

Proposed approach to removing baseline measures

Ministers will consider whether all remaining regulatory measures in relation to Covid-19 could be removed on 21 March. These are:

1. Requirement to collect and share visitor information - restaurants, cafes, bars, public houses etc.
2. Requirement to have regard to Scottish Government guidance about minimising risk of exposure to coronavirus on its premises
3. Requirement to take reasonably practicable measures, as set out in the guidance, to minimise incidence and spread of coronavirus
4. Face covering requirement in most indoor public places and on public transport

Four harms considerations

This section of the paper covers the overall impact of replacing the regulations listed above with guidance on how to reduce risk from infection. In the current context, case rates are steadily increasing and the increase in estimated infection levels has correlated with the increasing prevalence of the Omicron BA.2 variant in Scotland since early February. Since 2 February, the proportion of Covid-19 related hospital admissions have increased among those aged 60 or older, who represented 56% of admissions in the week to 1 March. This age group has also seen increased COVID-19 case rates throughout the same period, however, case rates are now increasing in all age groups. If baseline restrictions are removed we may expect this to have a negative impact on case rates and hospital admissions (Harms 1 & 2).

COVID-19 hospital occupancy has been increasing since mid-February with just over 1,500 patients in hospital with COVID-19 as at 9 March. This is around the peaks seen in January 2022 (Omicron wave) and April 2020, but remains below the peak of last winter, when over 2,000 patients were in hospital in January 2021 (Harms 1 & 2). In contrast, the number of patients in ICU remains low. Scientific evidence on the Omicron variant, both the BA.1 and BA.2 sub-lineages, show reduced disease severity compared to Delta^{1 2} and the risk of COVID-19 related death was 67% lower for Omicron versus Delta³. However, vaccine effectiveness against symptomatic disease with the Omicron variant is substantially lower than against the Delta variant, with rapid

¹ [12 January 2022 Risk assessment for SARS-CoV-2 variant: Omicron VOC-21NOV-01 \(B.1.1.529\) \(publishing.service.gov.uk\)](#)

² [Risk assessment for SARS-CoV-2 variant: VUI-22JAN-01 \(BA.2\) 26 January 2022 \(publishing.service.gov.uk\)](#)

³ [Risk of COVID-19 related deaths for SARS-CoV-2 Omicron \(B.1.1.529\) compared with Delta \(B.1.617.2\) | medRxiv](#)

waning¹. Protection against hospitalisation remains high, particularly after 3 doses of vaccine and vaccine effectiveness is generally slightly higher in younger compared to older age groups.

Given the decreased disease severity of Omicron, the main concerns at present, should not be Harm 1 alone. As detailed above, all evidence supports the view that Omicron is less severe than previous variants, but risks still remain, especially when considering transmission to older age groups who may soon be subject to vaccine waning.

The biggest change in restrictions over the past few months has been the commencement of hybrid working. The most recent update of the Scottish contact survey², published 10 March, shows that contacts within the community have increased by 11% with interactions in the work and home remaining at similar levels to the previous week. Those within the 50-69 age groups have reported the biggest decrease in contacts, by at least 12%. All remaining age groups have either reported an increase or a similar level of contacts over the same period. Across all age groups visits to a non-essential shop have shown the biggest increase, increasing from approximately 40% to 44% in the last two weeks. Overall however the average number of contacts remains around 5, substantially lower than pre-COVID-19.

This pattern of interaction shows that while the public are engaging in more activities out with the home, this is happening in a gradual way suggesting a degree of caution. Online polling conducted by YouGov for the Scottish Government³ from 1-2 March, shows that 38% agree thinking about resuming more activities as restrictions ease makes them feel anxious, however, exactly the same proportion have no such concerns at all. Further polling (1-2 March) shows that while at least two thirds would be comfortable going to some venues or events in the next month (bar/pub, cinema/theatre, outdoor sporting event in a stadium, outdoor music festival), far fewer say that they would be very comfortable. Comfort levels in going to cinema/theatre (68%) and outdoor sporting events (67%) are both much higher than when last measured in 2021 (50% and 42% respectively). Comfort in going to a pub or bar is also high at seven in ten (71%), although caution is evident around indoor music concerts/gigs, with comfort at 55%, the lowest of all events/venues presented. 71% are happy to follow some rules and guidance if that means they can do the things that matter to them, down slightly from 76% in early February.

Opinion continues to be split on whether it is time for people to make their own decisions about what measures to take to keep themselves and others safe, with a similar proportion disagreeing (39%) as agreeing (40%).

¹ [COVID-19 vaccine surveillance report - week 9 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

² [Coronavirus \(COVID-19\): modelling the epidemic \(issue no.93\) - gov.scot \(www.gov.scot\)](https://www.gov.scot)

³ The sample is demographically and geographically representative of adults 18+ across Scotland, with c.1000 responses each week fieldwork is conducted

Given the current relatively high rate of cases and hospitalisations this could lead to increased levels of infection and hospitalisations if there were large increases in the numbers of people mixing with no protective measures thus having a negative impact on Harms 1 and 2. Measures such as face masks and measures to minimise the risks of exposure do have an impact on reducing transmission. However, the majority of the public continue to support the wearing of face coverings and may continue to do so after the requirement has been lifted. Online polling conducted by YouGov for the Scottish Government on 1-2 March indicated that (79%) agree that protective behaviours such as cleaning hands and wearing a face covering still have an important role to play. 60% agree that even when it is no longer required by law to wear a face covering in indoor public places, they will continue to do so. In contrast, the collection of contact details is not being rigorously implemented and may not be particularly effective depending on the future of test and trace activities.

Removing all measures will remove any real or perceived barriers to economic activity enabling everyone to participate as they did pre-COVID-19, thus having a positive benefit on Harm 4. This may also reduce the costs for business, another benefit on Harm 4.

It should also be noted that removing all regulations and only relying on guidance may cause discomfort within the population, potentially impacting Harms 2 & 3. It leaves that section of the population who are particularly vulnerable at higher risk when participating in a wide range of activities. It would also be necessary to carefully monitor the most vulnerable cohorts such as older individuals and people considered to be at the highest clinical risk, who may soon be subject to vaccine waning. Individuals may not be ready to fully return to pre-COVID-19 activity, and as detailed above, recent polling reported that 38% agree thinking about resuming more activities as restrictions ease makes them feel anxious, thus having a negative impact on Harm 3. So the removal of restrictions, will have both positive mental health and wellbeing impacts as well as negative ones, in terms of anxiety and worry.

Under our COVID-19 Framework, the Scottish Government is committed to ensuring that improving mental health and wellbeing is an underpinning principle as we take strategic decisions (Harm 3). We have also committed that evidence on the likely effects on mental health will be specifically assessed as part of our future decision-making. The likely negative effects on mental health of any future protective measures will be weighed against the public health benefits of doing so.

Overall, there are likely to be mental wellbeing benefits from a lifting of remaining restrictions (Harm 3). This will allow for easier social contact, which might contribute to an enhanced sense of normality about socialising. The lifting of restrictions may have a bigger positive impact on people whose social contact has been limited over the pandemic, especially those who have been living alone. However, these reductions may cause some anxiety and concern among people who may have reservations about lifting the remaining

measures. There may be particular negative effects on the mental wellbeing of vulnerable groups and those at highest clinical risk, given the prevalence of COVID-19 remains high.

Certain sectors of the population would remain more at risk (Harm 1) and some degree of societal unease may be experienced if measures remain in guidance only with some people complying and others not (Harm 3).

From a Harm 4 perspective a slower release of protective measures would continue to incur costs. There is the opportunity for businesses to ask customers to voluntarily comply but the position of staff would need to be considered. Of course depending on the customer base of an individual business they may find retaining some measures encourages more custom.

If the remaining restriction measures are lifted this may negatively impact Harms 1, 2 and 3, however, they will also positively impact Harms 3 & 4. It is essential that people on the Highest Risk List are provided continued support when the restrictions are removed. As detailed in the Strategic Framework, Equalities and Fairer Scotland Impact Assessment (EQFSIA)¹, *the physical and mental health and wellbeing of people at highest clinical risk has been particularly affected, we are working to develop support for those who need additional help to recover, to reconnect with people and things they were doing before the pandemic, and to benefit from the current lifting of protective measures. Continued importance will be placed on promotion of safer behaviours to encourage the general public to take a personal risk assessment to their everyday actions that embeds public health protective actions. Similarly for businesses and organisations, supporting adaptations to their activities that will support and encourage safer spaces will ultimately rebuild consumer confidence.*

An option to remove all restrictions bar the wearing of face coverings in certain higher risk settings (education, health and social care settings, prisons, public transport, retail and work place) would achieve the same overall aim but stagger implementation in a stepped approach with two additional steps. Overall this approach would maintain some lower degree of Harm 1 and 2 protection through the continuation of one measure (wearing of face coverings) in regulation while sending out a more cautionary note by retaining other measures in guidance. Retaining face masks in health services and care homes and retail for example may increase the confidence of the public in accessing these services.

The main challenge with adopting a stepped approach to removing further restrictions is complexity. For example, it may be difficult to explain why face coverings should be worn in some settings and not others. How do you decide what is essential to an individual? As with the option to remove all remaining restrictions in one step, certain sectors of the population would remain more at

¹ [Coronavirus \(COVID-19\) Strategic Framework Update February 2022: Equalities and Fairer Scotland Impact Assessment \(EQFSIA\) \(www.gov.scot\)](#)

risk and some degree of societal unease may be experienced if measures remain in guidance only with some people complying and others not.

The wearing of face coverings continues to be recommended by SAGE and the WHO, as well as in the scientific literature as an important and easily adopted requirement to reduce the risk of transmission (Harm 1). During the winter/spring this will have additional benefits in helping to prevent the transmission of flu and other RSVs which will also have a positive impact on Harm 2. Previous assessments of the wearing of face coverings have identified very low social and economic harms (Harm 3 and 4) arising from the wearing of face coverings.

It is recognised that the experience of wearing face coverings will vary for different groups within society. The Regulations already exempts those who are unable to wear a face covering because of any physical or mental illness, impairment, disability or distress and a free exemption card is available under our scheme. Wearing face coverings may provide some security for those who are more vulnerable to COVID-19 infections and severe illness however it may also cause some difficulties for those that rely on non-verbal communication.

The general public appear to be supportive of wearing face coverings with online polling conducted by YouGov for the Scottish Government on 1-2 March reporting that 60% agree that even when it is no longer required by law to wear a face covering in indoor public places, they will continue to do so.

Wearing face coverings in indoor venues will further reduce the risk of transmission (Harm 1 & 2). Vaccination reduces but does not entirely eliminate the risk that, if infected, people can transmit the virus to others; wearing a face covering will provide an additional degree of protection.

Maintaining requirements for face coverings is unlikely to have significant Harm 3 effects, however, it could cause some social unrest if some people are seen not to comply with no consequences. The success of this measure may be influenced by social norms. That is, when people see others wearing face coverings they may feel more obliged to follow. The comfort provided to some individuals by maintaining the regulation to wear face coverings within retail may also have a positive benefit to Harm 4.

Further data will be published in an evidence paper titled 'Assessment of Impact of Revoking the Health Protection (Coronavirus) (Requirements) (Scotland) Regulations 2021 on people on the Highest Risk List and Mitigations' and in an Equality Impact Assessment (EQIA) on the 'Revocation of the Health Protection Regulations'. In addition, Annex 1 contain data from a qualitative insights summary paper focussing on individuals that are high risk contains interesting data around the following three questions:-

1. How do the public feel two years into the pandemic and what are their thoughts about the year ahead?

2. What influences people's capability, opportunity and motivation to adhere, or not, to the government measures and guidelines during the pandemic?

3. What support would people like in the future?

Qualitative insights from citizens space: focusing on people who are high risk

1. Background

An online free-text survey (opt-in consultation, not representative, but directed towards people who may have heightened concerns) was launched on 24 January and closed on 13 February 2022. Questions included, views on what measures people have found easier or harder to follow and why, how they currently feel at this point in the pandemic, how they feel about the year ahead and what kind of help would enable people to feel safer and more supported.

It was publically available on the Scottish Government website and it was promoted through the Scottish Government Facebook page. A link to the survey was also shared via a range of over 30 organisations including, Scottish Council for Voluntary Organisations, BEMIS (the national Ethnic Minorities led umbrella body), Home Start, Universities Scotland, Mental Health Scotland and British Red Cross.

In total, 3161 responses were received. This included, 70% who identified as female, a range of ages but most (51%) were aged between 35 - 54 years. A third (32%) were 55-69 years and 11% were under 35 years. 92% identified as White (Scottish, Irish, British or White Other). A quarter of the respondents identified as having a long-standing physical or mental impairment, illness or disability and 22% stated that they were in an unpaid carer role. Most (60%) were in employment, 8% were self-employed and 15% were retired.

Respondents were self-selecting and so it is not a nationally representative sample. The aim was to reach a diverse group of people with varied experiences and life circumstances to provider greater understanding on wellbeing and where additional support may be required.

2. Aim

The 3 broad research questions that underpin this research are:

1. How do the public feel two years into the pandemic and what are their thoughts about the year ahead?

2. What influences people's capability, opportunity and motivation to adhere, or not, to the government measures and guidelines during the pandemic?

3. What support would people like in the future?

3. Focus

For the purposes of this paper we have focused solely on those who identify as high risk¹ or those who support someone who is high risk. It should be noted that this is not intended to be a thorough analysis of the issues facing this group of people. The purpose is to provide a snapshot of emotions and challenges with the intention that the team will continue working on refining the analysis for inclusion in a wider report².

4. Data summary

Taking each of the questions above we have summarised the responses below providing verbatim quotes from the survey to exemplify the point being made.

Table 1 – Emotional response

Response	Analysis	Example
Abandonment	<ul style="list-style-type: none">Concern that 'vulnerable' people will be/are forgotten about	<p><i>"People living with chronic illness like me, have been abandoned by the Scottish Government as vaccines do little to mitigate against the high risk environments we must be in to survive"</i></p> <p><i>"I no longer feel that we are in this together, and with the removal of restrictions, the onus is entirely on me to calculate an incalculable risk in my personal circumstances"</i></p>
Anxiety/worry/caution	<ul style="list-style-type: none">Worried about what 'living with Covid-19' entails	<p><i>"Now we are being encouraged to return to the workplace"</i></p>

¹ We were guided by how people referred to themselves/others this ranged from 'CEV', 'clinically vulnerable' and 'high risk'.

² About 180,000 people or 3% of the population were originally included on the shielding list. Shielding people were more likely to be female, more likely to be older and more likely to live in more deprived areas of Scotland than the population at large ([PHS](#))

	<p>and navigating going back into public places</p> <ul style="list-style-type: none"> • People acting as though it is 'over' • Cautious but less fearful 	<p><i>and...I am nervous about this... going back to 'normal' does give me some anxiety, particularly having to take public transport and be in crowded areas"</i></p> <p><i>"Still cautious but not quite so frightened. I'm on the high risk list so I'm a little more careful but I now feel that coronavirus is less of a death sentence "</i></p>
Fear	<ul style="list-style-type: none"> • Compounded by the behaviour of others 	<p><i>"Scared that people seem to believe they are vaccinated and so can continue life as normal"</i></p>
Resentment/anger	<ul style="list-style-type: none"> • Feeling that badges/lanyards sets up the badge wearers for discrimination • Unwilling to accept the high risk environments –not anxiety 	<p><i>"I could really do without a letter suggesting that I wear a yellow patch in order to let people know that I'm clinically extremely vulnerable. It's an extremely dangerous piece of advice to give, especially to those with invisible illnesses who are unaware of how much hatred there is out there for disabled people (and for other minority groups"</i></p> <p><i>"I am not anxious, I just do not accept the high risk environment in education, and workplaces. Avoiding covid for me is life or death, or even more long term illness on top of my long term illness - not anxiety"</i></p>

Table 2: Capability, opportunity and motivation

Response	Analysis	Example
Capability	<ul style="list-style-type: none"> • Unsure how to calculate risk, or what 'at risk' entails 	<p><i>"I am clinically vulnerable, and there is no way for me to know how effective the vaccine is. I don't know how to calculate my risks of being ill or of getting long Covid and I can't cope with the latter on top of my existing chronic illness"</i></p>
Opportunity (environmental factors that impact on attitudes/behaviours)	<ul style="list-style-type: none"> • Home environment (shared closes and using lifts) • Living situation • Work environment/ability to work from home • Access to testing • Financial situation 	<p><i>"Because I live in a flat, I have to go through a shared indoor space to reach outside, so I don't go very often, because most people don't mask in that space"</i></p> <p><i>"I'm worried due lack of restrictions in school my child will bring it home"</i></p> <p><i>"I am glad the Scottish Government is suggesting a continued hybrid model and I think it should be encouraged for the highest risk groups"</i></p> <p><i>"Am clinically extremely vulnerable. I feel isolated. My household bills have increased as having to heat the house during the day"</i></p>
Motivation	<ul style="list-style-type: none"> • Establishing routines that help • Balancing risks 	<p><i>"I have unpaid caring responsibilities for my sister who is extremely clinically vulnerable, I've been</i></p>

		<i>working from home since November 2019, and not having to commute has allowed me to compress my working hours to accommodate increased unpaid caring”</i>
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4. Suggestions made by the respondents for future support

Suggestions for future support included:

- Keep encouraging face covering on public transport and other busy places. For example:

“The government having the strength to re-impose restrictions at whatever level is necessary and when necessary without fear of public backlash - the vast majority of the public responded to this and will do willingly in the best interest of health and wellbeing.”

- More and better mitigations put in place in schools.
- Protections for those who feel scared to return to work.
- Continued free lateral flow tests. For example:

“Regular testing is good for peace of mind as I’m exposed to many different families due to being a teacher and my husband is clinically vulnerable so I’d hate to inadvertently expose him.”

- Launch another consultation for clinically vulnerable and extremely vulnerable about the impact of policy changing (lifting restrictions).
- Heating allowance for those who need to remain at home for longer (due to being CEV).

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Scottish Government Central Analysis Division

11 March 2022

ANNEX B

COVID-19: Review and Response - Briefing to Ministers	Attached as PDF
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Section 30(b)(i) (free and frank provision of advice)

An exemption under section 30(b)(i) of FOISA (free and frank provision of advice) applies to some of the information requested. This exemption applies because disclosure would, or would be likely to, inhibit substantially the free and frank provision of advice. This exemption recognises the need for officials to have a private space within which to provide free and frank advice to Ministers before the Scottish Government reaches a settled public view.

This exemption is subject to the 'public interest test'. Therefore, taking account of all the circumstances of this case, we have considered if the public interest in disclosing the information outweighs the public interest in applying the exemption. We have found that, on balance, the public interest lies in favour of upholding the exemption. We recognise that there is a public interest in disclosing information as part of open, transparent and accountable government, and to inform public debate. However, there is a greater public interest in allowing a private space within which officials can provide full and frank advice to Ministers for deliberation, as part of determining the best response to protective measures. This private thinking space is essential to enable all options to be properly considered, based on the best available advice, so that good decisions can be taken.