation that “the *Scottish Government should carefully consider how schools are reopened, involving children and young people in the decision-making process*” was put forward, but this could not garner support from all the participants.

## Young People

**The Scottish Government should prioritise helping young people to recover and develop following the pandemic and invest in skills development and education.** In the interest of the economy and our society's future, the Scottish Government should improve the labour market and support for young people by increasing incentives for businesses to hire young people impacted by the pandemic.

**The Scottish Government should also improve connectivity (Broadband), in particular for tackling isolation for young people in islands and rural communities.**

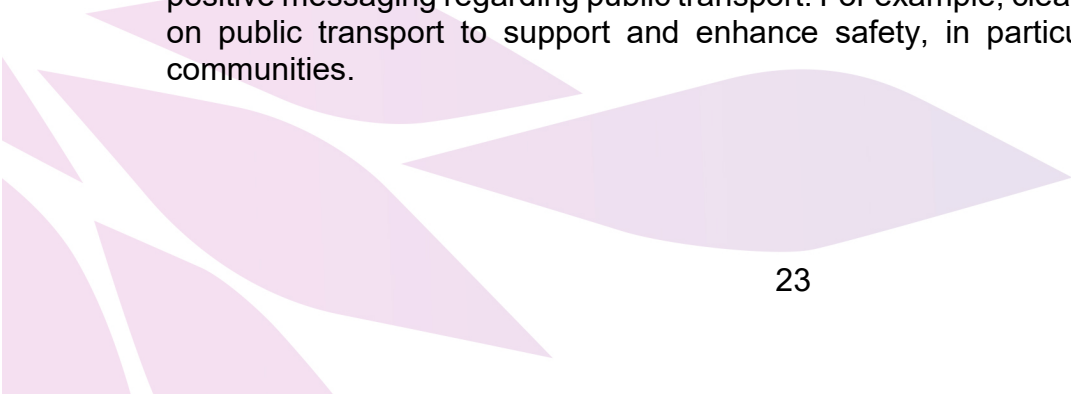
## Green Recovery

**The Scottish Government should prioritise an immediate focus on a Green Recovery as a key part of the economic recovery. This should include:**

- work on changing attitudes to green recovery;
- investing in and promoting green energy;
- incorporating Green aspects into all areas of the economy;
- develop new opportunities and areas of work for sectors who do not recover after the pandemic;
- using the impact on air travel as an opportunity to put in place measures for use of sustainable aviation fuel and carbon offsetting;
- the Scottish Government should also lead by example ahead of COP26.

## Public Transport

**The Scottish Government should consider how to improve public transport and get people safely back to using it.** This should include measures to support safety and positive messaging regarding public transport. For example, cleaning staff could be visible on public transport to support and enhance safety, in particular for island and rural communities.





# Action to mitigate against the economic impacts of COVID-19

## Economy

The Scottish Government should:

- urgently review support for businesses regarding cash flow especially if lockdown measures continue;
- explore how we use empty office spaces and buildings and redevelop/reuse our town centres to support affordable housing, local businesses and community activity;
- explore how to make our town centres more vibrant by involving communities;
- tackle the impact of the shift in work practices – reskilling, relocation, creating space and opportunities for new business and entrepreneurs; learning from business who have diversified during the pandemic;
- prioritise specific areas of the economy for recovery such as maintenance of the green belt by concentrating on reinvigorating town and city centres, and with specific emphasis on island and rural businesses;
- encourage sustainable, responsible tourism throughout the whole country.

## Universal Basic Income

**We support the research and exploration into Universal Basic Income and the Scottish Government's exploration through pilot schemes.** We would be interested in the results of such schemes and how it could contribute to economic recovery post-pandemic and support the reduction in inequalities exacerbated by the pandemic.

## Taxes

**The Scottish Government should look at how taxes and financial support schemes can be used to aid recovery.**

## Annexe – Invited expert witnesses and stakeholders

We would like to thank everyone who gave their time to speak to the Citizens' Panel:

- Professor David Bell, Emeritus Professor of Economics, University of Stirling
- Professor Raj Bhopal, Emeritus Professor of Public Health, University of Edinburgh
- Mrs Gail Boag, Dean of Business School, Edinburgh Napier University
- Professor Paul Cairney, Professor of Politics, University of Stirling
- Professor Chris Chapman, Chair in Educational Policy and Practice, University of Glasgow
- Dr Abigail Colson, Lecturer in Management Science, University of Strathclyde
- Stefanie Doebl, PhD candidate in the Epidemiology Group at the University of Aberdeen, with previous work experience in social work and mental health
- Professor Lena Dominelli, Professor of Social Work, University of Stirling
- Tom Eden, Journalist, Press Association
- Dr Oliver Escobar, Senior Lecturer in Public Policy, University of Edinburgh
- Professor Andrew Hayward, Professor of Infectious Disease Epidemiology and Inclusion Health Research, University College London
- Nik James, Head Teacher of a primary school in rural Aberdeenshire and former Scottish President to the NASUWT Union
- Professor Anna Leask, Professor of Tourism Management, Edinburgh Napier University
- Professor Jason Leitch, National Clinical Director, Scottish Government
- Alex Macheras, Aviation analyst
- Dr Gerry McCartney, Head of Public Health Observatory Division, Public Health Scotland
- Dr Daniela Mercieca, Lecturer in Education, University of Dundee
- Dr Duncan Mercieca, Senior Lecturer in Education, University of Dundee
- Professor Andy Miah, Chair in Science Communication and Future Media, University of Salford
- Professor Stephen Reicher, Bishop Wardlaw Professor, University of St Andrews
- Professor Eleanor Riley, Professor of Immunology and Infectious Disease, University of Edinburgh
- Professor Stephen Sinclair, Professor of Social Policy, Glasgow Caledonian University
- Dr Dominic Smith, Senior Lecturer in Philosophy, University of Dundee
- Professor Matthew Smith, Professor of History, University of Strathclyde
- Professor Devi Sridhar, Professor of Global Public Health, University of Edinburgh
- Maya Tams-Gray, Member of the Scottish Youth Parliament
- Vicki Yuill, Chief Executive Officer, Arran Community and Voluntary Service TSI



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