Coronavirus (COVID-19) Strategic Framework Update February 2022: Equalities and Fairer Scotland Impact Assessment (EQFSIA)

February 2022

Scottish Government
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Title of Policy

COVID-19: Strategic Framework Update

Summary of aims and desired outcomes of policy

In light of the current state of the epidemic and a consideration of future potential scenarios, we judge that the strategic intent guiding our COVID-19 response should be changed to reflect the new calmer phase of the pandemic that we hope to move into:

> "To manage COVID-19 effectively, primarily through adaptations and health measures that strengthen our resilience and recovery as we rebuild for a better future".

The Strategic Framework Update sets out a number of steps within various policy areas. However, our strategy aims to build an infection-resilient society whilst recognising the disproportionate effect that this pandemic has had on people and designing our strategy in a way that meets their needs. It also includes the continuation of public health preventative measures including vaccination programmes, contact tracing, certification and the continuation of some baseline personal measures, including face coverings and testing. Finally it includes a system to be in place to respond to future outbreaks or variants with restrictive measures should it become necessary.

Policy objectives

The aim is to move from suppressing COVID-19 to managing a level of the virus circulating in society, ensuring that harm reduction measures are proportionate and consistent with our broader purpose of creating a more successful, sustainable and inclusive Scotland. We are aware that the measures will have differential impacts on people related to their intersectional protected characteristics. The Framework accepts a level of COVID-19 circulating in society as being the right balance of harms. However some baseline measures may be required, particular when the virus is in wide circulation, to ensure that remaining risks do not sit disproportionately on people who are at greater danger of harm from COVID-19.

Individual policies and measures will be equality impact assessed as they are developed to ensure that interventions are tailored to meet people's needs and to reduce the risk of harm. Their implementation will be monitored and adjusted as required. As part of that process, we will continue to seek improvements to our data and utilise evidence from lived and learned experience, to ensure that we are meeting our requirements under the Public Sector Equality Duty (PSED).

The responsibility for delivering this Framework rests with us all – including government, wider public services, businesses, the third sector, communities and

individuals. We encourage all to think about the wide range of people in Scottish society and to make their services and cultures enabling and inclusive for all.

The Strategic Framework is supported by the COVID Recovery Strategy: For Fairer Future. While the Strategic Framework sets out the future intent for responding to COVID-19, the Recovery Strategy sets out how the Scottish Government will ensure Scotland's recovery from the impacts of COVID-19. Both documents acknoweldge that the impacts of the pandemic have not been felt equally – in fact, COVID-19 has worsened many of the pre-existing structural inequalities, in particular for groups of people with protected characteristics. The Recovery Strategy was informed by a range of evidence and engagement activity with people, communities and organisations across Scotland. The Strategy was supported by an Equality Impact Assessment and Fairer Scotland Duty Assessment, both of which include a range of evidence on the impact of COVID-19 on protected groups.

This EQFSIA for the Strategic Framework does not seek to replicate the analysis provided for the Recovery Strategy but to stand alongside it, concentrating on the specific public health aspects of the Framework as set out in the policy rationale below.

Future Development of the Evidence Base

The Strategic Framework discusses the importance of future data collection for disease surveillance but also to understand the effectiveness and impacts of measures. The Framework sets out the intention to consider what evidence, data and analysis will be required going forward. Work is underway with PHS and our partners to review the content and frequency of all current reporting to identify what is required to support resilience and recovery in the future. This will involve prioritising the modelling, data and analysis that is essential to support the future monitoring and surveillance of COVID-19. It will be important for data development to continue to identify gaps in evidence and seek to fill them, especially with regard to the protected characteristics.[1]

Background and scope of EQFSIA

Our management of the COVID-19 pandemic has been guided by a Strategic Framework which was first published in October 2020 and has been updated as we have moved through various stages in February, June, and November 2021, and now in February 2022. This updated Framework, supported by the remarkable progress first on vaccination and also in new treatments, will see a shift in strategic intent from a focus on suppressing cases to managing COVID effectively, primarily through adaptations and health measures that strengthen our resilience and recovery as we rebuild for a better future.

This document sets out, based on evidence, the key ways in which inequalities could be impacted by the Strategic Framework, and how actions and measures have been or will be considered in relation to this evidence. The vast majority of measures

[1] The Expert Reference Group on COVID-19 and ethnicity set out a range of recommendations on this topic Expert Reference Group on COVID-19 and Ethnicity - gov.scot (www.gov.scot)

have been in place at various periods over the last 2 years and our knowledge of the full impact of these measures has increased over this time. Individual actions will be in line with the requirements of the PSED and dedicated assessments of their particular impacts on inequalities for groups with protected characteristics will be carried out, as appropriate, as those policies develop.

In carrying out this EQFSIA, the Scottish Government is aware of its Fairer Scotland Duty to consider any possible inequality of outcomes due to socio-economic differences. Furthermore, it is mindful of the three needs of the PSED:

- to eliminate unlawful discrimination, harassment and victimisation;
- to advance equality of opportunity between people who share a protected characteristic and those who do not;
- and to foster good relations between people who share a protected characteristic and those who do not

We recognise that existing and, if required, future measures may positively impact on one or more of the protected characteristics.[2] They may also have a disproportionate negative impact on one or more of the protected characteristics. Where any negative impacts have been identified, we will seek to mitigate/eliminate these. This document discusses some of these issues at a strategic level, but a lot of the detail specific to individual policy measures will require the development and monitoring of EQIAs and assessments under our Fairer Scotland Duty.

PSED is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. For example, we will continue to stress the importance we will place on adherence with protective measures to ensure that a 'return to normal' is genuinely inclusive. We are also mindful that the pandemic has shone a light on inequality, poverty and disadvantage, and there is clear evidence that harm has been felt disproportionately by people and communities who were already experiencing poorer outcomes. Disabled people, minority ethnic communities, people on low incomes, older people, younger people, and women are amongst those who have particularly experienced disproportionate impacts, with multiple disadvantage making things even harder for many.

This EQFSIA provides a current assessment and we will also continue to consider and use any newly identified evidence, as it relates to each of the protected characteristics. We will make further adjustments, as appropriate, as we wish to ensure that equality and human rights are central to the Framework.

Therefore, with this in mind it is important that we use the learning from evidence, engagement and individual EQIAs and FSAs to help implement this Framework in a way that continues to balance the various risks and harms across people with varying protected characteristic and their intersectionalities.

[2] Section 4 of the Equality Act 2010 https://www.legislation.gov.uk/ukpga/2010/15/section/4

The equality context for the Strategic Framework for COVID-19.

The impacts of the COVID-19 pandemic arising from the direct and indirect effects of contracting the illness, as well as measures put in place to control the spread of the virus, have been significant for everyone. However, the pandemic has shone a bright light on inequality, poverty and disadvantage. There is a steady stream of evidence from the public and third sector, from academia, think-tanks and from lived and learned experience, all of which agree that harm has been felt disproportionately by people and communities who were already experiencing poorer outcomes prior to the pandemic.

Prior to the pandemic we were already aware of, and attempting to tackle, inequality across a range of different policy domains in Scotland. The requirements of PSED, the Scottish Specific Duties and the Fairer Scotland Duty have been key in informing the development of these policies, for example, and through key transformative policies such as the Child Poverty (Scotland Act), the Scottish-specific duties of the PSED and the Fairer Scotland Duty. The unprecedented nature of the pandemic meant that it was necessary to take extraordinary measures to protect public health. But throughout, we aimed to seek balance and proportionality to reduce harmful impacts across a broad range of health, social and economic factors, and take into account differential impacts on the Scottish population, including for equality groups and socio-economically disadvantaged groups. Our response included a particular focus on protecting the right to life, the right to the highest attainable standard of public health, and the right to healthy and safe working conditions, all of which are set out in a range of international human rights instruments to which the UK is a state party.

Throughout, we continued to build evidence and gather lived experience to understand the impacts of the pandemic on people's lives. In doing this we recognised the need for a wide range of expertise to help us understand the issues. We established the Social Renewal Advisory Board, the Expert Reference Group on COVID-19 and Ethnicity alongside ongoing groups such as the First Minister's National Advisory Council on Women and Girls, the Faith and Belief Group and individual discussions between policy areas and people with lived and learned experience. We have also engaged with those who have been at highest clinical risk from COVID-19 through user research and wider PHS evaluation surveys.

This approach helped us to mitigate against the worst impacts as well as promoting equality through tailored policies, through provisions contained in regulations, or by a range of support and guidance. The following examples illustrate such action:

- A range of support was provided for people at clinical risk from COVID-19 and who were advised to shield. This included online and telephone advice and physical support to access essential goods (food and medicine delivery and access to priority supermarket slots) as well as specific support for at risk groups such as homeless rough sleepers.
- The vaccination roll-out was based heavily on clinical need, prioritising older people and those with underlying health conditions, many of whom would consider themselves to be disabled, as well as their carers. Specific tailored action was taken to help different communities access and engage in the

testing and vaccination programmes including self-generated messaging from faith leaders and use of certain places of worship as vaccination centres.

- As public services moved to digital approaches, many welcomed the change, preferring the safety and convenience of getting assistance from home. However, for digitally excluded people such as low income households or older people, this was another obstacle. Connecting Scotland sought to provide devices, data and training to assist, but some will still lack confidence in these approaches. Funding was made available to assist places of worship to support them to deliver their services online and enable remote attendance.
- A range of financial support was made available to low income households who were more likely to be struggling financially through the pandemic. This included low income pandemic payment, free school meal support through school holidays, bridging payments for Scottish Child payment and help with winter fuel costs. Poverty is more prevalent for lone parents, households with a disabled adult or child, minority ethnic families and younger people.
- The impact on children and young people has been far-reaching, including attainment but stretching into all areas of their lives. Mitigations to help with access to digital learning and summer of play programmes were put in place, along with less restrictive public health measures for younger children. It is clear that the longer term impacts, and particularly on those young people who missed key life stage milestones, such as taking school exams, learning to drive, getting a job, leaving home, moving to Scotland to study or work, developing strong peer relationships, starting on a career, are still to be fully understood.

We are also aware that many of the key public health measures were difficult to mitigate completely. Face coverings were a key public health measure, and although regulations allowed medical exemptions, this still carried anxiety with it as well as causing problems for people with hearing difficulties. Some disabled people's organisations have flagged anecdotally that over the pandemic there has been a rise in incidents of hatred and abuse directed towards disabled people linked to face-coverings and the application of the medical exemptions. Some people with underlying health conditions were not advised to shield, but heightened anxiety about participating in social events or gatherings remained for many. Some people who were advised to shield during the first wave continue to self-shield, even though the general advice is to follow general population guidance unless advised otherwise by their GP or clinician. Social distancing was problematic for learning disabled people as well as those with impaired vision and older or disabled people who struggled in long queues. There are higher levels of general anxiety and loneliness, and much reduced levels of social contact, and for an extended period of time. These impacts have been higher for some groups including younger people, and disabled people, and they have potentially reduced social trust, social participation, social cohesion and networks that usually aid employment, cultural and educational opportunity.

The economic impacts of the pandemic were not felt equally. While many higher income households increased savings, lower income households struggled to get by. Women, young people, disabled people and people from minority ethnic groups experienced most harm from restricted working in sectors such as non-essential retail, personal services and hospitality. Women, particularly those who are lone

parents, were disproportionately impacted by the months of home schooling and home working. Long term impacts of this period are still to be full understood[3].

The lessons learnt during this period, including advice from expert groups, have also highlighted where medium and long-term action is needed to address long running structural inequality in terms of policy action and developing analysis structures to more effectively understand complex and long term inequality. We have already started working to address these areas including improvements to our equality data[4] and taking forward action to address inequality experienced by people from minority ethnic communities.[5]

Human rights will continue to be central to Scotland's response to the COVID-19 emergency. We are committed to continuing to uphold the principles of human dignity, autonomy, respect and equality, as we deal with the pandemic and its consequences. There is a wide recognition that COVID-19 demonstrates the need to provide more security in people's lives through the increased protection of economic, social and environmental rights, particularly for communities at greater risk of harm from COVID-19. The Scottish Government's continued commitment to protecting human rights is evident in the plans for a new Human Rights Bill, which will be introduced to during this parliamentary session.

We recognise that while we continue to take forward our strategic response to the pandemic we need to ensure that any continuing or new policies do not exacerbate inequality. We need to ensure that everyone feels that they can live their lives as we open up society and learn to live with COVID-19. We cannot let it move forward as a disease of the poor or disadvantaged.

[3] A year of COVID: the evolution of labour market and financial inequalities through the crisis - Institute For Fiscal Studies - IFS
[4] Equality Data Improvement Programme (EDIP) project board - gov.scot (www.gov.scot)
[5] Race equality: immediate priorities plan - gov.scot (www.gov.scot)

Key Findings

The COVID Recovery Strategy provided a detailed description of the impact of the pandemic across protected characteristics and socio-economic disadvantage. Their summary findings are reproduced below. Full details can be accessed in the relevant documents including the COVID Recovery Strategy documents, [6] a review of evidence[7] and slide packs across protected characteristics.[8]

- Older people, men, disabled people and minority ethnic groups are more likely to have died from COVID. This reflects a more extensive experience of bereavement among particular groups. Older people and women are more likely to experience Long COVID.
- Greater impacts on mental wellbeing have been reported for young adults (especially young carers), disabled people, women, minority ethnic groups and LGBT+ groups, while the reported experience of isolation has been greater among disabled people, older people and minority ethnic groups.
- Disabled people and older people have experienced loss of, or reduction in, access to services, with associated impacts on their wellbeing.
- Women have experienced an increased burden of domestic and caring responsibilities, and have been at heightened risk of domestic violence.
- There have been disproportionate negative impacts on the employment of young people, older adults in the workforce and disabled people. Women and ME groups are less likely to have experienced negative impacts on their income and employment than men and majority ethnic groups, although gaps persist in employment and pay.
- Disabled people, women and minority ethnic groups have reported greater concerns with their financial security as a result of the pandemic, with the greatest concerns among disabled women and women from ME groups.
- Negative impacts on learning have been greater for disabled and minority ethnic groups.

The Strategic Framework Evidence Paper[9] also provides a wide range of evidence of the key impacts of the pandemic on different groups with protected characteristics in Scotland, including mortality, vaccination rates, mental health, work and personal wellbeing. Key summary issues from the analytical paper and other evidence are noted below.

Age

- Older people, and particularly older men are at greater risk of death while older people and particularly older women are at greater risk of Long COVID. Older people are also at greater risk of social isolation and loneliness. As a result, older people will benefit from opening up of society but will also be

[6] COVID recovery strategy - for a fairer future: fairer Scotland duty assessment - summary - gov.scot (www.gov.scot)
[7] Coronavirus (COVID-19): impact on equality (research) - gov.scot (www.gov.scot)
[8] Equality Evidence: Publications - gov.scot (www.gov.scot)
[9] Evidence paper to accompany: Coronavirus (COVID-19) Scotland's Strategic Framework Update – February 2022 - gov.scot (www.gov.scot)

relying on broader public adherence to protective measures to enable them to live their lives without significant anxiety

- Older people, especially older disabled people, will have been subject to strict regulations in Care Homes, lower access to key health services and high levels of bereavement in the pandemic. Framework responses will need to continue to ensure that health and care strategy is formulated to protect older people in terms of both their physical and increasingly their mental health.
- Children and Young People (especially young carers and those in LGBT+ groups) have experienced greater impacts on mental wellbeing as a result of the pandemic and the public health measures required in response. Young people have also been more financially vulnerable to economic shocks which will have further increased mental stress.
- While older people have very high vaccination rates progress decreases through age bands with vaccine hesitancy greater amongst younger people (18-?), teenagers and their parents. High levels of vaccine take-up is needed across all age bands to maintain population immunity.

Disability

- Disabled people and people with learning disabilities of all ages, were at greatest risk of severe illness or death from COVID and have also experienced interruption to health, social care and community services, with associated impacts on their wellbeing.
- Disabled people have reported greater concerns with their financial security as a result of the pandemic, with the greatest concerns among disabled women and women from ME groups.
- Changes in protective measures may disproportionately impact on disabled people with greater vulnerability to the virus in terms of their willingness and confidence to live their lives.

Gender Reassignment

- Trans people are a small cohort of the population who tend to have greater health inequalities and poorer mental health. The benefits of opening up will be positive for this group but there is an ongoing need to improve access to trans healthcare.

Pregnancy and maternity

- Studies from Scotland and the UK show that pregnant women are no more likely to get coronavirus (COVID-19) than the general population, but are generally more susceptible to infection. [10]
- However, vaccination coverage remains much lower amongst pregnant women than amongst non-pregnant women of a comparable age; of the 4,064 women who delivered their baby in October 2021, 43% had received any

[10] Sources: Coronavirus (COVID-19): Pregnancy and newborn babies | NHS inform and SARS-CoV-2 infection and COVID-19 vaccination rates in pregnant women in Scotland | The University of Edinburgh

COVID-19 vaccination prior to delivery. By contrast, 85% of all women aged 18 to 44 years had received any COVID-19 vaccination by 31st October 2021.[11]

- Self-isolation is particularly difficult for pregnant women or women with new-born children. It is important that the Framework recognises the different needs of this group.

Race

- Some minority ethnic communities were at greater risk of COVID-19 infection and severe illness[12]. Various work has shown the intersectional nature of this link with mediating factors including socio-economic circumstance and living in deprived areas as well as compounding factors related to higher work exposure, higher prevalence of linked diseases such as diabetes and reduced access to healthcare.[13]
- Vaccination hesitancy has been identified amongst some minority ethnic communities. It is important that the Framework considers this and ensures that long terms plans are taken up by minority ethnic communities as appropriate with access tailored to meet the needs of different communities.
- Overseas nationals and people from minority ethnic communities resident in Scotland are likely to be more reliant on international travel measures to maintain family bonds. Any restrictions will have disproportionate negative impact on them which would need to be considered as part of the balance of harm.
- Gypsy/Travellers communities experience poor health outcomes. They were three times more likely to report 'bad' or 'very bad' health compared to the general population (15% and 6% respectively).The impact of the Framework on smaller communities should be an important aspect of the work.

Religion

- Places of worship play a significant role in the lives of people with religious affinity. Continuing requirement for face coverings during worship may be impacting negatively on worship, disrupting the communal experience, causing reduced attendance at places of worship and impacting community cohesion and wellbeing. There is evidence of people not returning to worship, with related economic impacts, especially for minority ethnic faith communities, such as Sikh and Hindu congregations, and smaller Christian denominations, e.g. Baptists.
- International travel restrictions may have greater impacts for minority ethnic faith communities, e.g. Muslims travelling for Hajj or other pilgrimages, and Hindus, Sikhs, and Muslims travelling for marriage / life events. If COVID-19 certification for international travel remains vaccination only (i.e. not a negative test result), this may impact on those faith communities amongst

[11] COVID-19 Statistical Report - 8 December 2021 - COVID-19 statistical report - Publications - Public Health Scotland

[12] Source: National Records of Scotland

[13] Public Health England (2020), 'Beyond the data: Understanding the impact of COVID-19 on BAME groups', Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities (publishing.service.gov.uk)

whom vaccine hesitancy has been higher. If managed isolation is required to be reintroduced at any point, consideration should be given to the higher levels of poverty amongst some minority ethnic faiths. A change to isolation at home model would be preferable rather than hotel quarantine that is more expensive. 49% of Muslims in Scotland are living in poverty after housing costs.[14]

Sex

- The pandemic has highlighted that women have experienced an increased burden of domestic and unpaid caring responsibilities during the pandemic due to women's disproportionate role in providing unpaid care.[15]
- Women also comprise a signficant proption of the health and care workforce.
- Women have also experienced greater mental health impacts[16]. In February 2021, women with a lower household income were more likely to report that their mental health had got worse over the course of the pandemic (64% of women with a household income of less than £19,999 said this, compared to 55% of women with a household income of £40,000 and above).[17]
- Domestic abuse and sexual violence has disproportionately affected women and children during the pandemic (and has done so historically) Any COVID-19 measures which require people to stay at home could increase the risk of domestic abuse. Over 80%[18] of domestic abuse is committed by men on women.
- Any COVID-19 measures which require people to stay at home could lead to high burden on resident parents who cannot access friend and family support and lack of contact with children for non-resident parents. In separated families, the majority of resident parents are women and the majority of non-resident parents are men.

Sexual Orientation

- In common with many other groups, people in LGBT community are thought to have experienced high levels of social isolation and loneliness during the pandemic with significant impact on mental health, especially for younger LGBT who cannot access peer support. However data is currently limited.[19]

[14] www.equalityevidence.scot
[15] Inequalities by gender in the context of COVID-19 (slide-pack) - gov.scot (www.gov.scot)
[16] Scottish COVID-19 Mental Health Tracker Study: Wave 4 Report - gov.scot (www.gov.scot)
[17] Close-the-Gap-and-Engender-Joint-briefing-on-the-impact-of-COVID-19-on-womens-wellbeing-mental-health-and-financial-security.pdf. Analysis of survey data on the impacts of COVID-19 on women's wellbeing, mental health, and financial security in Scotland, gathered in February 2021 from 509 adults in Scotland and a booster sample of 401 Black and minority ethnic (BME) adults
[18] Domestic Abuse: statistics 2018-19 , COVID-19: domestic abuse and other forms of violence against women and girls
[19] Life under COVID-19 for LGBT+ people in the UK: systematic review of UK research on the impact of COVID-19 on sexual and gender minority populations | BMJ Open

Socio-Economic Disadvantage

- Those living in the most deprived areas have been more likely to die from COVID-19 than those living in the least deprived areas. By 31 July 2021 the rate of deaths in Scotland involving COVID-19 in the most deprived quintile (326 per 100,000 population) was 2.4 times the rate in the least deprived quintile (137 per 100,000 population). The size of this gap has widened from 2.1 to 2.4 across the period of the pandemic, and is greater than the deprivation gap of 1.9 in all-causes mortality[20]. By May 2021, an estimated 1 million people in the UK self-reported being affected by Long COVID: those from more deprived backgrounds appear to be at particular risk[21].
- Higher levels of anxiety and loneliness are reported by those with lower household incomes than by those with higher incomes.[22]
- There is evidence that many jobs in lower paid sectors cannot be done from home. The Framework response around hybrid working therefore needs to take account of households who have less access to the resources required such as housing, heating etc.

Equality Impacts of the Strategic Framework Update

The impacts and inequalities described above have been considered throughout the development of the Strategic Framework. Individual assessments have been or will be developed for individual policies as they come on stream. This EQIA takes a more strategic look across the Framework to highlight key action, likely equality impacts, as well as mitigating action and those that seek to promote equality which are already in place or being developed.

Population Immunity

Equality context

At this stage in the pandemic, there is high population immunity as a result of natural exposure and vaccination. However, in the longer term, population immunity will wane and new variants may additionally become more immune evading. It is possible that we will see further waves of infection and some may be severe, especially after population immunity has decreased. If past trends continue it is likely that older people, disabled and learning disabled people, socio-economically disadvantaged people and those living in more deprived areas and some minority ethnic groups certain groups will be most at risk of severe illness and mortality.

Annual vaccination would reduce disease severity and slow transmission, but fast evolution would mean the vaccines wouldn't always be well matched to circulating

[20] Deaths involving coronavirus (COVID-19) in Scotland, Report (nrscotland.gov.uk)
[21] Unequal pandemic, fairer recovery - The Health Foundation
[22] https://www.gov.scot/publications/impact-COVID-19-wellbeing-scotland-wave-3-survey-summary/pages/1/

viral strains.[23] Differences in vaccine take-up may also mean that sub-populations remain more at risk.

Framework approach

The Framework approach is to maintain and where possible increase population immunity through ensuring that there is a sustainable model for the delivery of COVID-19 vaccines alongside existing vaccination and immunisation programmes. Surge plans, for the rapid deployment of vaccinations, are also being developed as well as planning for a number of different scenarios including booster doses in 2022-23 and beyond (especially for higher risk groups), and retention of our capability to rapidly deploy additional vaccinations when JCVI approves extensions to vaccine coverage. In all vaccine programme development, we are increasing our efforts to ensure the vaccination programme reaches everyone and is fully inclusive: there will be a range of outreach activities and partnerships with community and third sector organisations to engage with under-represented groups.

Throughout the vaccination programme we have responded to equalities uptake data and emerging evidence covering a range of communities, including minority ethnic people, deprived areas and at risk groups (i.e. pregnant women, people experiencing homelessness, prisoners etc.). This approach enables the programme to quickly identify emerging trends, understand the reason behind low uptake levels and to work with partners to find solutions and take urgent remedial action. We now collect ethnicity data at COVID-19 vaccination appointments and at the time of booking. This is in response to the recommendations made by the Expert Reference Group on Ethnicity and COVID-19 and is to help tackle racialised health inequalities as it will help us to better design and tailor services to improve people's outcomes.

At a national level, we facilitate our National Inclusive Vaccine Steering Group so that information and learning can be shared and solutions to issues co-produced with those who know their communities best. We regularly work with a range of national and local community, third sector and faith organisations to ensure positive messaging about the vaccine is promoted to their networks and that our national campaigns are suitable for all. Officials regularly attend meeting with health boards to discuss the latest equalities data, share good practice and consider any challenges they may have in encouraging people from all communities to come forward.

Health boards each have their own inclusion plan and examples of support provided by health boards to inform and encourage people include:

- assertive outreach in trusted locations to engage people who are homeless and those who experience substance misuse;
- the provision of additional support, reassuring messaging and guidance to pregnant women. Many vaccine clinics have also been held in maternity clinics;
- partnership work with religious leaders and co-locating vaccine clinics in places of worship, such as African churches, gurdwaras and mosques;

[23] Beyond Omicron: what's next for COVID's viral evolution (nature.com)

- a translated Q&A session with Jason Leitch hosted by an Eastern European charity based in Scotland;
- tailored messaging and information for prisoners;
- outreach work to engage with migrant workers and seafarers, including the use of interpreters; and
- pop up clinics in deprived communities, co-located in food banks, supermarkets and community centres.

Immunisation programmes are designed to help protect the population from serious vaccine-preventable diseases. It is vital that they reach everyone eligible and ensure that no one is left behind, both for individual health and our collective community wellbeing. The inclusive approach which has been embedded in the COVID-19 and flu vaccination programmes, and lessons learned throughout, will inform the Scottish Vaccination and Immunisation Programme, and ensure a person-centred vaccine journey and experience.

Future tracking

We will continue to develop and publish data in order to monitor the take-up and effectiveness of vaccines across the population. In communities with low take up we will adopt bespoke strategies to raise awareness, tackle vaccine hesitancy and make access easier.

Domestic and International Surveillance

Equality context

The whole population benefits from an effective domestic and international surveillance system. However we recognise that this will be of particular importance to people with one or more of the protected characteristics including, disability, race and age. Current programmes provide statistically and clinically robust information on transmission of, and immunity to, COVID-19, which has supported public health decision-making. Over time it will important to continue to refine data systems to ensure that surveillance can accurately reflect any differences in transmission and illness in different locations and potentially different communities, including equality groups.

Winter 2021/22 saw unprecedented levels of testing using both PCR and LFD tests and record number of individuals entering the contract tracing system. The system over this period showed that it could flex to respond to the situation. Moving forward in a situation with anticipated lower prevalence and a less severe variant, priorities will move away from routine asymptomatic programmes of testing towards a more targeted approach to protecting people at risk and ensuring continuing, and sufficiently rapid, access to testing for those who would benefit from new and emerging treatments; ensuring sufficiently robust surveillance (including sequencing) to detect emerging issues early enough for effective response; continuing to appropriately and proportionately support communities where there is enduring transmission; and supporting outbreak management and mitigation in particularly high-risk settings.

As noted above, if past trends continue it is likely that older people, disabled and learning disabled people, socio-economically disadvantaged people and those living in more deprived areas and some minority ethnic groups will be most at risk of severe illness and mortality and could benefit most from new priorities in the testing system around emerging treatment.

Framework approach

The Framework approach is to maintain an effective domestic and international surveillance infrastructure through three main work streams.

Updated testing

The first is developing updated testing plans for the endemic phase of COVID, which are scalable during acute periods, to ensure adequate future capacity for testing, to restrict the spread of the virus and enable prompt treatment for COVID patients where required. This will be of benefit to equality groups most susceptible to severe illness from COVID-19 and for equality groups working within higher risk settings where testing is necessary for their own safety and the people they work with.

The approach to testing has continually been tailored to increase uptake across the protected characteristics. All communications relating to testing have been and will continue to be designed to be accessible to people with lower literacy levels in English, people whose first language is not English and people with a visual impairment. Additionally, the development of a non-digital route to book a test through a telephone service has helped to improve accessibility, with no need to access the internet required and to receive test results through the telephone with no access to email required.

Our general public testing offer has been designed to be accessible to people of all ages and in a variety settings, for example walk through test sites, home test kits and testing arranged through local health boards mean people can get tested within their local area or at home, with or without assistance. Moving to a more targeted approach will mean that tests will be provided direct to the groups of individuals who most need it

Successful validation and evaluation of a number of LFDs has enabled procurement of nasal only devices as part of the testing programme which are less invasive and easier to administer. Deployment of nasal only LFDs has been prioritised in pathways where evidence indicates that participants would most benefit from a simpler, less invasive test (e.g. schools). Furthermore, people can use the ‘Be My Eyes’ video call app to seek assistance using an LFD test or PCR home test kit independently, which is of particular use for those individuals who are blind or visually impaired.

Evidence shows people in more deprived deciles undertake more PCR tests but they also report fewer LFD results than less deprived groups. Additionally, the distribution of LFD tests being reported varies substantially by both age and deprivation status, with many fewer tests reported in younger adults across all deciles of deprivation, and for children in more deprived deciles. Ensuring a key focus on targeted communications to these cohorts will help to improve uptake of testing and reporting more evenly.

Population surveillance methods

The second is continued development and delivery of population surveillance methods including waste-water analysis, population sampling and a new COVID-19 data framework enabling data linkage across the health system.

Since the start of the COVID-19 pandemic, Public Health Scotland (PHS) have run enhanced surveillance programmes through GP practices and COVID-19 community hubs, hospitals and monitoring of symptoms reported through NHS-24. These surveillance programmes capture clinical and non-clinical data and help inform the understanding of the symptomatic presentation of COVID-19 and other respiratory pathogens and how these impact on different communities. PHS intend to expand the reach of these programmes and ensure representative sampling across Scotland.

As surveillance programmes are expanded, we will work with PHS to strengthen the collection of data on health outcomes by protected characteristic. This will provide a necessary foundation for tackling health inequalities.

International cooperation

Finally we will continue work across the four nations of the UK, with the UKHSA and other international organisations to promote measures that increase biosecurity for the whole population.

Tackling inequality is a key priority for the Scottish Government and within this is a commitment for digital inclusion. A lot of information and access arrangements are available online. However we recognise that not all people can access digital resources, therefore information is also made available in alternative formats. Additionally programmes such as Connecting Scotland can play a role in helping some people, particularly those who are socio-economically disadvantaged to be able to use digital methods to access and record tests.

Future tracking

Our approach will continue to develop good surveillance data to monitor disease for the whole population. But we will continue to work to refine data to improve our understanding for different communities and equality groups. We will also continue to adopt bespoke strategies to raise awareness, tackle hesitancy and make tests easier to take and report.

Outbreak Management

Equality context

The Framework marks a shift away from legal requirements, but is clear that there is an ongoing need to manage COVID-19 effectively because new variants of the virus could be more severe. It notes that we are likely to continue to see outbreaks of COVID-19 in Scotland over the coming years, and can expect new variants to appear globally. If infections rose too high or the impact of disease became too grave, then the NHS would once again risk being overwhelmed and the impact in terms of mortality and morbidity, particularly Long COVID, would be excessive. It

may therefore prove necessary again to take steps to protect people from serious illness and death. This might involve implementing protective measures within individual settings, within localities or nationally.

Older people, disabled people, and learning disabled people, socio-economically disadvantaged people and those living in more deprived areas and some minority ethnic groups will be most at risk of severe illness and mortality and will be most at risk from outbreaks.

Older people, disabled people, young children, women and minority ethnic people are more likely to live, work or receive care in high-risk settings where outbreak management and mitigation will be important.

Protective measures have been well supported through the population, but with lower take-up in some groups such as young men. People in different equallity groups will welcome the protection offered by these measures but for many the measures themselves are not easy to maintain. Previous analysis in Equality and Fairer Scotland Impact Assessments has examined the equality impacts of measures such as face coverings, physical distancing and handwashing.[24]

Evidence has shown that a very careful balance needs to be drawn between protecting the health of people at greater risk and responding to their rights and needs for formal and informal care and friend and family relationships.

Framework Approach

The Framework approach aims to ensure that future COVID outbreaks are managed effectively in a way that recognises the disproportionate effect that they have on people with one or more of the protected characteristics. The Scottish Government with Public Health Scotland, local government and other partners, are developing the COVID Outbreak Management Plan, which will set out the process and methods for responding to future outbreaks. This will be published in spring 2022 and will include a consideration of equality and fairer Scotland impacts. Care homes have been a high risk setting for outbreaks so consideration of the impacts for older and disabled people who live there will be important as well as their family and friends, and care workers, who tend to be women, including minority ethnic women.

The Framework sets out the strategic approach to managing COVID-19 going forwards on the basis of four broad response categories, using a gradated set of options associated with each threat level. It is clear that decisions concerning responses are likely to be finely balanced judgements, made under a degree of uncertainty as data emerges.

If we overestimate the potential harm of a variant then we risk putting excessive protective measures in place and causing unnecessary broader harm across the population, but specifically to those groups who struggle with the social isolation of restrictions or whose work, relationships, care arrangements or lifestyles are impacted.[25]

[24] Face coverings, physical distancing, handwashing impacts and mitigations are on pages 6-15
[25] Analysis of the impact of restrictions in seeing family and friends can be found on page 6 of the summary and page 12-36 of the annex. equality-fairer-scotland-impact-assessment-evidence-gathered-scotlands-route-map-through-out-crisis-phase-3-measures-annex.pdf (www.gov.scot)

If we underestimate the harm of a potential variant then we risk having inadequate protective measures in place, leading to avoidable morbidity and mortality as well as economic and broader societal impacts. Past experience has shown that such impacts will fall disproportionately on people already facing structural inequality, including people with protected characteristics and socio-economic disadvantage.

People on the Highest Risk List

Scotland's Highest Risk List includes people with a number of health conditions agreed by the four UK Chief Medical Officers at the outset of the pandemic and subsequently, as well as those identified by their GP or clinician, that put them at the highest risk of severe illness from COVID-19. There are around 178,000 people on this list (as at 21 February 2022). Around 50% are 65 years of age or over and 56% are female. We also know that around 50% live in the two most deprived Scottish Index of Multiple Deprivation quintiles.

We know that asking to people to shield had a particularly detrimental impact on their quality of life, and physical and mental health and wellbeing. We are now advising that people on the Highest Risk List can follow general population guidance, unless advised otherwise by their clinician. Given the wide range of circumstances and health conditions of people who are on the Highest Risk List, clinicians can best provide person-centred care appropriate to the individual's clinical circumstances as they would have before the pandemic. Although people on the shielding list were advised to shield between March and July 2020, and then advised not to go into the workplace between January and April 2021, we know that some people have continued to self-shield and remain very cautious or anxious about being out and about as restrictions are lifted. It is essential that people on the Highest Risk List are now supported to benefit from Scotland's phased lifting of restrictions as much as everyone else.

The ongoing surveillance and categorisation of future threat levels are crucial to enabling people with higher clinical risks to participate in everyday activities. This means that we can respond accordingly to any increase in the threat posed by the virus, e.g. through a new variant or other factors. Ongoing encouragement of protective measures that we know work in low threat situations such as ventilation, face coverings, hygiene, self-isolation, hybrid working, ongoing vaccination programmes and effective treatments which prioritise or target people who will benefit most, and continued free and regular testing combined with inclusive communications which highlight the importance of testing before meeting with someone who is at highest risk, will all contribute to reducing risks and can be scaled up when required for the whole population. This ensures the daily life of people at highest risk is not disproportionately impacted. We will also continue to communicate how people's risks have changed as a result of the vaccination programme and will now consider which people need to continue to be on a Highest Risk List.

In addition, as we know that 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. As we do this during what is hopefully a calmer period, the Strategic Framework will ensure protective measures and support can be scaled up if needed.

Our approach throughout the pandemic has been informed by user research and wider surveys by Scottish Government and Public Health Scotland with people on the Highest Risk List. In total, we have spoken directly with 133 individuals and received nearly 22,000 survey responses.

Feedback from people on the Highest Risk List highlighted the impacts of shielding on mental health and wellbeing and that people on the Highest Risk List felt uncomfortable about restrictions being lifted. We know that some people at highest risk have continued to 'self-shield'. In a survey in summer 2021, 24% of 4,494 respondents had not met with others outside their own household outdoors, and 50% had not met with others indoors. User research also indicated support from 73% of respondents (4,508 individuals) for the idea of a small wearable item to indicate that people would prefer others to keep their distance when out and about. This feedback led to the promotion of the Distance Aware Scheme in Scotland. More recently we have carried out in-depth interviews with people on the Highest Risk List about their mental health and wellbeing in order to identify how we can best help them to recover and reconnect with the people and things they were doing before the pandemic, and benefit from the lifting of restrictions along with everyone else. Research amongst people with lived experience of shielding has also confirmed that people on the list welcomed the regular communications they received from Scottish Government, with 91% agreeing these were helpful. A further survey by PHS, where over 13,000 people on the Highest Risk List gave us their views, will be published at the end of March 2022.

Future tracking

Monitoring will be in place to check the effectiveness of both the outbreak management plan and the gradated options. New regulations which impose requirements or restrictions at national or local level as a result of changes in virus prevalence or severity may require an equality, fairer Scotland and children's rights based assessment. Continued importance will be placed on adherence with protective measures to ensure that a 'return to normal' is genuinely inclusive.

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 adaptions to their activities that will support and encourage safer spaces will ultimately rebuild consumer confidence. Public attitudes and behaviours will be measured and explored through a range of evidence gathering including online polling and qualitative research. The aim is to provide insight into people experiences and perceptions to help inform the design of future policy activities and interventions.

Adaptation

Equality Context

As we expect the epidemic to now move into a calmer phase, supported by the remarkable progress first on vaccination and also in new treatments, we are updating our strategic intent from a focus on suppressing cases to managing COVID-19 effectively, primarily through adaptations and health measures that strengthen our resilience and recovery as we rebuild for a better future.

The impact of this approach on equality groups will be diverse. However by impact assessing measures we will ensure that approaches will be justified and a proportionate means of helping to achieve the legitimate aim of reducing the public health risks posed by coronavirus. While people may be glad of a returning sense of normality, this may be conflicting with increased anxiety and feelings of vulnerability when socialising or working in busy indoor settings. Individual circumstances will shift the balance.

Experience over the last two years within the Scottish Government and its partners has provided a good range of experience on how to engage with different communities and provide appropriate services. In case of increasing restrictions this experience will prove helpful in designing appropriate support.

Framework approach

The Framework approach aims to enable and support the adaptation of behaviours and physical environments to reduce COVID-19 transmission risk on a sustainable basis. It includes a range of policies which impact on businesses, partners and the public.

We will provide clarity on what is expected of businesses so they can plan effectively, including information on adaptations. We will also develop business campaigns, update the compliance toolkit, and support voluntary action such as the adoption of certification, to help customers feel safe. We will review our Reducing Risks in Schools Guidance and COVID-19 safety guidance for ELC settings, school-aged childcare and childminding services.

The guidance we have issued has been informed by paying due regard to the three needs of the PSED throughout the pandemic. Furthermore, amendments to policy and public/customer guidance developed to support the effective operationalisation of historical protective policy measures responded directly to concerns and issues highlighted in Equality Impact Assessments.

Face coverings

- The Scottish Government was the first of the devolved administrations to produce guidance on the use of face coverings – recognising exemptions where people are unable to, or it would be inappropriate to, wear a face covering. The exemptions policy was developed in consultation with a disabled people's organisation.

- In October 2020 the Scottish Government launched a face covering exemption card to support those who are unable to wear a face covering to feel more confident and safe when accessing public spaces and public services. The policy is kept under regular review and in September 2021, in response to accessibility considerations, a digital download scheme was introduced to compliment the provision of physical card. Physical cards remain available, ensuring those with limited or no digital access or skills could receive cards through the Helpline.
- The Exempt.Scot Face Covering Exemption Card Scotland website and guidance within it has been developed in partnership with Disability Equality Scotland to maximise accessibility in the user journey. Feedback from Stakeholders and the digital team is used to regular review and update guidance ensuring it is accessible, accurate and meets the needs of a range of audiences.
- Face covering Guidance recognises the scientific evidence available on the efficacy of face coverings and the socio-economic considerations identified in the Equality Impact Assessment around accessibility and affordability. An official 'How to make a face covering' YouTube video was developed and embedded within guidance to support individuals.

COVID Status Certification

- Customer Guidance for COVID Status Certification directly addresses human rights and equality issues identified in the suite of Equality Impact Assessments, including concerns about access to essential services and retail, exemptions and exclusions, accessibility (specifically digital exclusion) and data privacy.
- COVID Status Certification Guidance provides clarification of the settings in scope and assurance that settings which individuals have no option to attend such as public services and essential retail such as supermarkets will remain out of scope.
- Exemptions were developed based on age, medical status and employability and exclusions include communal religious worship and an organised picket, these protect the rights of the groups identified. Information on the medical exemptions process was further developed with Autism policy experts to specifically address concerns around accessibility, with additional guidance hosted on Autism.org.uk.
- Accessibility concerns are addressed within the Customer Guidance for COVID Status Certification. Alternatives to the digital, biometric identification verification pathway accessed through the NHS Scotland COVID Status app are provided in the form of downloadable PDF's and paper certificates accessed via the NHS Inform portal of COVID Status Helpline. Security features of all certificate formats are explained to address data privacy concerns. Further accessibility concerns were addressed through the collaborative development of information with NHS Inform in accessible formats including braille, multiple languages, audio files and explainer videos.
- Significant concerns highlighted as part of Equality Impact Assessments about the potential exclusion of unvaccinated customers from the settings in scope were addressed through a change in policy to include testing as an alternative in December 2021. This amendment was of particular importance

for international students, many of whom have had non-MHRA approved vaccines and were therefore excluded from the settings in scope. The Guidance clearly outlines how testing is accessed to ensure inclusivity.

Guidance

Working with partners and stakeholders, we will update and disseminate clear guidance on what individuals and communities can do to increase their COVID resilience and safety and that of others, including advice and support for those at high clinical risk. This will include developing communications and marketing campaigns to help everyone understand what is required to reduce transmission risk, and to secure social norms (e.g. wearing face coverings and/or staying at home when contagious) to establish a safe positive norm for living with COVID. Examples of what we have provided so far include:

- Various tailored and translated Q&A sessions have been hosted by partners with clinicians and broadcast via prison radio, Jambo! radio, Awaz FM and Facebook Live.
- NHS Inform hosts a page which allows people in any Health Board to find out more information on how they can request interpreter support at their appointment. Information is also available on support to access transport to appointments.
- An explainer video for minority ethnic communities was developed which looks to address barriers to vaccine uptake identified by ethnic minority communities. The explainer video was produced in multiple languages and provides key facts about the vaccines for those who may be hesitant, or for those more likely to have been exposed to myths or misinformation. The content has been shaped by engagement with BEMIS and the Ethnic Minority National Resilience Group.
- We have ensured our COVID-19 vaccination communications are suitable for everyone in Scotland, with the production of translated information and assets in multiple languages and a range of formats on NHS Inform and the development of a vaccine explainer video, informed by insights from organisations representing various under-served communities
- The national programme has sought to improve communications to ensure they are suitable for everyone in Scotland, working with a range of partners and stakeholders to amplify key campaign messages and communicate effectively to the population of Scotland, delivering messaging in an inclusive and culturally appropriate way to reach all geographies and seldom heard communities, including minority ethnic communities.
- Our national communications plan includes the production of translated assets in a range of community languages. Information is available in multiple languages on NHS Inform with other formats also available such as easy-read, BSL and audio. https://www.nhsinform.scot/COVID-19-vaccine .

Self-Isolation Support

We know that asking people to self-isolate can sometimes be difficult for people depending on their individual circumstances. We have had an extensive support package available to support people self-isolating, both practically and financially, available through various channels:

- The National Assistance Helpline is a national phone line that links people self-isolating to the relevant local authority to provide them with support including access to food, isolation accommodation, the Self-Isolation Support Grant, essential medication, community volunteer support as well as referrals into local statutory and voluntary services;
- The Local Self-Isolation Assistance Service is a service delivered by local authorities that proactively calls people self-isolating who consent to receive the service, to triage any isolation support services they may require including access to the services provided as part of the National Assistance Helpline.

Local Authorities have engaged closely with their local communities to deliver isolation support and remove barriers to self-isolation, often tailored to meet the needs of people, to ensure compliance with the guidance. As isolation guidance evolves, we will continue to consider where targeted isolation support, including financial support, may be required to support communities experiencing enduring transmission and COVID related health inequalities.

General Support

During the first two years of the pandemic we have provided many different types of support including financial support for low income households and families. We will use the learning[26] from these efforts to help design future support to maximise impact.

We will continue to work with employer and business organisations and trades unions to understand the wider and longer term impacts of hybrid and flexible working. In addition, we will support businesses to improve ventilation in their premises through the £25 million Business Ventilation Fund.

Hybrid Working

On 25 January 2022, the First Minister's statement set out recommendations that, from 31 January 2022, employers should consider implementing hybrid working where possible – following appropriate guidance - with workers spending some time in the office and some time working at home. This represented a change in approach from working from home if possible, as the default position, to encouraging a move to hybrid working.

We will continue to encourage employers to engage with employees and trade unions to consider, for the longer term, hybrid working models where feasible and appropriate.

[26] Low income pandemic support evaluation – include reference once published

Employers have a legal duty to make workplaces safe, to make reasonable adjustments and to conduct risk assessments, this is particularly important for those at higher risk. The needs of those in the highest risk category should be taken into consideration when considering hybrid working – including people who might prefer home working, or those keen to return to the workplace

We will explore the broader impacts of hybrid working and will work with a range of stakeholders to learn from best practice and understand the wider impacts on individuals as well as on businesses and the economy.

We understand that for some sectors including hospitality and retail sectors, which traditionally have a disproportionate number of lower paid workers, due to the nature of the business there may be more limited opportunities for hybrid / flexible working. BICS data which sets out the workforce status across sectors –showed that only 2.3% of workers in accommodation and food services were working from home in the period 27 Dec 2021 to 23 Jan 2022 with the vast majority working from a fixed workplace. This compares with 16.5% of the workforce as a whole and almost half of all employees in IT and communications sector working from home in the same period.

The Scottish Government will collaborate and engage with stakeholders to co-develop a sustainable, long-term hybrid working policy approach for Scotland. As part of this work we want to learn from the experience of businesses and third sector operators who have implemented hybrid working and from stakeholders including unions and employee representatives around the wider equalities considerations and barriers to hybrid working. We will also consider the impact of wider issues for instance rising fuel prices and the impact of fuel poverty on employees which may influence individual considerations around hybrid working.

We plan to establish a working group with business and third sector organisations, employee representatives and sectoral leads in line with the Principles agreement to understand and explore the impacts of hybrid working on business, the wider economy and on individuals.

Work carried out last year considered principles which should be implemented in a phased return to offices. These principles are still relevant when considering moves to hybrid working including over the longer term. The principles are:

- the health and safety of employees, customers and service users remaining a priority for businesses
- encouraging businesses to work with employees and workforce representatives (where applicable and appropriate this may be the trade unions) to consider flexible and hybrid working arrangements in their own contexts
- a phased and co-ordinated approach should be considered to support the introduction or reintroduction of hybrid and flexible working to support employee wellbeing and economic recovery

- a wide variety of models of working should continue to be promoted where appropriate with businesses considering the unique situation for their staff e.g. hybrid models of office based and home working

We will explore the current and emerging evidence base including available research and data relating to equalities considerations.

We will undertake a full EQIA of hybrid working policy as it develops measuring proposals against the protected characteristics. We will explore the opportunities and challenges arising from hybrid/ flexible working models for employees including considering the impact on disabled employees, those at highest risk and those with caring and other responsibilities.

Future tracking

The equality impacts of policies will be assessed, as appropriate, to inform their development and, where possible, monitored through their implementation to ensure that no unintended impacts occur for specific equality groups.

HEALTHCARE

Equality Context

The final section of the Framework outlines the actions that are being taken to support the mitigation of harm and broader recovery across a range of settings. In particular, it sets out both what we are doing to ensure that people are able to receive effective treatment for COVID-19, drawing on advances in technology and practice, and our activity to support those people at higher clinical risk from COVID-19.

The NHS Recovery Plan was published in August 2021 and is the cornerstone of our work to respond to the significant non-COVID-related health and social care needs which have continued to build up over the last two years. An EQIA was published for this plan setting out the key issues and responses

Our mental health Transition and Recovery Plan was published in October 2020 and set out our strategic response to the mental health effects of the pandemic. It contains over 100 specific actions, and is supported by a £120 million Recovery and Renewal Fund. This will transform services, with a renewed focus on prevention and early intervention. Studies have shown that there are groups in the population who are at higher risk of experiencing negative mental health impacts due to COVID-19. These include younger adults; women; those living on low incomes and individuals with pre-existing mental health conditions.

Framework approach

The Framework approach to healthcare is to continue to deliver a world-leading, resilient healthcare response to COVID in Scotland. Key priorities are:

- to develop and implement world-leading treatment protocols for COVID and Long COVID, building on the initial investment in Scotland's Long COVID

Service, and increase investment in the capability (workforce and infrastructure) to treat COVID effectively in 2022-23.

- to refresh our Mental Health Strategy during 2022, to reflect the current mental health and wellbeing needs of the people of Scotland;
- to continue to nurture volunteer support for Health Boards, and work with partners to further develop the National Volunteer Coordination Hub and put sustainable arrangements in place to help meet demand for volunteer resources in future national emergencies;
- to continue to develop new and better approaches, and invest further in treatment and vaccine clinical trials, especially for those who are most at risk of severe disease, and broaden our understanding of the long-term effects of infection so that we can continue to improve treatments and outcomes;
- to offer new therapeutic medicines as they are authorised by MHRA for use in non-hospitalised patients at risk of admission from COVID. This will be of benefit to some older people, disabled people and those from minority ethnic groups who are more likely to be at risk of severe illness and as a result will benefit from this dependent on clinical needs;
- to develop, throughout 2022-23, a new approach to how the public sector procures and supplies PPE in Scotland, with this coming into operation in 2023;

PPE

An EQIA for pandemic PPE is in preparation and is expected to be published in early summer. This will consider any equalities implications of our medium- and long-term approaches to PPE provision and future pandemic readiness, and will bring in any salient issues which may emerge from the current PPE consultation, which closes on 22 March 2022. It will also cover associated developments now underway on PPE equalities, sustainability and innovation, such as, for example, a proposed piece of research in Scotland into how staff experiences of PPE may vary by sex and ethnic background.

Volunteering

Volunteering brings enormous benefits and enjoyment, not only to beneficiaries, but to communities, and to volunteers themselves. We know that volunteering increases social and civil participation, empowers communities, and reduces loneliness and isolation. It can also improve mental and physical health, support the development of job and life skills, and foster a greater sense of belonging.

- Experience during the pandemic has shown that working in partnership with 3rd sector organisations (who work in areas related to a protected characteristic) has helped to build trust and confidence and enabled the improvement of the delivery of services to disadvantaged and seldom heard communities.
- The Scottish Government is co-producing a Volunteering Action Plan with a wide range of stakeholders to reduce barriers to volunteering for those who face them. This includes exploring equality and inclusion considerations to address the gap in volunteer participation for both disabled people and people from minority ethnic communities. We are working with over 100 Action Plan

participants to increase participation and reduce inequalities, breaking down barriers to volunteering, as well as improving access to more diverse and inclusive opportunities.

- Helping to increase the diversity of the third sector's volunteer pool is vital, especially to include people who experience disadvantage or would traditionally experience barriers to volunteering. From SHS 2020:
    - Adults living in the 20% least deprived areas were more likely to have undertaken formal volunteering in the previous 12 months (29%) than adults living in the 20% most deprived areas (14%). The same was true for informal volunteering, with 60% of adults in the 20% least deprived areas taking part in informal volunteering in the last 12 months, compared with 47% of adults in the 20% most deprived areas.
    - Minority Ethnic adults were less likely to done formal volunteering in the last 12 months (20%) versus White: Scottish (24%); White: Other British (35%); White: Other (28%)
    - Disabled Adults were less likely to have done formal volunteering in the last 12 months (20%) versus non-disabled adults (27%).

Future tracking

Healthcare transformation work will sit within and alongside a longer-term comprehensive programme of reform being taken forward through the Care and Wellbeing Portfolio and its four constituent programmes: Integrated Planned Care; Integrated Unscheduled Care; Preventative and Proactive Care; and Place and Wellbeing. This programme is being designed, in collaboration with partners across the public and third sectors, to respond to the impact but also the opportunities of COVID-19. To deliver a more sustainable health and care system it will focus on improving population health and tackling inequalities and not just dealing with symptoms. It will also be accompanied by a strong monitoring and evaluation framework which will consider inequality across a range of dimensions.

CONCLUSION

This paper summarises key potential impacts from the Strategic Framework along with examples of previous mitigation or support actions that aimed to reduce negative outcomes for different equality groups, and future commitments. It should be read as a related document to the COVID-19 Recovery Strategy and its equality and fairer Scotland impact assessment as well as the equality and fairer Scotland impact assessments produced for various previous frameworks. Individual policies within the framework will be equality impact assessed allowing for a more detailed and nuanced consideration of how policies can best be tailored, mitigated or supported in line with the PSED.

Authorisation

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