**CVDR/S6/22/21/1**

# COVID-19 Recovery Committee

# 21st Meeting, 2022 (Session 6), Thursday 29 September 2022

# Pre-budget scrutiny: COVID-19 strategic framework and COVID recovery strategy

## Introduction

1.   The Scottish Government is expected to publish its budget for 2022-23 in December 2022. In advance of this, the Committee is undertaking pre-budget scrutiny with the aim of influencing the Scottish Government's priorities for its forthcoming budget.

2.   The Committee considered its approach to its pre-budget scrutiny at its meeting on 30 June 2022. It agreed to focus on how the Scottish Government plans to fund its COVID Recovery Strategy and the ongoing costs associated with the pandemic, as set out in the COVID-19 Strategic Framework. The latter includes policy measures such as the booster vaccination programme, provision of procured personal protective equipment (PPE), surveillance and work on future pandemic preparedness.

3.   At this meeting, the Committee will hear from two panels, the first session will focus on the COVID-19 strategic framework and will hear from the following witness—

- Professor Andrew Morris, Chair, Standing Committee on Pandemic Preparedness.

4.   The Committee will then conclude its evidence-taking on pre-budget scrutiny hearing from the following witnesses—

- John Swinney, Deputy First Minister and Cabinet Secretary for COVID Recovery;
- Simon Mair, Deputy Director Covid Recovery and Public Sector Reform;
- Christine McLaughlin, Director of Population Health.
- Andrew Watson, Director of Budget and Public Spending; and

# Background

5.   In advance of the publication of its budget, the Scottish Government produced a series of fiscal documents in May 2022, some of which are relevant to the Committee's pre-budget scrutiny namely—

- Resource Spending Review
- Medium-Term Financial Strategy
- Equality and Fairer Scotland Statement

6.   Previous pre-budget evidence sessions have focused on what budget support public agencies require to manage the ongoing COVID response, as set out in the Strategic Framework. The COVID-19 Strategic Framework was most recently updated in February 2022. It states that it "takes stock of where we are in the pandemic and sets out our actions to respond to COVID-19 and its associated harms, and our approach to managing it effectively but also sustainably for as long as necessary."

7.   The previous sessions also covered what budget support should be provided to implement the COVID Recovery Strategy published in October 2021. The Scottish Government's COVID Recovery Strategy "…sets out its vision for recovery and the actions it will take to address systemic inequalities made worse by Covid, make progress towards a wellbeing economy, and accelerate inclusive person-centred public services."

# Written evidence

8.   The Committee issued a call for views, which closed on 9 September 2022.The Committee asked the following questions in relation to the Strategic Framework—

- To what extent is the Strategic Framework reflected in the Resource Spending Review and the Medium-Term Financial Strategy (MTFS)?

- What should be prioritised for funding in the Scottish Government's COVID-19 Strategic Framework?

- What level of funding should the Scottish Government be allocating to future pandemic preparedness and long-term resilience?

- Any other comments.

9.   The Committee also asked the following questions in relation to the Recovery Strategy —

- Is there sufficient clarity and transparency surrounding the indicative spending plans in the Resource Spending Review associated with Covid recovery and the ongoing costs of the pandemic?
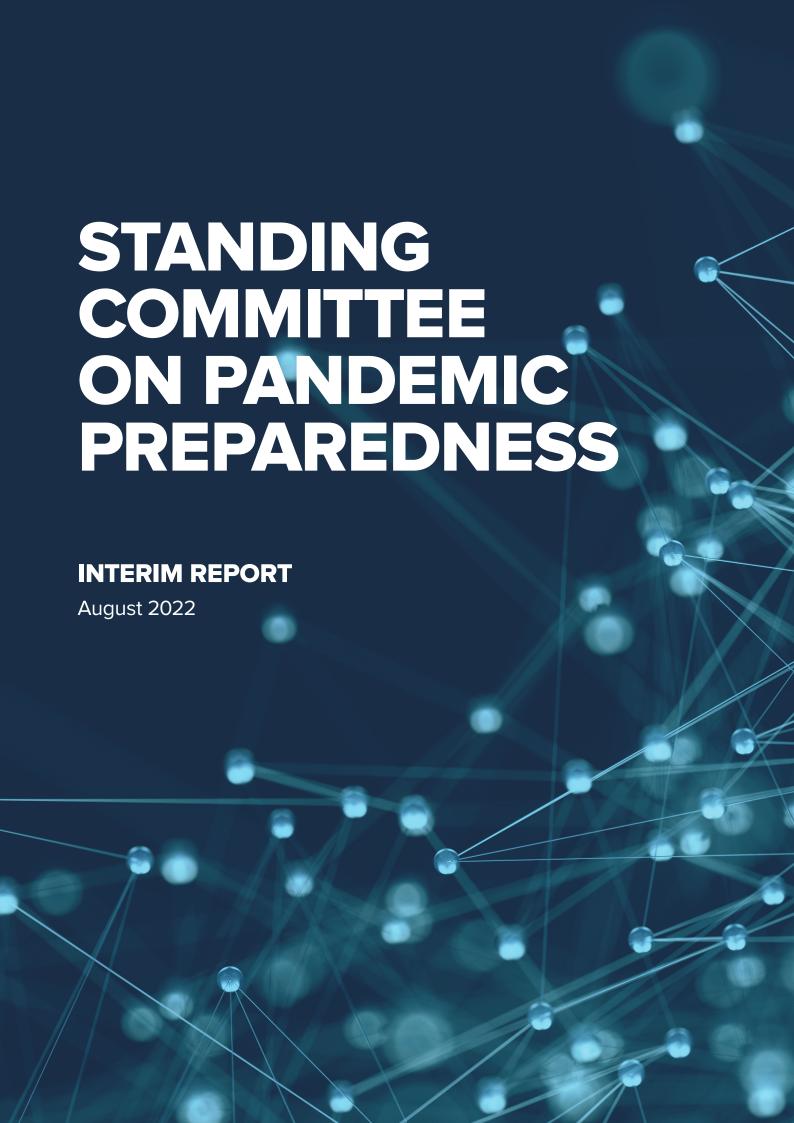
- To what extent is the Covid Recovery Strategy reflected in the Resource Spending Review and the Medium-Term Financial Strategy (MTFS)?

- What are your thoughts on the level of detail provided on the provisional spending allocations for Covid recovery contained in the Resource Spending Review and MTFS?

- The Covid Recovery Strategy states its aim to make progress towards a "wellbeing economy". What do you understand "wellbeing economy" to mean, and is there any link with this and the allocations for Covid recovery in the Resource Spending Review?

- The Equality and Fairer Scotland Statement show evidence where the impact of Covid has not been felt equally across Scottish society. Do the Resource Spending Review and MTFS provide sufficient detail as to how the Scottish Government will provide funding to address the inequalities associated with the impact of Covid throughout the recovery period?

10. The Committee received 21 responses from the following—

- [Alcohol Focus Scotland](#)
- [The Alliance](#)
- [Bòrd na Gàidhlig](#)
- [Carnegie UK](#)
- [Crew](#)
- [Dr Isabel Fletcher](#)
- [EIS](#)
- [Ross McNairney](#)
- [NASUWT](#)
- [NHS National Services Scotland](#)
- [Office for Statistics Regulation](#)
- [Public Health Scotland](#)
- [Royal College of Occupational Therapists](#)
- [The Scottish Environment Protection Agency (SEPA)](#)
- [Scottish Retail Consortium](#)
- [Scottish Health Action on Alcohol Problems (SHAAP)](#)
- [Scottish Water](#)
- [Scottish Women's Budget Group](#)
- [Stirling Council](#)
- [Volunteer Scotland](#)
- [Wellbeing Economy Alliance Scotland](#)

11. The Committee took evidence on its pre-budget scrutiny at its meetings on 8 and 22 September 2021. The meeting papers and transcripts from those meetings can be found at the following link—

- [Meetings | Scottish Parliament Website](#)

12.     The Committee has received the [interim report](#) from the Standing Committee on Pandemic Preparedness, published on 30 August 2022, which is included in the annexe. The interim report also contains [an appendix](#) which has not been reproduced in this note.

# Next steps

13.   The Committee expects to write to the Scottish Government on its pre-budget scrutiny at the end of October 2022.

**Committee Clerks**
**September 2022**

# STANDING COMMITTEE ON PANDEMIC PREPAREDNESS

## INTERIM REPORT

August 2022

# Contents

This Interim report from the Standing Committee on Pandemic Preparedness responds to the Commission[1] to the Committee issued by the First Minister.

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1   https://www.gov.scot/publications/standing-committee-on-pandemic-preparedness-commission/

# List of Abbreviations

| | |
|---|---|
| COG-UK | COVID-19 Genomics UK Consortium |
| COVID-19 | Coronavirus Disease 2019 |
| CVR | MRC-University of Glasgow Centre for Virus Research |
| EAVE II | Early Pandemic Evaluation and Enhanced Surveillance of COVID-19 |
| G7 | Group of Seven (The UK, Canada, France, Germany, Italy, Japan, and the USA). |
| HCID | High Consequence Infectious Disease |
| NHS | National Health Service |
| PHS | Public Health Scotland |
| PPE | Personal Protective Equipment |
| RSE | Royal Society of Edinburgh |
| SAGE | Scientific Advisory Group for Emergencies |
| SARS-CoV-2 | Severe acute respiratory syndrome coronavirus 2 |
| SSAC | Scottish Science Advisory Council |
| UKHSA | United Kingdom Health Security Agency |
| WHO | World Health Organization |

# Chair's Summary

**Scotland has many reasons to be grateful over the last 30 months in its quest to combat one of the defining challenges to humanity in the last 100 years.**

The COVID-19 pandemic has demonstrated the strength and commitment of our NHS and social care workers and public health professionals and scientists in the public sector, research institutions, and industry to public service. The value of bringing these sectors together was immense, and was complemented by significant roles played by individuals, families, and communities. Yet despite this commitment, SARS-CoV-2 caused immeasurable suffering, widespread societal harm, and amplified health disparities. Looking ahead, it is vital to ensure that Scotland is as prepared as possible for any future risks from novel synthetic and biological pathogens. I have therefore been honoured to be asked by the First Minister to convene the Standing Committee on Pandemic Preparedness and to present this interim report. I want to record my gratitude to my colleagues on the Committee who have given their time and expertise willingly and pro bono.

In going about our work, we have drawn on expertise across aspects of Scotland's pandemic preparedness system. We present that work in what follows and there are recommendations that are for us and others to take forward in the coming year, but I would identify four big-ticket recommendations for Scotland to focus on in the coming period (see Figure 1).

First, we believe that if there is one dominant theme to our work, it is the value and importance of collaboration. We therefore suggest that we work with Public Health Scotland to produce proposals for a **Centre of Pandemic Preparedness** with the purpose of anticipating, preparing for and responding to pandemics. The Centre will act as a nexus for collaboration between Scotland's public health, research and academic communities and be supplemented by input from the wider NHS, industry and government. The Centre will create a critical mass of expertise and leadership across sectors committed to protecting the citizens of Scotland and the world from infectious disease threats.

Second, any novel pathogen with pandemic potential will be likely to emerge quickly and its impacts will be felt across society. From the biology of the pathogen through to the views and behaviour of the public, **data and analysis as basic infrastructure** is required to understand and respond to emerging threats. Scotland has real opportunities here to build on its proven strengths, but significant challenges remain. For that reason, we propose a high priority is to support proposals as to how Scotland can enhance data collection and analysis in a trustworthy way as a matter of urgency. This work should start now as it is the backbone of pandemic preparedness.

Third, **the provision of swift and independent scientific advice** specific to Scotland's context has been a novel, but hugely valued support to decision-making. Our proposal here is that those functions and the connections to wider UK decision-making bodies are formalised, and international networks reinforced.

# Chair's Summary

And finally, the new tools at our disposal have shown us what can be achieved in the fields of diagnostics, vaccines, and therapeutics. We have seen huge steps forward in technology, clinical trials and regulatory processes. The final area in which we expect to be active in the coming 12 months is how Scotland works across public health, research and industry to create a **"triple helix partnership" that supports innovation** while also boosting our own life sciences and research competitiveness.

I believe these are important and achievable ambitions to which the Scottish Government and its partners will wish to respond.

Our work is quite deliberately not an exhaustive review of pandemic preparedness, nor a prescription to solve all the problems. Instead, we have been guided by three principles. First, we have sought to make recommendations that are useful, evidence-based, and sustainable. Second, we have not attempted to set out every aspect of what is needed for a global system to respond to the next pandemic. Rather, we have focused in on Scotland's needs and on those areas and issues where we think Scotland is well placed to take the opportunities to improve our future performance in the light of recent learning and new technologies. Third and finally, we have sought to give priority to those areas where we see opportunities to take forward our work by learning and sharing with others in Scotland and beyond.

All of us have reasons to be grateful to our scientists and clinicians, but also to the population of Scotland who have in conditions of huge uncertainty and pressure been asked to make massive sacrifices, and done so. I want to make sure as we develop our proposals and finalise our advice, we solicit comments through a strong commitment to consultation and community engagement. In the next phase of this work, the Standing Committee will bring partners together to consult widely with a commitment to producing a final report, which will focus on how the operational reality of our next response can be optimised. We look forward to working in partnership as we take our work forward.

**Professor Andrew Morris CBE**
Chair – Standing Committee
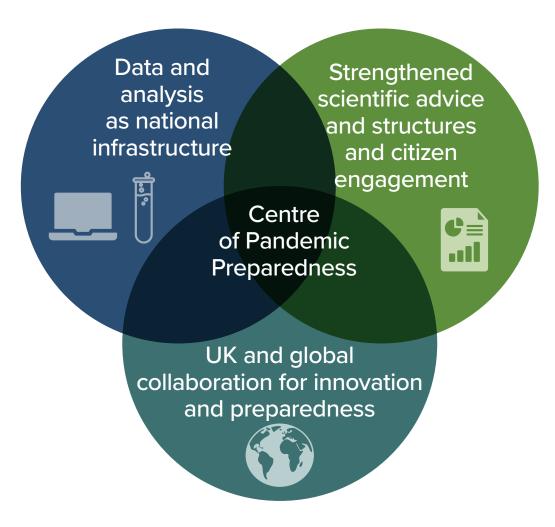on Pandemic Preparedness

# Chair's Summary



**Figure 1.** Summary of Key Recommendations

# Introduction

Pandemics are inevitable and likely to occur more frequently in the future than in the past. They are included in the most damaging category of events identified in the UK National Risk Register[2], as the experience of COVID-19 has starkly proven.

To that end, the Scottish Government established the Standing Committee on Pandemic Preparedness, with a remit to ensure that Scotland is as well prepared as possible for future pandemics. The First Minister's Commission[3] to the Committee sets out the advice requested by the Scottish Government, which the Committee will respond to in its final report.

The Commission requires that the final report is provided within 18 months of the submission of the Committee's interim report, and specifies that the interim report should set out:

- Initial advice on priority work that should commence as soon as possible to improve preparedness for future pandemics; and

- Interim conclusions on any of the issues covered by the Commission where, in the Committee's view, it is helpful to do so in advance of their final report.

**Scotland and the Global Context**

Pandemics present a global challenge. COVID-19 has demonstrated the need for researchers, policy makers, and governments to address the multiple dimensions of pandemics not only within, but also across sovereign boundaries to ensure that all countries are better equipped to prevent, detect, respond to, and recover from health crises.

The current pandemic has again illustrated the seriousness of biological threats. As of 7 June 2022, COVID-19 is reported to have killed over 6.2 million people globally[4], with World Health Organization (WHO) excess-mortality estimates suggesting a true death toll associated with COVID-19 of 14.9 million between 1 January 2020 and 31 December 2021[5].

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2   https://www.gov.uk/government/publications/national-risk-register-2020

3   https://www.gov.scot/publications/standing-committee-on-pandemic-preparedness-commission/

4   https://covid19.who.int/

5   https://www.who.int/data/stories/global-excess-deaths-associated-with-covid-19-january-2020-december-2021

# Introduction

In the UK and Scotland, the number of deaths with COVID-19 stated on the death certificate surpassed 195,000 and 14,600 respectively up to 20 May 2022[6], with some recovered patients living with long-term physical and mental health effects[7]. In addition, the indirect impact of the pandemic has severely affected the ability of the NHS and wider health and social care services to provide non-COVID services. Notably, the pandemic also magnified existing inequalities and "the societal impact has been borne disproportionately by front-line and higher-risk and disadvantaged populations"[8].

At its meeting on 29 April 2022[9], the Standing Committee committed to address the Scottish Government Commission in the context of global best practice. The members considered a range of domestic and international reports on future pandemic preparedness. The report of the Biden-Harris Administration, 'American Pandemic Preparedness: Transforming our Capabilities'[10] was endorsed as particularly apt in summarising the global context that faces Scotland.

In Scotland, expert groups such as the Royal Society of Edinburgh (RSE) and the Scottish Science Advisory Council (SSAC) have produced lessons learned reports reflecting on the experience of COVID-19 and making recommendations for future pandemics. The Committee considered these and engagement with stakeholders including our learned societies, third sector, and the wider public will take place in the next phase of the Committee's work.

Lessons should be drawn from the experience of COVID-19 in order to shape future pandemic preparedness, whilst recognising the next pandemic may differ substantially from COVID-19, as illustrated by the large number of viral families known to be able to infect humans shown in figure 2. Preparedness should be considered for pandemics and high consequence biological threats, including for Disease X[11].

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6   https://coronavirus.data.gov.uk/details/deaths

7   https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide

8   https://digitalpublications.parliament.scot/ResearchBriefings/Report/2021/3/23/ee202c60-93ad-4a27-a6e7-67613856ba24

9   https://www.gov.scot/publications/standing-committee-on-pandemic-preparedness-minutes-april-2022-2/

10  https://www.whitehouse.gov/wp-content/uploads/2021/09/American-Pandemic-Preparedness-Transforming-Our-Capabilities-Final-For-Web.pdf

11  https://www.who.int/activities/prioritizing-diseases-for-research-and-development-in-emergency-contexts

# Introduction

**Retroviridae**
HIV-I

**Herpesviridae**
Varicella virus

**Togaviridae**
Rubella virus

**Bornaviridae**
Borna Disease virus

**Hepeviridae**
Hepatitis E virus

**Astroviridae**
Astrovirus

**Orthomyxoviridae**
Influenza virus A & B

**Bunyaviridae**
Hantavirus;
Rift Valley virus

**Adenoviridae**
Adenovirus 4 & 7

**Arenaviridae**
Lassa virus;
Machupo virus

**Rhabdoviridae**
Rabies virus

**Paramyxoviridae**
Measles virus;
Mumps virus;
Nipah virus

**Poxviridae**
Variola virus

**25 VIRAL FAMILIES KNOWN TO INFECT PEOPLE**

**Papillomaviridae**
HPV 6, II, 16 & 18

**Caliciviridae**
Norovirus

**Flaviviridae**
Yellow fever virus;
TBE; JE;
Dengue virus

**Parvoviridae**
B19 virus;
Bocaviruss

**Hepadnaviridae**
Hepatitis B virus

**Coronaviridae**
SARS; MERS

**Picornaviridae**
Poliovirus 1, 2 & 3;
Hepatitis A virus

**Polyomaviridae**
JC virus; BK virus

**Pneumoviridae**
RSV;
metapneumovirus

**Reoviridae**
Rotavirus

**Filoviridae**
Ebola virus;
Marburg virus

**Picobirna**
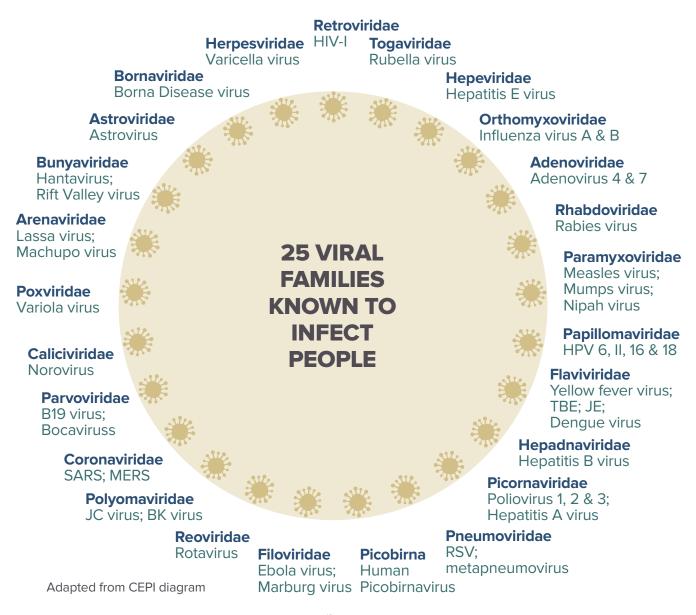Human
Picobirnavirus

Adapted from CEPI diagram

**Figure 2.** 25 viral families known to infect people[12]

12  https://100days.cepi.net/100-days/

# Initial Proposals and Recommendations

Biomedical and health resilience issues converge in multiple reports and lessons learned exercises across the Scottish, UK and international contexts, including reports by the Independent Panel for Pandemic Preparedness and Response[13], G7[14], SSAC[15], RSE[16] and the House of Lords Select Committee on Risk Assessment and Risk Planning[17]. The themes raised in these reports cover areas such as science and innovation, links to industry, resilience, public engagement, and trust. Drawing on the findings of these reports, the Committee's work focussed on four key areas:

1. Zoonoses and Surveillance (including the use of Data and Analytics)
2. Behavioural Interventions and Community Engagement
3. Governance and International Engagement
4. Diagnostics, Vaccines, and Therapeutics

For each of these areas the Committee considered the most relevant problems for attention and the critical priorities for Scottish decision-makers. Further detail on these is included in the Appendix[18]. As a result of this work, the Committee has agreed four key recommendations for this interim report.

> ### Recommendation 1: Collaboration
> **"To develop proposals for the creation of a Centre of Pandemic Preparedness in Scotland."**

The creation of a unified body for public health intelligence and scientific expertise would enable Scotland to maintain and build its research and response capacity. This type of collaboration would play a key role in joining-up academic and non-academic stakeholders for the investigation of unanswered questions, providing an evidence base for decisions and supporting government, organisations, and communities to manage risk and uncertainty. The vision is to create a partnership involving Scotland's public health and research and academic communities, supplemented by input from the wider NHS, industry, and government – creating a national laboratory for knowledge-based pandemic preparedness. An illustration of the capabilities such a Centre could incorporate is included at figure 3 below.

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13  https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf

14  https://www.g7germany.de/resource/blob/974430/2042052/2d5b55bcdfc0f1aa46b979566288e9a5/2022-05-20-pact-for-pandemic-readiness-data.pdf?download=1

15  https://www.scottishscience.org.uk/article/ssac-report-building-science-legacy-covid-19-scotland

16  https://www.rsecovidcommission.org.uk/wp-content/uploads/2021/10/202110_Covid-Commission-Report_04-REPORT.pdf

17  https://publications.parliament.uk/pa/ld5802/ldselect/ldrisk/110/11002.htm

18  https://www.gov.scot/isbn/9781804358764

# Initial Proposals and Recommendations

> ### Recommendation 2: Data
> **"To build on Scotland's existing data and analytics strengths to support proposals that advance the development of these as core infrastructure for future pandemics."**

Throughout the COVID-19 pandemic, the analysis of large and diverse datasets has been key to identifying signals and characterising the challenges posed by and response to the virus. Data are a fundamental resource for modern health and social care and access to these data is a core utility for emergency preparedness and response. For future pandemic preparedness, platforms that are flexible and adaptable and where approvals have been provided in advance in order to be able to carry out rapid, real-time investigations of data are needed. In this sense, data should be considered as key infrastructure, similarly to specialised laboratory infrastructure. The design of such infrastructure requires public engagement and involvement if it is to demonstrate trustworthiness and to realise the considerable public benefits it could produce. The Committee recommends the Scottish Government commissions the work to define a robust data infrastructure as a matter of urgency. It is vital that existing strengths such as Research Data Scotland and EAVE II (Early Pandemic Evaluation and Enhanced Surveillance of COVID-19) are brought together, and cohere with the Data Strategy for Health and Social Care.

> ### Recommendation 3: Advice
> **"To develop linkages to Scottish, UK, and international scientific advisory structures, networks, and agencies and strengthen information flows from these in order to inform Scottish preparedness and response in the face of future pandemic threats."**

It is important that Scotland is well connected and able to leverage networks that will allow its public health agency and academic community to access essential information on emerging threats. Much of that is already achieved through participation in UK and global scientific structures; however, the Committee agreed that there is a need for these to be strengthened by structures which bring together leadership and expertise in Scotland and which therefore allow Ministers and policy advisors to have swift and direct access to advice in the face of an emerging threat.

# Initial Proposals and Recommendations

**Recommendation 4: Innovation**

**"To support continued innovation in life sciences and public health research for the development of diagnostics, vaccines, and therapeutics to provide the capability to respond to novel threats when required."**

Development of novel diagnostics, therapeutics, and vaccines will be an international effort, but the Committee noted the successful partnerships between academia, the health service, and industry, which were vital contributors to a comprehensive and effective response against COVID-19. Our recommendations seek to build on this legacy infrastructure, to support the development of a "triple helix"[19] ecosystem that ensures Scotland has adequate capacity in human resource to meet future pandemic challenges, and to cement the inter-sectoral collaborations that were of such value for COVID-19.



**Partnerships:** Enhancing Scotland's linkages nationally and internationally

**Understand:** Accelerate understanding of pathogens, populations, patients and outbreaks

**Data:** Supporting data as a national core infrastructure to improve insights and response

**CENTRE OF PANDEMIC PREPARDNESS**

**Innovation:** A "triple helix" partnership to advance capability in data science, diagnostics, vaccines and therapeutics

**Engagement:** Public involvement and inclusivity to earn trust, confidence and increase impact of public health interventions

**Advice:** Enhance effectiveness of pandemic responses through authentic advice from public health, science and infectious disease expertise

**Figure 3.** Outline of Centre of Pandemic Preparedness capabilities

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19 This is a modification of the "Triple Helix" concept of partnership working first described in this paper: Etzkowitz, Henry and Leydesdorff, Loet, The Triple Helix -- University-Industry-Government Relations: A Laboratory for Knowledge Based Economic Development (January 1, 1995). EASST Review, Vol. 14, No. 1, pp. 14-19, 1995 https://ssrn.com/abstract=2480085

# Next Steps

The recommendations listed in the section above are not intended to be exhaustive but represent areas where the Committee see particular benefit to Scotland of change or improvement. Each recommendation encompasses a number of areas for further consideration by the Committee, with further detail on these included in the Appendix[20].

In addition, the Committee noted the fundamental importance to pandemic preparedness of a resilient NHS and health and social care systems, whilst also recognising that issues of operational management, rather than scientific advice, are not within the remit of the Committee. Further detail on this is provided in the Appendix[21].

There is a great deal of international consensus on the challenges pandemics provide to population health. The key questions for decision-makers are where to prioritise efforts and resources, and where to place focus.

It is vital that efforts to improve future pandemic preparedness should draw on the experience of a wide range of stakeholders and of the public. Over the coming months, the Committee is planning to hold a series of workshops to engage with these groups and inform the final report of the Committee. This is outlined in figure 4 below.
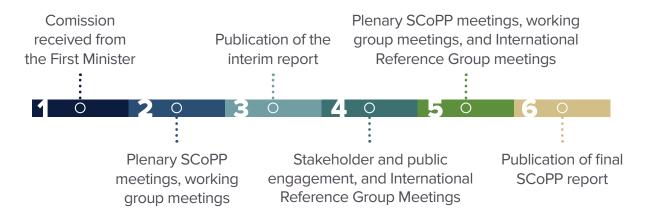


**1** Comission received from the First Minister

**2** Plenary SCoPP meetings, working group meetings

**3** Publication of the interim report

**4** Stakeholder and public engagement, and International Reference Group Meetings

**5** Plenary SCoPP meetings, working group meetings, and International Reference Group meetings

**6** Publication of final SCoPP report

**Figure 4.** Timeline for responding to the First Minister's Commission

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20 https://www.gov.scot/isbn/9781804358764
21 https://www.gov.scot/isbn/9781804358764

Scottish Government
Riaghaltas na h-Alba
gov.scot

**w w w . g o v . s c o t**