

THIS PAPER IS FOR DECISION

SC(20)122

RESTRICTED HANDLING

SCOTTISH CABINET

COVID-19: STRATEGIC APPROACH

PAPER BY THE DEPUTY FIRST MINISTER AND CABINET SECRETARY FOR EDUCATION AND SKILLS

Purpose

1. Cabinet is invited to consider this paper and its annexes to inform discussion and decisions on the proposed COVID-19 Strategic Approach (**Annex B**), in particular the “levels” (**Annex A**) and associated thresholds; the approach to decision making; and implementation of the levels based approach.

Timing

2. This paper is due to be considered at Cabinet on **Wednesday, 21 October**, prior to publication of the Strategic Framework later this week.

Background

3. Since the initial lockdown, we have lifted restrictions guided by the Route Map, which provided an open and transparent indication of the order in which we would carefully and gradually seek to change current restrictions.

4. While this provided a structured path to reopening our society, it also created increased opportunities for transmission. The rate of growth has increased, with ‘R’ rising significantly above one, leading to rising numbers of cases and test positivity rates in most areas of Scotland. We have always been clear that the current phase of the Route Map would require a continuing focus on containing outbreaks and responding to different conditions in different parts of the country.

5. So far the Scottish Government has taken a tailor-made approach to the application of geographically targeted protective measures, responding to the specific circumstances of each outbreak with tailored packages of interventions. This approach has created challenges in terms of decision making, communicating the specific measures in force in different places, and in guidance, regulation and enforcement. Looking ahead to the challenges of the coming months, it is clear that a more structured and transparent approach is required.

The Strategic Approach

6. At the heart of the proposed approach is the system of levels, sitting within a broader strategic framework designed to keep the virus suppressed and to minimise the broader harms of the crisis in a more sustainable and strategic way than it is possible at present. This approach should aid decision-making, communication and implementation of new restrictions, supporting compliance and improving outcomes.

7. The Route Map enabled us to follow a structured but flexible path towards exiting from the COVID-19 crisis. Actual exit from the crisis into a new normal – in Route Map terms linked to the move to Phase 4 – will be dependent upon developments such as the roll-out of an effective vaccine and/or the development of a highly effective treatment, which would render the virus ‘no longer a significant threat to public health’. Such breakthroughs are likely to be some time away i.e. measured in months. Consequently the Route Map can now be supplemented with a strategic approach to address the differential rates of prevalence across Scotland. Such an approach is intended to remain in place until the crisis is over: for example, both New Zealand and Ireland plan to follow their levels approach until a vaccine provides the way out.

8. The restrictions in each level are important but not the full picture. Levels of restrictions will be complemented or countered by a range of factors including: compliance; the effectiveness of our Test & Protect system in the round (including the app, self-isolation payments, effective testing and contact tracing); and importation risk (and border mitigations). We must optimise our response on all these fronts as well as considering what restrictions are required. It is clear that we will face ‘shocks’ that will tend to increase (or decrease) incidence and prevalence, for example student household formation.

Levels: Local and National

9. Applying levels under the approach outlined below, whether at local or national level, can be done within the broader frame of the Route Map. It will be possible to say that we have now moved into a new stage in our management of the pandemic, within Phase 3 of the Route Map which, back in May, envisaged that Phase 3 would require “*continued focus on containing sporadic outbreaks*”. The framework of the Route Map remains useful because, firstly, it provides a baseline level of restrictions that can be the platform upon which to build the other levels of restriction, and secondly, at some stage – e.g. post vaccine – we will need formally to trigger the lifting of residual restrictions and regulations, which we could do in moving to Phase 4.

10. Applying geographical levels would complement any tailored restrictions focused on an outbreak in a particular setting such as an educational setting or business or focused on a particular cluster of cases that, for whatever reason – or ‘special cause’, did not warrant an escalation of restrictions across a local area or region.

11. Depending on the circumstances of an outbreak, particular measures tailored to specific settings may be appropriate – for example, halls of residence, large workplace outbreaks, or, at lower level, individual schools, dentists, cafes etc. The

levels approach complements these other approaches, enabling appropriate responses where there is sufficient community transmission – it does not replace them. Decisions on the regional / local application of wider restrictions should (as at present) complement the work of front-line public-health incident management, and involve engagement with delivery partners and local leaders.

12. To date the re-imposition of geographically targeted restrictions has been well considered but ad hoc in the selection of restrictions, in so far as there was not a ready-made, structured approach to re-imposing restrictions to draw upon, meaning that bespoke responses needed to be developed rapidly, responding to the specific circumstances of each outbreak. However, there are limits on our capability to manage multiple outbreaks on an *ad hoc* basis, particularly when rapid interventions underpinned by regulatory changes are required, and also face a communications challenge from creating bespoke packages with distinct sets of rules that businesses and individuals must follow. Nevertheless the approach could allow some flexibility, for example to allow limited variation in home visiting restrictions.

13. Having 'off the shelf', graded packages of restrictions to deploy would allow marketing materials to be prepared, the approach well publicised and regulations drafted well in advance. This approach seems to have been implemented to good effect in some countries, for example New Zealand throughout the crisis and Ireland through its 5-level approach from 15 September. The UK Government's three tier approach for England offers lessons on the need to be clear about the levels themselves and the decision-making process.

14. Applying this approach would be consistent with further *national* tightening, should that be required (e.g. moving the whole country up a level). Importantly, pursuing an approach which allows for local, regional and national restrictions *may* reduce the frequency of the re-imposition of *national* restrictions, or allow less severe national restrictions, if local and regional restrictions are sufficient to respond to outbreaks. This would help to alleviate the broader harms of the crisis caused by the re-imposition of restrictions.

15. This levels approach can be applied locally (e.g. local authority but also town or island if appropriate), regionally (e.g. health board areas) or nationally. This means that different parts of the country are likely to be at different levels simultaneously. That would avoid causing undue broader harms to lower prevalence areas when stricter restrictions are required elsewhere. [Redacted]

[Redacted]

It also facilitates taking swift, robust action in localities and regions as required.

16. I recommend that local authorities be the default building block for applying the levels given public understanding of this geography and ready-made local governance and the ability to mobilise interventions and communications. These benefits may outweigh valid issues such as not all communities in a local authority being affected (Thurso is a long way from Inverness). Some local tailoring, e.g. for the islands, would remain an option as would applying town-based restrictions – the regulations are being written to enable electoral wards to be targeted, which is a good way to apply levels to specific towns and islands, for example. Nevertheless, it will be important to avoid lengthy debates on boundaries at every decision-making point. It will also be relevant

to consider health and care services in the area groupings which form Health Board areas for some purposes, particularly (for example) in relation to critical care services such as ICU capacity. Using local authority areas as the default unit leaves the flexibility to consider both more local and larger areas where necessary.

17. The Island councils have collectively written to the Scottish Government, asking that they are not automatically treated in the same way as the rest of the country. This approach could easily set them at a different level to the mainland with due consideration of guidance or rules on movement to and from the islands.

Protection Levels

18. The levels table accompanying this advice at **Annex A** sets out five levels of restrictions – or 'Protection Levels' – including four above the Route Map Phase 3 baseline. These tables are still being finalised.

19. The levels have been designed to achieve progressively higher effects in suppressing the virus. While the design includes as much mitigation as possible of the harms done by the restrictions themselves, these are also progressively greater as the levels increase.

20. Within these five levels, two are designed to be sustainable for longer periods (in the absence of shocks) – Levels 0 (baseline) and 1. Three are temporary 'emergency brakes' in case we need to rapidly reduce incidence and prevalence - Levels 2, 3 and 4. Level 4 would approach the lockdown seen earlier this year in terms of its severity. These might be intended to last for four weeks, thereby limiting their broader harm. In deciding which of these emergency brake levels to apply, account would need to be taken of the nature and degree of the outbreak/transmission in an area – e.g. how widespread is community transmission in the affected area, what are the known channels/vectors of transmission?

21. The reason for having two sustainable levels, which we could tolerate until COVID-19 is no longer a significant public health threat, is that a slightly higher level of restrictions may be required in areas where transmission risk is likely to remain inherently higher, e.g. urban areas, than in areas where the transmission risks are likely to be lower. It should be noted that we are proposing a 'lower' level of restrictions (based on Phase 3 of the Route Map) that might soon be applicable in areas such as the islands and also provides an objective for other regions to aim for – and a sense that there is not just one direction towards tighter restrictions.

22. The two sustainable levels (0 and 1) are designed to keep R at or just below 1 (with schools open). We cannot know whether they will do this with certainty – and their ability to do this will likely vary over time, reflecting the other factors and shocks set out above. Where Level 0 or 1 fail to keep R below one then we would need to apply levels 2, 3 or 4 as a short term measure alongside broader measures to reduce R. If designed well, we can have confidence that levels 2, 3 or 4 will have larger impacts in reducing R.

23. Level 4, for example, is approaching the March-April lockdown, which brought the R number down to around 0.7 (perhaps lower) even without some of the assets now in place (T&P, the app, mandatory use of face coverings etc). However, Level 4 would cause considerable broader harm and would require greater UK Government financial support than currently available to sufficiently mitigate the economic harm caused.

24. Since we now know more about the virus and how it is transmitted, we can set out Level 2 and 3 restrictions that focus on key areas of risk – broadly, indoor settings where household mixing takes place with less, or less well-observed, physical distancing and mitigations. These are sharper than the ‘blunt instrument’ of a full lockdown. They are still painful for sectors like hospitality, and they still restrict many aspects of normal life; but they leave much more economic and social activity possible, compared to March.

25. In this approach, tailoring to local circumstances is achieved only through the choice of the level to apply in an area. This greatly simplifies decision making (which is set out further below). It also simplifies communications: some of the difficulties the UK Government has faced this week stem from lack of clarity about what is in the UK Government’s ‘Tier 3’ for England, and how that is decided. [Redacted]
[Redacted]

[Redacted]

However, when a higher level is applied, the expectation must be that it would remain in place for at least two to four weeks – and it would be only towards the end of that period that we would see the first indications in data of what the effect had been.

26. Duration of restrictions should depend, of course, on what happens to the epidemic in the areas being subjected to the restrictions. However, it would seem sensible to allow time for at least one incubation cycle to work through. We would recommend a general, weekly review cycle but would also recommend setting the expectation that if an area moves up a level then it is likely to remain there for two to four weeks.

27. We envisage that both the initial determination of levels for regions across Scotland and decisions with a weekly review cycle would be decisions for Ministers on the basis of advice from the National IMT complemented by ‘four harms’ assessments and recommendations from Scottish Government chief advisers and officials. The weekly cycle would, in general, ensure that multiple areas get reviewed to assess whether their current level suits the data for them as frequently as is practicable, [Redacted]
[Redacted]

Such reviews may need to advise on levels for multiple areas simultaneously. For example, in a given weekly review there might be a case for South Ayrshire moving down from level 3 to level 2; North Lanarkshire moving from level 3 to level 4; and Shetland moving down to baseline. This approach would also make it easier to vary *regional* outbreak management over time – e.g. to move other LAs into or out of wider outbreak management (by simply adjusting their protection level) to reflect the regional evolution of the epidemic.

28. It is recommended that any bespoke tailoring within levels be minimised as that would erode the benefits of the levels approach (again, there is learning to take from the UK Government's handling of its Tier 3). The Irish Government informed us that it tried implementing a hybrid levels/bespoke approach for a short period before moving away from the approach as too slow and complex.

29. Standardisation is key to the practicability of the system and public understanding. However, the levels will likely need to be fine-tuned over time to respond to developments. Such flexibility might be necessary, for example, to accommodate new understanding of the behaviour of the virus. We have already amended our approach in response to developments in understanding (e.g. that outdoor generally poses lower risk than settings that are indoor/poorly ventilated/noisy/crowded). The levels, as proposed, could have some in-built flexibility to fine-tune hospitality restrictions in particular, outside of the main levels themselves.

Using data and analysis (such as thresholds) to inform level-setting decisions

30. Data and analysis should inform decisions about both the initial setting of levels and future movements between levels (up and down) and this should help to facilitate decision making, particularly on a weekly review cycle of all areas. Ultimately, a degree of judgement will likely be required to balance all the relevant factors involved. As we know, at any given decision-point, we will not have perfect knowledge of the true state of the epidemic. Against that background, a levels approach could include specifying which indicator(s) and what thresholds would lead to a review of the level applying to a given area. It is not recommended that crossing a threshold should result in an *automatic* change of level. An alternative approach would be to monitor relevant indicators without thresholds, and publish these indicators to provide transparency. This might still involve applying implicit thresholds to form judgements. Some other countries have adopted this approach.

31. If explicit thresholds were used, then they would be liable to be asked for and released under FoI rules and proactive publication should therefore be considered. If they were known by the local population in advance then that might have some benefit, for example, improving motivation to comply with the rules to get local restrictions lifted earlier and to help people and businesses both to plan ahead and to understand why restrictions might need to be prolonged as suppression is not as rapid as hoped for. Even if it is made clear that these thresholds only *inform* decision-making, there is the risk of pressure to re-level areas (particularly moving them down a level – to ease restrictions) if the indicators had crossed the thresholds – even if a broader judgement would not support such a move.

Applying the levels approach

32. Decisions on appropriate protection levels for an area should be informed by a rounded assessment of all the available evidence about the state of the epidemic including transmission, confirmed cases, adherence to restrictions, and hospital use.

33. The proposed five levels approach will use thresholds associated with indicators such as the following to inform the placement of areas into the different levels:

- ◆ Cases over 7 days per 100,000 people;
- ◆ Percentage positive tests in last 7 days;
- ◆ Number of cases over 7 days per 100,000 people; and
- ◆ The projection of hospital bed use in four weeks' time.

34. An **illustration** of how this could look in practice is at **Annex C**. The specific numbers and indicators will be further refined through the process of assigning levels, and consideration will be given to what data and thresholds are published. Please note that the table in **Annex D** is presented on a 1 to 5 scale (where 1 = Baseline in the new proposed schema).

Determining the restrictions within each level

35. Different combinations of restrictions could, in principle, achieve the required R number. Four harms analysis has been undertaken to inform each package of measures in the different levels. We have also tried to consider the equalities impacts of the packages and consider likely public acceptance and compliance, internal coherency and consistency (avoiding 'pubs vs prayers/gyms' issues) and ease of communication, which may be a key factor in compliance. However, while these decisions can be informed by expert advice, they are ultimately judgements.

Approach to schools

36. Recognising the unique impacts on children and young people, and to ensure the virus does not prevent them receiving the best start in life, we continue to prioritise keeping schools, and regulated childcare including early learning and childcare (ELC), open while ensuring the safety of children and young people and the thousands of staff who have worked so hard to keep settings open.

37. On the basis of our levels approach, we will work quickly and collaboratively with local authorities and our Education Recovery Group, and its ELC work stream group, to determine the necessary approach and guidance to ensure there are clear processes in place for responding to any changes in level at a local level.

38. To ensure we protect the rights of children and young people, entering level 4 would not necessarily require blanket ELC or school closures, or blended learning. Decisions at this level would be taken in conjunction with the National Incident Management Team, and dependent on the availability of data to identify high-risk areas which could be mitigated. Any decision on further closures would be done with a view to minimising the impact on children and young people, while ensuring we protect them and staff.

39. We know that any disruption to in-person learning or access to childcare would have an impact on families, and measures will be put in place to ensure those who most need it to can continue to access childcare and family support if required, as we saw at the start of lockdown.

Those at highest clinical risk / the shielding list

40. The Strategic Framework following input from health colleagues also recommends introducing levels of advice to protect people at the highest clinical risk – those on the shielding list. This is intended to provide people with some certainty on how the advice will change depending on the rates of infection in local areas. As the levels in a local area change, the protection advice for people on the shielding list in that area will change as well. People at highest risk should still follow the advice for the general public as a minimum but these levels provide additional advice for areas like work, schools, shopping and contact with others. Unlike the levels for the general population, people will be encouraged to adapt this advice to make it right for them, in order to reduce the mental, physical, social and economic harms of excessive isolation, recognising that it is a personal decision how to balance the benefits of protection with quality of life. A practical guide for people on the shielding list will soon be published to help them find the practical balance that is right for them.

Travel controls

41. Varying levels of restriction geographically will require a clear policy on travel within Scotland and to/from the rest of the UK, to minimise opportunities for the spread of the virus from areas of high prevalence to low, including by people moving from one area to another to undertake activities that are not allowed in the former. The policy will, however, need to permit essential travel (to keep parts of the economy moving and by individuals for work, shopping for food, etc), as was the case during lockdown in March/April, and to avoid unnecessary harms by permitting exercise and other low-risk activities outdoor and to minimise adverse effects such as loneliness. Nevertheless, there will be unavoidable economic and social impacts from any restrictions on leisure and social travel.

42. It is proposed that there should be guidance nationally advising people (Scottish residents and people from outside Scotland) against travel into or out of areas subject to Level 3 or 4 controls in Scotland or their equivalents elsewhere in the UK (e.g. Tier 3 areas in England). Exception would include essential travel for work, education and shopping, accessing health care and other essential services, outdoor exercise, attendance at weddings and funerals, and transit through restricted areas.

43. An alternative to guidance would be the Welsh approach of regulations (with a wide range of exemptions) and enforcement by the police through spot checks. However, Scotland has not hitherto enforced COVID travel restrictions by law and this would require a shift in the tone and style of the policing role for COVID, and practical enforceability would be hindered by difficulties in determining the purposes of travel. It is therefore proposed that this approach is held in reserve. A guidance-based approach will also allow for more flexibility than regulations, if necessary, in tailoring advice to local circumstances.

44. The proposed Levels approach would leave holiday accommodation open at Level 3 and below. But travel restrictions via guidance would have the effect of reducing demand for holiday accommodation, albeit initially during a low season. This will come on top of the impact of the 6/1 rule to self-catering accommodation. The approach will, however, leave open a sector that has been closed completely in Northern Ireland and will soon, at least temporarily, be closed in Wales.

45. As well as refreshed guidance, the approach will need communications – addressed to Scottish residents and potential visitors – not just about where people should and should not travel. but about minimising risks while they do so and when they arrive.

46. Discussions are in progress with the UK Government, Wales and Northern Ireland to explore whether it is possible to agree a ‘four nations’ approach to minimising spread of the virus from areas of high prevalence. The UK Government will resist following Wales with legislation on movement (though its Tier 3 regulations do restrict high-risk activities in such areas and by Tier 3 residents outwith them). The UK Government intends to propose a joint statement which, in this context, could be helpful if agreement on wording can be secured.

47. The actions we have taken around international travel mean the risk of importations from overseas is lower now than it was during the summer. However, as Scottish restrictions begin to reverse the increase in infections, the significance of the importation risk will once again grow. We need to ensure that travel restrictions are achieving their objective and are effective, while recognising the impacts they have on the travel industry and wider economy and people’s civil liberties. We are discussing with the travel sector whether alternative approaches, potentially involving testing coupled with a reduced period of quarantine, might be at least as effective as the 14 day quarantine period. We are also taking part in the Global Travel Taskforce established by the UK Government to explore alternative options to self-isolation as well as continuing to assess the need for sectoral exemptions.

The decision-making process

48. Decision-making under the new system should be smoother and more straightforward, as well as more transparent: but it is important that it builds as far as possible on existing structures and processes, and allows for good engagement with local leadership both in the initial allocation of areas across levels and as decisions to move up and down levels are taken.

49. While we are recommending *engagement* with the leadership of local authorities, the *decisions* are for Ministers to make because implementing levels decisions is the exercise of a statutory power for the protection of public health, and this is a Ministerial responsibility for which they are accountable. Again, there is learning to take from the UK Government’s handling of its decision-making.

50. It is proposed that the decision-making process should work as follows, For the **initial decisions** to allocate different areas into the appropriate level:

- ◆ The National IMT (led by PHS and comprising the Directors of Public Health of all NHS Health Boards with involvement by the CMO and a local authority representative) would be tasked with advising on an allocation for each local authority area based on their analysis of the basket of indicators described above or where there was some specific local intelligence in terms of epidemiology that indicated a different allocation from the data;

- ◆ It is proposed that representatives of COSLA and SOLACE would join the IMT as observers to ensure transparency, and we are considering whether they might also be involved in the subsequent step (see below)
- ◆ The Scottish Government's chief advisers would be asked to give a rapid 'four harms' view and make a recommendation to Ministers about the advised allocation;
- ◆ There would then be swift engagement with local authority leadership to ensure their support for the proposed allocation for the area concerned;
- ◆ If necessary, there could be a discussion between Ministers and local authority political leaders (for example, this discussion might involve a small Cabinet sub-committee or a SGoRR (M)) but it is hoped that, with a transparent process and upstream engagement, this would rarely be necessary;
- ◆ Ministers would then make the formal decision, with announcements co-ordinated as closely as possible with local authorities and Health Boards.

51. For the **subsequent operation** of the new system:

- ◆ The National IMT would be asked to keep the position in each local authority area under review on a weekly basis against the basket of indicators;
- ◆ Areas in Level 0 or 1 would be kept under review and brought forward for decision-making only where their data broadly met the conditions for a movement between levels or where there was some specific local intelligence in terms of epidemiology that warranted an area being discussed before its data indicated that this would be necessary;
- ◆ The decision-making would then work as above, with Scottish Government chief advisers being invited to add their views to the NIMT advice, engagement with local authority leadership, and decisions by Ministers;
- ◆ For areas in Level 3 where the presumption is that an area would spend at least 2-4 weeks at that level, there would be a more substantial review every week from the second week onwards, leading to a recommendation to Ministers.
- ◆ For areas in Level 4, where the presumption is that an area would spend 2-4 weeks at that level, there would be a more substantial review every week from the second week onwards, leading to a recommendation to Ministers.

52. This would effectively result in a weekly cycle of recommendations and decision-making, as different areas came up for review: but with a clear basis for the review, an understood process and clarity about the range of possible outcomes and their consequences. For many areas the data would likely indicate that the current restrictions should be maintained.

53. One factor that would need to be taken into consideration would be whether we needed to keep sensible alignments between the levels of LAs that form a natural cluster, so that they retained the same level unless there were a clear rationale for a differentiated approach – given the boundary and travel issues that a differentiated approach would entail for areas within such a cluster.

54. It would still be possible, as now, for local directors of public health to request an urgent National IMT discussion of the position in a particular area outside the regular cycle and, as at present, for local IMTs to discuss and decide specific measures to be taken in the event of a highly localised outbreak in a particular area.

Testing

55. The Clinical and Scientific Review of the Testing Strategy will be published this week and its important findings will be cross-referred in the Strategic Framework.

Financial support to businesses

56. We have already put in place a £40 million Coronavirus (COVID-19): Restrictions Fund, which includes a contingency fund, a one-off contribution to furlough contributions which will not be required following 1 November and a £20 million grant scheme which will be administered by local government and provide one-off payments to businesses required by law to close or restrict their operations (and some supply chain businesses).

57. We are currently developing a transition element to both the core support and furlough element of the above. This will extend support to relevant businesses for another week by increasing the sums made available through grant support and furlough elements. This in recognition that current restrictions are likely to be rolled over between 26 October and 2 November and to assist businesses as they transition to the levels system.

58. Moving forward, with the recognition that we will soon announce a levels system, with further local restrictions involving other sectors of the economy for uncertain periods, we know that we must enhance our support for businesses and the economy in a manner that reflects the different levels of restrictions. The key questions are who is supported, at what level of award and how frequently it is paid during a period of local or nation restrictions.

59. In the context of our new strategic/levels approach, it is currently planned to build on the current £20 million model administered by local authorities, with a new core package of financial support providing:

- ◆ A grant of £2,000 or £3,000 paid every four weeks for the duration of the restrictions (depending on rateable value) for business required to close by law;
- ◆ A hardship grant of £1,000 or £1,500 (depending on rateable value) for businesses that remain open but are directly impacted by restrictions, (variable by level - payable either as a one-off every four weeks or for the full duration of the restrictions); and
- ◆ Comparable hardship payments for supply chains as restrictions increase in scale or a wider range of sectors are impacted.

60. This approach is broadly consistent with the UK Government's grant scheme for local restrictions, making a connection between the level of awards and the consequentials available to resource them.

Parliamentary Handling

61. The intention is to implement the new levels after Parliament has debated and voted on the strategic approach and (separately) scrutinised the necessary new regulations. The new levels will therefore come into force from Monday, 2 November. There are a number of strands relating to Parliamentary handling in train.

62. First, on Tuesday, 20 October, the First Minister briefed leaders of the Opposition parties about the planned Strategic Framework in advance of its publication later this week.

63. Second, a Parliamentary debate and vote on a motion about the Framework will be held on Tuesday 27 or Wednesday 28 October. Thereafter, we expect that a new set of Regulations to reflect the settled position on the Levels approach will be considered by Parliament to come in to force from Monday, 2 November. Those Regulations may be subject to additional pre-making scrutiny by Parliament, although the debate and vote on 28 October may serve that purpose.

64. Finally, the current 16 day reset Regulations will expire at 06:00 hours on Monday, 26 October. Cabinet's consideration of this paper will help to inform the content of the Regulations that will take their place. Parliament and Opposition Parties have previously pressed for COVID-related Regulations to be subject to some prior scrutiny before they come in to force. The Cabinet Secretary for Constitution, Europe and External Affairs and the Minister for Parliamentary Business and Veterans are engaging in ongoing discussions with Parliamentary authorities about what additional scrutiny measures might be put in place. Until cross-party agreement is reached on this issue COVID regulations will continue to be made using the current made-affirmative procedure. This will ensure that the replacement Regulations can come in to force seamlessly from 06:00 on 26 October. NR or NR may wish to notify the Presiding Officer and Business Bureau of these plans, and that the intention remains to work with Parliament to explore enhanced scrutiny options.

Four harms assessments and equalities impact assessment

65. In the course of designing the levels, officials and analysts have continued to undertake four-harms assessments and to consider equalities and other impacts as we develop advice in relation to the various reviews of restrictions and the formulation of the levels approach, drawing on evidence and experience gained from the March restrictions and the assessments drawn up as part of the Route Map process. Officials will continue to keep the levels framework and decisions reached within it under review for their impact on equalities, seeking to mitigate disproportionate effects as much as possible.

Communications

66. Effective communication has been at the core of the Scottish Government's response to coronavirus. From the population as a whole to sub-segments including businesses and other organisations, many are at the point of 'burn out' with the current situation. This makes penetration of messaging, recall and prompting positive action a significant challenge.

67. New messaging, updated digital products, new public health campaigns and a new motivating tagline are all currently in development and being tested with audiences for efficacy. Information on the aims of the next phase of communications activity is set out at **Annex D**.

Conclusion

68. **Cabinet is invited to:**

- (a) **Offer views on the proposed strategic approach (Annex B), including: the levels (Annex A); the publication of thresholds; and the decision-making process; and**
- (b) **Delegate to the First Minister the final decisions on the specific detail of the new strategic approach to allow finalisation of that approach in the course of Wednesday, 21 October and publication later this week.**

JS

October 2020

Levels Table

5 Level Variant	Level 0 (Route Map baseline)	Level 1 cf UK Tier 1 (Medium)	Level 2 cf UK Tier 2 – (High)	Level 3 cf UK Tier 3 (Very High)	Level 4 cf UK Tier 3 with optional extra restrictions
Socialising	8/3 indoors (in-home socialising permitted) 15/5 outdoors	6/2 indoors with OR without in-home socialising permitted 6/2 outdoors	No in-home socialising 6/2 outdoors and in public places, e.g. hospitality settings	No in-home socialising 6/2 outdoors and in public places, e.g. hospitality settings	No in-home socialising 6/2 outdoors and in public places, e.g. hospitality settings
Hospitality (Food & drink) NB: Could specify these options in a separate table.	Open Table service only.	Open subject to socialising rules (e.g. 6/2). Time restrictions will apply. Table service only. Subject to additional protective measures	No alcohol consumption indoors. (outdoor only). Option: Alcohol permitted with restaurant meals? Time restrictions will apply. Table service only Subject to additional protective measures	All licensed premises (except cafes) closed. Take aways permitted. Time restrictions will apply. Table service only. Subject to additional protective measures	All licensed premises (except cafes) closed or all premises closed? (Take aways remain open in all levels.)
Accommodation (Hotels, B&Bs, Self-catering, Caravan and Camp Sites)	Open – socialising rules apply.	Open – socialising rules apply.	Open – socialising and hospitality rules apply.	Open – socialising and hospitality rules apply. Guidance encourages non-essential (leisure/tourism) use only by locals. Essential, eg work-related use can continue	Essential only, eg work-related. (No tourism).
Travel	Guidance against non-essential travel to/from Level 3 or higher areas in Scotland and equivalents in rest of UK (eg Tier 3 areas in England). Exemptions for essential travel for work, education, shopping, health etc; outdoor exercise; weddings and funerals; and transit through restricted areas. International quarantine regulations apply. Otherwise unrestricted.	Guidance against non-essential travel to/from or higher areas in Scotland and equivalents in rest of UK (eg Tier 3 areas in England). Exemptions for essential travel for work, education, shopping, health etc; outdoor exercise; weddings and funerals; and transit through restricted areas. International quarantine regulations apply. Otherwise unrestricted.	Guidance against non-essential travel to/from or higher areas in Scotland and equivalents in rest of UK (eg Tier 3 areas in England). Exemptions for essential travel for work, education, shopping, health etc; outdoor exercise; weddings and funerals; and transit through restricted areas. International quarantine regulations apply. Otherwise unrestricted.	Guidance against non-essential travel into or out of the level 3 area, including to/from other Level 3 or higher areas in Scotland and equivalents in rest of UK (eg Tier 3 areas in England). Exemptions for essential travel for work, education, shopping, health etc; outdoor exercise; weddings and funerals; and transit through restricted areas. International quarantine regulations apply.	Guidance against non-essential travel into or out of the level 3 area, including to/from other Level 3 or higher areas in Scotland and equivalents in rest of UK (eg Tier 3 areas in England). Exemptions for essential travel for work, education, shopping, health etc; outdoor exercise; weddings and funerals; and transit through restricted areas. International quarantine regulations apply.

OFFICIAL-SENSITIVE

5 Level Variant	Route Map baseline	Level 1 cf UK Tier 1 (Medium)	Level 2 cf UK Tier 2 – (High)	Level 3 cf UK Tier 3 (Very High)	Level 4 cf UK Tier 3 with optional extra restrictions
Transport	Active travel (walk, run, cycle, wheel) where possible Avoid car sharing with people outwith extended household wherever possible Face coverings compulsory on public transport.	Active travel (walk, run, cycle, wheel) where possible Avoid car sharing with people outwith extended household wherever possible Face coverings compulsory on public transport.	Active travel (walk, run, cycle, wheel) where possible Avoid car sharing with people outwith extended household wherever possible Face coverings compulsory on public transport.	Active travel (walk, run, cycle, wheel) where possible Avoid car sharing with people outwith extended household wherever possible Avoid non-essential use of public transport. Face coverings compulsory	Active travel (walk, run, cycle, wheel) where possible Avoid car sharing with people outwith extended household wherever possible Avoid non-essential use of public transport. Face coverings compulsory
Shopping	Open	Open	Open	Open	Close non-essential retail
Close contact services – (e.g. hairdressers, barbers, tailors and beauticians)	Open Mobile close contact services permitted	Open Mobile close contact services permitted	Open Mobile close contact not permitted	Open Mobile services not permitted	Closed Mobile services not permitted
Public buildings – e.g. libraries	Open	Open	Open (with restrictions)	Closed	Closed
Stadia & Events	Outdoor events permitted Indoor events – seated and ambulatory permitted (restricted numbers) Stationary standing not permitted. Stadia open with restricted numbers	Outdoor events seated and open space permitted (restricted numbers) Focussed standing not permitted Indoor events – small seated indoor permitted, others not permitted Stadia – open with restricted numbers OR closed.	Events not permitted/ closed Drive in events permitted Stadia closed	Not permitted/Closed	Not permitted/Closed
Worship	Open – restricted numbers (50)	Open – restricted numbers (50)	Open – restricted numbers (50)	Open – restricted numbers (50)	Closed - or open with restricted numbers (50)

OFFICIAL-SENSITIVE

5 Level Variant	Route Map baseline	Level 1 cf UK Tier 1 (Medium)	Level 2 cf UK Tier 2 – (High)	Level 3 cf UK Tier 3 (Very High)	Level 4 cf UK Tier 3 with optional extra restrictions
Life events (weddings, and civil partnerships, Funerals)	<p>Weddings/ civil partnerships – 20 person limit</p> <p>Funerals – 20 person limit</p> <p>Wakes and receptions permitted, subject to 20 person limit.</p>	<p>Weddings/ civil partnerships – 20 person limit</p> <p>Funerals – 20 person limit</p> <p>Wakes and receptions permitted, subject to 20 person limit.</p>	<p>Weddings/ civil partnerships – 20 person limit</p> <p>Funerals – 20 person limit</p> <p>Wakes and receptions permitted, subject to 20 person limit.</p>	<p>Weddings/ civil partnerships – very restricted numbers</p> <p>Funerals – 20 person limit</p> <p>Wakes and receptions permitted, subject to 20 person limit.</p>	<p>Weddings/ civil partnerships – very restricted numbers - NB - Public buildings, places of worship and other locations where the ceremony might take place might otherwise be closed.</p> <p>Funerals – 20 person limit</p> <p>Very restricted numbers or no receptions or wakes</p>
ELC / formal childcare	Open – with standard protective measures in place	Open – with standard protective measures in place	Open – with enhanced protective measures in place	Open - enhanced protective measures – subject to targeted interventions OR	Essential childcare only (would be consistent with closing many workplaces and schools).
Informal childcare	Permitted in line with household/numbers restrictions	Permitted in line with household/numbers restrictions	Permitted in line with household/numbers restrictions, children only may enter other households	Permitted in line with household/numbers restrictions, children only may enter other households	Essential worker informal childcare only, In line with household/numbers restrictions, children only may enter other households
Schools	Open – with standard protective measures in place	Open – with standard protective measures in place	Open – with enhanced protective measures in place	Open - enhanced protective measures - subject to targeted interventions	Blended model?
Colleges	Blended	Blended	Blended	Blended/ online only	Blended/ online only
Universities	Blended	Blended	Blended	Restricted Blended – face to face on practical courses	Online only
Research	Open	Open	Open	Open	Open
Sports & Exercise	All permitted.	All permitted except 12+ indoor contact sports (professional permitted).	<p>Indoor: individual exercise only.</p> <p>Outdoor – all except adult contact sports (professional permitted).</p>	<p>Outdoor non-contact sports only.</p> <p>Indoor: individual exercise only or (Indoor) Gyms closed</p>	<p>Outdoor non-contact sports only.</p> <p>(Indoor) Gyms closed</p>

OFFICIAL-SENSITIVE

5 Level Variant	Route Map baseline	Level 1 cf UK Tier 1 (Medium)	Level 2 cf UK Tier 2 – (High)	Level 3 cf UK Tier 3 (Very High)	Level 4 cf UK Tier 3 with optional extra restrictions
Leisure and Entertainment	Open except nightclubs and adult entertainment closed.	Open except, theatres, indoor music venues. Nightclubs and adult entertainment closed.	Cinemas, amusement arcades open. Following closed: casinos, funfairs, snooker/pool halls, indoor bowling, theatres, music venues. Nightclubs and adult entertainment closed.	Closed.	Closed.
Visitor Attractions	Open	Open	Open	Open OR indoor closed?	Closed.
Public Services (Not health)	Open	Open	Open but reduced in-person public services.	Essential in-person services only (online where possible).	Essential in-person services only (online where possible).
Unregulated (children's) activities (incl. youth clubs, children's groups).	Permitted	Permitted	Differentiated restrictions apply – e.g. between parent/baby groups and scouts	Differentiated restrictions apply – e.g. between parent/baby groups and scouts	Closed.
Support services (mental health, counselling, day services, respite care)	Permitted	Permitted	Permitted	Permitted/online where possible.	Essential only/online where possible.
Offices & Call Centres	WFH still advised	Essential only/ WFH	Essential only/ WFH	Essential only/ WFH	Essential only/ WFH
Other workplaces	Open– WFH default	Open – WFH default	Open – WFH default	Open – WFH default	Essential and outdoor workplaces only including construction and manufacturing
Optional – may not include: Visiting care/hospital settings	Baseline visiting measures	Level 1 visiting restrictions	Level 2 visiting restrictions	Level 3 visiting restrictions	Level 4 visiting restrictions
New Shielding Rule (more details available)	Baseline shielding	Level 1 shielding	Level 2 shielding	Level 3 shielding	Level 4 shielding.

OFFICIAL-SENSITIVE

5 Level Variant	Route Map baseline (Level 0)
Socialising	8/3 indoors (in-home socialising permitted) 15/5 outdoors
Hospitality (Food & drink) NB: Could specify these options in a separate table.	Open Table service only.
Accommodation (Hotels, B&Bs, Self-catering, Caravan and Camp Sites)	Open – socialising rules apply.
Travel	Guidance against non-essential travel to/from Level 3 or higher areas in Scotland and equivalents in rest of UK (eg Tier 3 areas in England). Exemptions for essential travel for work, education, shopping, health etc; outdoor exercise; weddings and funerals; and transit through restricted areas. International quarantine regulations apply. Otherwise unrestricted.
Transport	Active travel (walk, run, cycle, wheel) where possible Avoid car sharing with people outwith extended household wherever possible Face coverings compulsory on public transport.
Shopping	Open
Close contact services – (e.g. hairdressers, barbers, tailors and beauticians)	Open Mobile close contact services permitted
Public buildings – e.g. libraries	Open
Stadia & Events	Outdoor events permitted Indoor events – seated and ambulatory permitted (restricted numbers) Stationary standing not permitted. Stadia open with restricted numbers
Worship	Open – restricted numbers (50)
Life events (weddings, and civil partnerships, Funerals)	Weddings/ civil partnerships – 20 person limit Funerals – 20 person limit Wakes and receptions permitted, subject to 20 person limit.
ELC / formal childcare	Open – with standard protective measures in place
Informal childcare	Permitted in line with household/numbers restrictions
Schools	Open – with standard protective measures in place
Colleges	Blended

OFFICIAL-SENSITIVE

Universities	Blended
Research	Open
Sports & Exercise	All permitted.
Leisure and Entertainment	Open except nightclubs and adult entertainment closed.
Visitor Attractions	Open
Public Services (Not health)	Open
Unregulated (children's) activities (incl. youth clubs, children's groups).	Permitted
Support services (mental health, counselling, day services, respite care)	Permitted
Offices & Call Centres	WFH still advised
Other workplaces	Open– WFH default
Optional – may not include: Visiting care/hospital settings	Baseline visiting measures
Optional – may not include: Health services	Open
New Shielding Rule (more details available)	Baseline shielding

OFFICIAL-SENSITIVE

5 Level Variant	Level 1 cf UK Tier 1 (Medium)
Socialising	6/2 indoors with OR without in-home socialising permitted 6/2 outdoors
Hospitality (Food & drink) NB: Could specify these options in a separate table.	Open subject to socialising rules (e.g. 6/2). Time restrictions will apply. Table service only. Subject to additional protective measures
Accommodation (Hotels, B&Bs, Self-catering, Caravan and Camp Sites)	Open – socialising rules apply.
Travel	Guidance against non-essential travel to/from or higher areas in Scotland and equivalents in rest of UK (eg Tier 3 areas in England). Exemptions for essential travel for work, education, shopping, health etc; outdoor exercise; weddings and funerals; and transit through restricted areas. International quarantine regulations apply. Otherwise unrestricted.
Transport	Active travel (walk, run, cycle, wheel) where possible Avoid car sharing with people outwith extended household wherever possible Face coverings compulsory on public transport.
Shopping	Open
Close contact services – (e.g. hairdressers, barbers, tailors and beauticians)	Open Mobile close contact services permitted
Public buildings – e.g. libraries	Open
Stadia & Events	Outdoor events seated and open space permitted (restricted numbers) Focussed standing not permitted Indoor events – small seated indoor permitted, others not permitted Stadia – open with restricted numbers OR closed.
Worship	Open – restricted numbers (50)
Life events (weddings, and civil partnerships, Funerals)	Weddings/ civil partnerships – 20 person limit Funerals – 20 person limit Wakes and receptions permitted, subject to 20 person limit.
ELC / formal childcare	Open – with standard protective measures in place
Informal childcare	Permitted in line with household/numbers restrictions
Schools	Open – with standard protective measures in place
Colleges	Blended

OFFICIAL-SENSITIVE

Universities	Blended
Research	Open
Sports & Exercise	All permitted except 12+ indoor contact sports (professional permitted).
Leisure and Entertainment	Open except, theatres, indoor music venues. Nightclubs and adult entertainment closed.
Visitor Attractions	Open
Public Services (Not health)	Open
Unregulated (children's) activities (incl. youth clubs, children's groups).	Permitted
Support services (mental health, counselling, day services, respite care)	Permitted
Offices & Call Centres	Essential only/ WFH
Other workplaces	Open – WFH default
Optional – may not include: Visiting care/hospital settings	Level 1 visiting restrictions
New Shielding Rule (more details available)	Level 1 shielding

OFFICIAL-SENSITIVE

5 Level Variant	Level 2 cf UK Tier 2 – (High)
Socialising	No in-home socialising 6/2 outdoors and in public places, e.g. hospitality settings
Hospitality (Food & drink) NB: Could specify these options in a separate table.	No alcohol consumption indoors. (outdoor only). Option: Alcohol permitted with restaurant meals? Time restrictions will apply. Table service only Subject to additional protective measures
Accommodation (Hotels, B&Bs, Self-catering, Caravan and Camp Sites)	Open – socialising and hospitality rules apply.
Travel	Guidance against non-essential travel to/from or higher areas in Scotland and equivalents in rest of UK (eg Tier 3 areas in England). Exemptions for essential travel for work, education, shopping health etc; outdoor exercise; weddings and funerals; and transit through restricted areas. International quarantine regulations apply. Otherwise unrestricted.
Transport	Active travel (walk, run, cycle, wheel) where possible Avoid car sharing with people outwith extended household wherever possible Face coverings compulsory on public transport.
Shopping	Open
Close contact services – (e.g. hairdressers, barbers, tailors and beauticians)	Open Mobile close contact not permitted
Public buildings – e.g. libraries	Open (with restrictions)
Stadia & Events	Events not permitted/ closed Drive in events permitted Stadia closed
Worship	Open – restricted numbers (50)
Life events (weddings, and civil partnerships, Funerals)	Weddings/ civil partnerships – 20 person limit Funerals – 20 person limit Wakes and receptions permitted, subject to 20 person limit.
ELC / formal childcare	Open – with enhanced protective measures in place
Informal childcare	Permitted in line with household/numbers restrictions, children only may enter other households

OFFICIAL-SENSITIVE

Schools	Open – with enhanced protective measures in place
Colleges	Blended
Universities	Blended
Research	Open
Sports & Exercise	Indoor: individual exercise only. Outdoor – all except adult contact sports (professional permitted).
Leisure and Entertainment	Cinemas, amusement arcades open. Following closed: casinos, funfairs, snooker/pool halls, indoor bowling, theatres, music venues. Nightclubs and adult entertainment closed.
Visitor Attractions	Open
Public Services (Not health)	Open but reduced in-person public services.
Unregulated (children's) activities (incl. youth clubs, children's groups).	Differentiated restrictions apply – e.g. between parent/baby groups and scouts
Support services (mental health, counselling, day services, respite care)	Permitted
Offices & Call Centres	Essential only/ WFH
Other workplaces	Open – WFH default
Optional – may not include: Visiting care/hospital settings	Level 2 visiting restrictions
New Shielding Rule (more details available)	Level 2 shielding

OFFICIAL-SENSITIVE

5 Level Variant	Level 3 cf UK Tier 3 (Very High)
Socialising	No in-home socialising 6/2 outdoors and in public places, e.g. hospitality settings
Hospitality (Food & drink) NB: Could specify these options in a separate table.	All licensed premises (except cafes) closed. Take aways permitted. Time restrictions will apply. Table service only. Subject to additional protective measures
Accommodation (Hotels, B&Bs, Self-catering, Caravan and Camp Sites)	Open – socialising and hospitality rules apply. Guidance encourages non-essential (leisure/tourism) use only by locals. Essential, eg work-related use can continue
Travel	Guidance against non-essential travel into or out of the level 3 area, including to/from other Level 3 or higher areas in Scotland and equivalents in rest of UK (eg Tier 3 areas in England). Exemptions for essential travel for work, education, shopping health etc; outdoor exercise; weddings and funerals; and transit through restricted areas. International quarantine regulations apply.
Transport	Active travel (walk, run, cycle, wheel) where possible Avoid car sharing with people outwith extended household wherever possible Avoid non-essential use of public transport. Face coverings compulsory
Shopping	Open
Close contact services – (e.g. hairdressers, barbers, tailors and beauticians)	Open Mobile services not permitted
Public buildings – e.g. libraries	Closed
Stadia & Events	Not permitted/Closed
Worship	Open – restricted numbers (50)
Life events (weddings, and civil partnerships, Funerals)	Weddings/ civil partnerships – very restricted numbers Funerals – 20 person limit Wakes and receptions permitted, subject to 20 person limit.
ELC / formal childcare	Open - enhanced protective measures – subject to targeted interventions OR
Informal childcare	Permitted in line with household/numbers restrictions, children only may enter other households
Schools	Open - enhanced protective measures - subject to targeted interventions

OFFICIAL-SENSITIVE

Colleges	Blended/ online only
Universities	Restricted Blended – face to face on practical courses
Research	Open
Sports & Exercise	Outdoor non-contact sports only.
	Indoor: individual exercise only or (Indoor) Gyms closed
Leisure and Entertainment	Closed.
Visitor Attractions	Open OR indoor closed?
Public Services (Not health)	Essential in-person services only (online where possible).
Unregulated (children's) activities (incl. youth clubs, children's groups).	Differentiated restrictions apply – e.g. between parent/baby groups and scouts
Support services (mental health, counselling, day services, respite care)	Permitted/online where possible.
Offices & Call Centres	Essential only/ WFH
Other workplaces	Open – WFH default
Optional – may not include: Visiting care/hospital settings	Level 3 visiting restrictions
New Shielding Rule (more details available)	Level 3 shielding

5 Level Variant	Level 4 cf UK Tier 3 with optional extra restrictions
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OFFICIAL-SENSITIVE

Socialising	No in-home socialising 6/2 outdoors and in public places, e.g. hospitality settings
Hospitality (Food & drink) NB: Could specify these options in a separate table.	All licensed premises (except cafes) closed or all premises closed? (Take aways remain open in all levels.)
Accommodation (Hotels, B&Bs, Self-catering, Caravan and Camp Sites)	Essential only, eg work-related. (No tourism).
Travel	Guidance against (or regulatory ban on?) non-essential travel into or out of the level 3 area, including to/from other Level 3 or higher areas in Scotland and equivalents in rest of UK (eg Tier 3 areas in England). Exemptions for essential travel for work, education, shopping health etc; outdoor exercise; weddings and funerals; and transit through restricted areas. International quarantine regulations apply.
Transport	Active travel (walk, run, cycle, wheel) where possible Avoid car sharing with people outwith extended household wherever possible Avoid non-essential use of public transport. Face coverings compulsory
Shopping	Close non-essential retail
Close contact services – (e.g. hairdressers, barbers, tailors and beauticians)	Closed Mobile services not permitted
Public buildings – e.g. libraries	Closed
Stadia & Events	Not permitted/Closed
Worship	Closed - or open with restricted numbers (50)
Life events (weddings, and civil partnerships, Funerals)	Weddings/ civil partnerships – very restricted numbers - NB - Public buildings, places of worship and other locations where the ceremony might take place might otherwise be closed. Funerals – 20 person limit Very restricted numbers or no receptions or wakes
ELC / formal childcare	Essential childcare only (would be consistent with closing many workplaces and schools).
Informal childcare	Essential worker informal childcare only, In line with household/numbers restrictions, children only may enter other households
Schools	Blended model?
Colleges	Blended/ online only
Universities	Online only
Research	Open

OFFICIAL-SENSITIVE

Sports & Exercise	Outdoor non-contact sports only. (Indoor) Gyms closed
Leisure and Entertainment	Closed.
Visitor Attractions	Closed.
Public Services (Not health)	Essential in-person services only (online where possible).
Unregulated (children's) activities (incl. youth clubs, children's groups).	Closed.
Support services (mental health, counselling, day services, respite care)	Essential only/online where possible.
Offices & Call Centres	Essential only/ WFH
Other workplaces	Essential and outdoor workplaces only including construction and manufacturing
Optional – may not include: Visiting care/hospital settings	Level 4 visiting restrictions
New Shielding Rule (more details available)	Level 4 shielding.

DRAFT

Strategic Framework

COVID-19: A Strategic Approach to Suppressing the Virus

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MINISTERIAL FOREWORD

It is now 7 months since COVID-19 was first detected in Scotland. Like other countries, we faced a first wave, and locked down hard to get the virus under control – recognising the risks that would bring, but also the need to take firm action. We placed our NHS on an emergency footing and quickly redesigned services to ensure our health and social care services were equipped to deal with the pandemic. We also established our Test & Protect system, built the Protect Scotland app, gave advice and support to those most vulnerable to the virus, including financial support for self-isolation. In addition, a Four Nations approach has provided financial and economic support, which needs to continue while the virus remains a threat.

Our collective effort – and sacrifices – suppressed the virus to very low levels during the summer. That came at a cost: significant economic devastation, with the loss of jobs and businesses businesses and jobs, to education and learning, to health and care services, and to our ability to lead our lives freely and stay connected to loved ones. For many, the cost was a cruel illness. Some – too many – lost their lives.

COVID-19 threatens health and life, but also how we live our lives, and our shared prosperity. The Scottish Government, in common with other UK Nations, is committed to suppressing the virus to the lowest possible level, and keeping it there, until we have a vaccine and/or effective treatments, and the virus is no longer the threat it is now. We must remember that there is no acceptable number of people we are willing to let become infected.

Our approach and principles remain those we set out in our *Framework for Decision-Making*, based on evidence and expert advice. Over the summer and into the early autumn, we navigated the changes set out in our route-map, restoring some normality to our lives. But we knew that, however cautiously, striking the balance between keeping the virus under control while reopening our country would bring new opportunities for the virus to spread. It has not gone away, and now we face a second wave, so we must respond appropriately.

This new strategic framework sets out how we will work to suppress the virus and presents an honest reflection of the decisions we will need to make, and the balance we will have to reach. It sets out our approach in the immediate term, following the expiration of the current, temporary reset regulations recently introduced, and as we work to suppress the virus over the winter period. And it does so rooted in tackling the four harms we know the virus causes.

The first harm is its direct attack on life and health. At its simplest, suppressing the virus means doing everything we can to make it harder for the virus to spread – by following the FACTS rules, keeping physical distancing and protections in place, and taking a cautious approach to easing restrictions.

When the virus begins to spread, we need to put in place stronger measures to suppress it. To make this simpler, we are moving to a system of levels of protection, regularly reviewed. Ministers, with expert advice, will apply these levels, nationally and/or locally, in a proportionate way, justified by evidence on the state of the epidemic, and only for as long as necessary.

However, we must all play our part, we need to be aware of what we need to do as individuals to suppress the virus. The better we do that, the more possible it is to ease restrictions and move back towards a more normal way of living. As we take forward our revised response we will ensure we review the guidance and communications we provide so everyone has the necessary information to play their part in suppressing the virus. We will also scale up the infrastructure we have in place, review our testing strategy and deploy the available capacity to support our Test and Protect system.

The second harm the virus does is to our wider health and care services and indirectly to our health and wellbeing. Over the summer, we began to remobilise health and care services. The winter will bring new challenges. By keeping the virus suppressed, we can protect the NHS and our care services.

We will continue our work to remobilise NHS services, ensuring everyone has access to the care they need, while safeguarding the wider system in the face of any second wave. As part of this, and recognising the twin threat posed by the winter period, we have scaled up and expanded our seasonal flu vaccination programme.

The third harm is to wider society. The virus affects us all, but it does not affect us all equally. We know more now about how to help the people most vulnerable to harm in society to stay safe and well, and we are doing more to support those most at risk, and most affected by the restrictions we have had to put in place. We can all help by looking out for others.

Over the summer, we have managed the challenge of reopening our schools and resuming learning in our universities and colleges. For the sake of our young people and their futures, we are determined to keep learning open and safe. We will also renew our efforts to protect the most vulnerable and at-risk in our society, including a new approach to caring for those who have been, or may need to, shield.

And of course, the fourth harm is one that will have hit many individuals, communities and businesses the hardest – that to the economy, employment, and our prosperity. We have seen recovery starting, and we have acted to support and protect it, while keeping workplaces safe. We will do all we can at our own hand, with our partners and through the Four Nations approach to protect jobs and invest in our future, but we must acknowledge that the levers at our disposal are limited to the severe consequences the pandemic has had for our economy, and the toll it will take. It is an unprecedented global health crisis with unprecedented global economic consequences.

During lockdown, we provided an unprecedented package of support to businesses. We followed that through by ensuring the necessary local support was in place as a result of recent restrictions. As we look ahead to a new levels approach to tackling the virus, we will ensure appropriate support is continued, to better safeguard businesses required to close, or which are otherwise affected by, restrictions.

Suppressing the virus is a collective effort. We need to stick with it, support each other, and learn from each other. We are committed to transparency in our decision-making, and to engaging with others to explain what we are doing, what we ask of them, and to listen to their experience and their ideas. Upon publication of this framework, we will now undertake a period of detailed and intensive consultation and engagement with key partners, to ensure a collective effort.

If we stick with it, and with each other, a better future lies ahead.

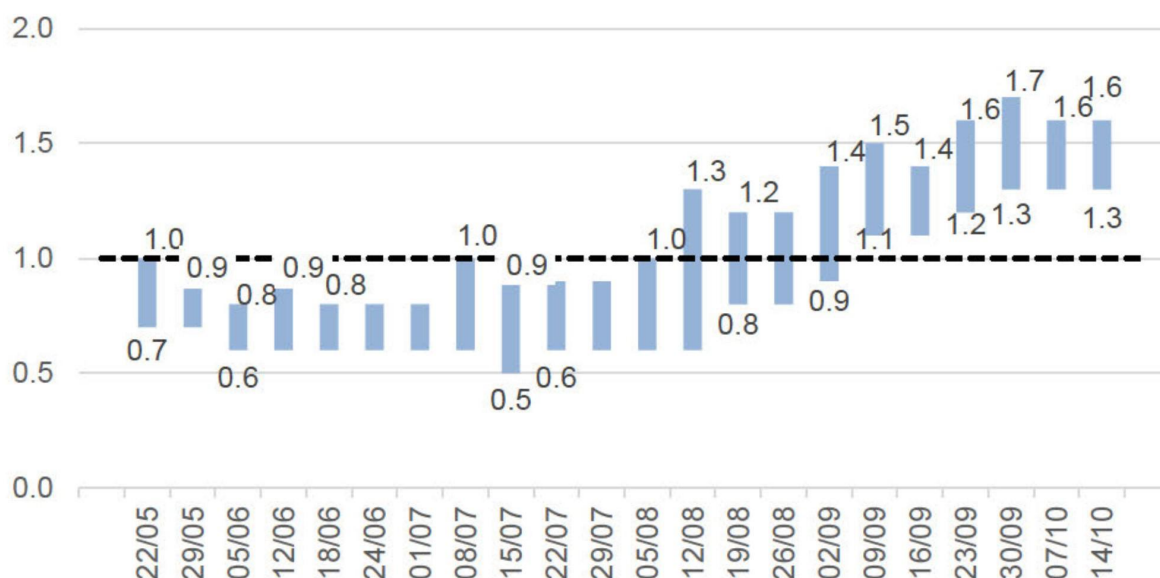
EXECUTIVE SUMMARY

Setting the context

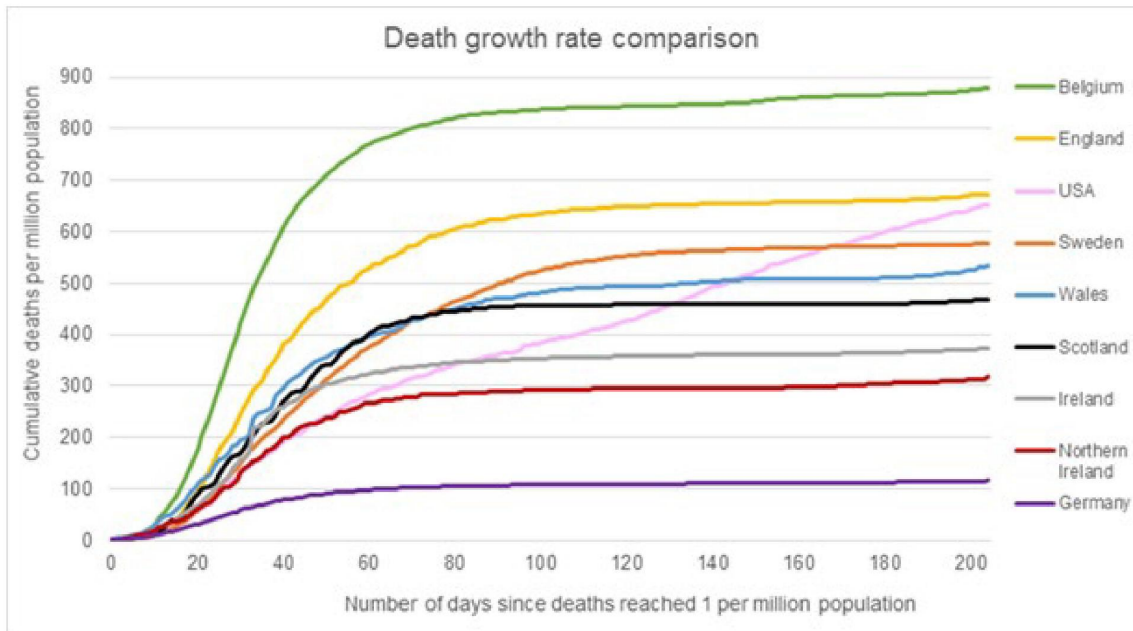
Since the first cases were notified in Scotland, and the World Health Organisation declared a global pandemic 7 months ago, we have achieved a significant amount – suppressing the virus to a low enough level to enable us to begin lifting restrictions on our daily lives, and providing a strong base for economic and social recovery.

We have been guided by the evidence, lifting restrictions in a phased and gradual way which safeguards public health, underpinned by [Scotland's route map through and out of the crisis](#). While this enabled us to follow a structured yet flexible path in suppressing the virus and reopening our society, it also created increased opportunities for transmission, as set out in [recent clinical evidence from the Chief Medical Officer, Chief Nursing Officer, and National Clinical Director](#).

Most pressingly, while our collective efforts meant we witnessed a significant decline in the rate of growth of the virus, as we reopened our economy and society, the 'R' has risen significantly above one leading to rising numbers of cases and test positivity rate in most areas of Scotland. While the total number of cases is a fraction of the peak in March/April, at the current rate of growth, it would reach peak level by the end of October. And hospital and ICU admissions – while low, relative to start of the pandemic – have started to increase, following a sustained decline since April.



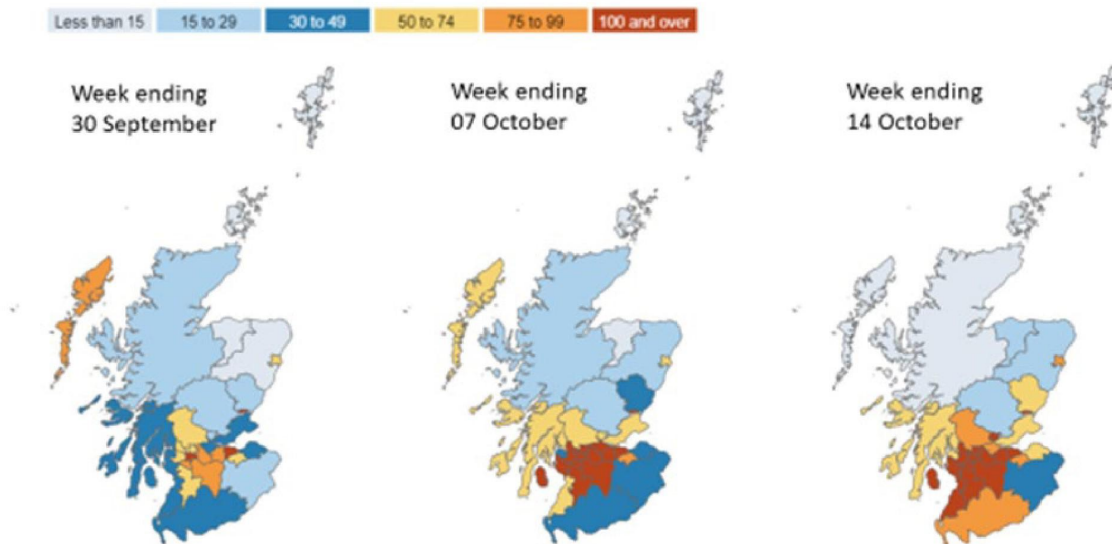
Scotland is not unique in, or immune from, dealing with the tragic effects of the virus, as shown in the figure below. It has taken a grave personal toll already, while infection and prevalence rates increase across the world.



We all countries to effectively secure their own individual recovery, but suppressing the virus globally also has an impact on our own ability to do so, reducing the risks of cross-border importation. While our efforts through lockdown suppressed the virus in the summer, recent spikes have been seen from domestic and international travel. We will take an evidence based approach to difficult but necessary issues such as quarantine and travel restrictions.

As we have progressed through the crisis we have also needed to be much more aware of, and respond to, local variations. A small number of local authorities now make up the vast majority of new positive cases, and evidence suggests there may be a 'ripple' effect spreading from existing areas of high case numbers and growth into neighbouring areas.

Figure 1: 7 day cases per 100,000 by local authority



Ultimately, not have we reached, the limit of what we can safely open up, but we now require additional measures to slow the spread of the virus and safeguard public health. Getting to the final phase of the Route Map, where the virus no longer poses a significant risk to public health in Scotland, will be dependent upon scientific developments, including the roll-out of an effective vaccine and/or the development of a highly effective treatment. Despite learning huge amounts about the virus, such breakthroughs may yet be some time away. We now need to take a new, flexible approach.

Strategic Intent

Recognising this context, our strategic intent, shared across the four nations of the United Kingdom, is to **suppress the virus to the lowest possible level and to keep it there**, while we strive to return to a more life for as many people as possible – what we have referred to as an elimination strategy. Building on our initial focus to protect individuals from, and safeguard the capacity of our NHS to deal with, the impacts of the virus, we will work determinedly, energetically and cooperatively to:

- make you can work and socialise safely, communicating clearly and effectively the steps we all need to take;
- provide tests to those with symptoms and trace their contacts; and seek to prevent new index cases through surveillance and our approach to travel arrangements;
- respond quickly to contain any localised outbreaks, wherever they occur;
- prepare for the pressures we know the winter will bring;
- protect the most vulnerable to harm in society from the effects of the virus;
- help the economy and society recover and renew; and
- reach a long-term solution in the form of a treatment or vaccine as soon as possible.

Four harms approach

We must also recognise that, while the pandemic remains a global health crisis, its impacts are far reaching. This framework sets out how we intend to respond to the crisis over the coming period, across the four key harms of the virus.

1. The virus causes direct and tragic harm to people's health. We must suppress the virus, and we will:

- *Introduce a new levels-based approach to restrictions, each with graduated packages of measures to reduce transmission of the virus, that can be applied nationally, or to different areas of the country according to the evolving patterns of infection and transmission.*
- *Expand testing capacity through regional hubs and increased lab capacity which we will deploy fully based on clinical advice and public need.*
- *Retain a primary focus on testing those with symptoms/who need clinical care, with additional capacity targeted towards asymptomatic testing to protect the most vulnerable to harm.*
- *Work with the travel industry to refine the process of quarantine, and examine the feasibility of using testing to reduce the burden of quarantine.*

- *Place a stronger focus on compliance with guidance and rules, through new marketing campaigns, enhanced support to help people and businesses to comply, coupled with stronger enforcement powers and higher fines for breaching regulations.*
 - *Work with partners including Public Health Scotland to ensure care homes have the necessary guidance and support in infection prevention control, and to monitor trends, identify risks and take early action.*
- 2. The virus has a wider impact on our health and social care services in Scotland and our wider health and wellbeing. We must support broader health, and we will:**
- *Introduce new advice and guidance on shielding, linked to the protection levels, and place a focus on ensuring all our interventions respond to the needs of clinically at-risk groups.*
 - *Ensure the necessary mental health support services are in place to protect people's wellbeing, including expanding access to digital and online help.*
 - *Deliver our largest ever immunisation programme for winter flu, and build on existing infrastructure to plan for the delivery of a mass population vaccination programme for COVID-19 as soon as a safe and effective vaccination is developed.*
 - *Work to safely resume health services impacted by COVID, while simultaneously delivering additional surge capacity of over 4,000 acute beds for COVID patients, utilising the Louisa Jordan as necessary. We have also convened a Winter Planning and Response Group, and allocated £1.1 billion for additional COVID costs.*
- 3. The necessary restrictions can in turn cause harm to our broader way of living and society. We must mitigate social harms, and we will:**
- *Continue to provide support to individuals and families at risk, including extending support to help people access essentials such as food and fuel, continuing free school meal provision over the Christmas, February and Easter holidays and keeping a strong focus on helping those people experiencing the most acute forms of homelessness.*
 - *prioritise keeping schools, early learning and childcare open, strengthening protection measures where necessary. We have plans in place should remote learning be required, and to maintain access to childcare and family support for the most vulnerable to harm.*
- 4. Restrictions can have a damaging effect on our economy. We must support the economy, and we will:**
- *Introduce a new package of financial support for businesses who are required to close through the new restriction levels, or are otherwise affected.*
 - *This will include grants across the period businesses are required to close, hardship and discretionary funds, and continued support for staff costs ahead of the UK Government's revised furlough scheme coming into force in November.*

- *Continue to provide tailored support to businesses and individuals impacted by COVID restrictions. We are working in partnership with business stakeholders to ensure this support is delivered in an effective and targeted manner.*
- *Take forward our national mission to help create new jobs, good jobs and green jobs, through our Youth Guarantee, National Training Transition Fund, and investment in skills training and digital.*

All these harms are related and will require tough choices in determining priorities, some of which may at times appear to be inconsistent from a simple comparison of risks. However, in making these decisions we will have weighed up not just the transmission risk inherent in different settings and activities, but also the impacts on broader health and well-being, society and the economy. To bring transparency to our decisions, and to support you to understand the very difficult issues that we face, we publish data on these harms online, <https://data.gov.scot/coronavirus-covid-19/index.html>.

This requires a 'whole-system approach', with a renewed approach to outbreak management, backed by increased testing capacity and contact tracing. It requires us to provide greater support to you, particularly those most at risk through health or social inequalities. It requires us to ensure businesses have the support they need to get through the crisis. And it requires us to put our health and care services on the strongest possible footing, ahead of the twin threat of the winter period and any renewed spike in the virus. In that, we will continue to be guided by our core principles and approach, as set out in the route map.

PRINCIPLES AND APPROACH

Our approach will continue to be to:

- Suppress the virus through compliance, with physical distancing and hygiene measures, ensuring the reproduction number remains below 1 and our NHS remains within capacity
- Care for those who need it, whether infected by the virus or not
- Do everything we can to support people, business and organisations
- Recover to a new normal, carefully easing restrictions when safe to do so while maintaining necessary measures and ensuring that transmission remains controlled, supported by developments in medicine and technology
- Protect against this and future pandemics, including through effective testing, contact tracing and isolation
- Renew our country, building a fairer and more sustainable economy and society

Our decision making will always be guided by clear principles:

- **Safe:** We will ensure that transmission of the virus remains suppressed and that our NHS and care services are not overwhelmed.
- **Lawful:** We will respect the rule of law which will include ensuring that any restrictions are justified, necessary and proportionate.
- **Evidence-based:** We will use the best available evidence and analysis.
- **Fair & Ethical:** We will uphold the principles of human dignity, autonomy, respect and equality.
- **Clear:** We will provide clarity to the public to enable compliance, engagement and accountability.
- **Realistic:** We will consider the viability and effectiveness of options.
- **Collective:** We will work with partners and stakeholders, including the UK Government and other Devolved Nations, ensuring we meet the needs of Scotland.

People and business across Scotland have made significant sacrifices during the pandemic. We should not expect a return to complete normality in the short term. While we understand frustrations with restrictions, following a cautious approach will lay the foundations for recovery and reduce the risk of a nationwide resurgence of the virus. It will enable as much of our society to function as is safe, and ensure we are in the best position ahead of winter. While this framework sets out a refreshed, strategic approach to the crisis, at an individual level we should always remember the most simple but important advice: FACTS [graphic]

SUPPRESSING THE VIRUS

As seen from the clinical evidence, as we have cautiously re-opened society, the virus has taken advantage of opportunities to re-emerge and we have had to respond to a growing number of outbreaks. We have made changes at a pace and at a level that we think is right and safe for Scotland and must ensure that we are in the best position to continue to do so. This means learning from our experiences to date, listening to and supporting people across Scotland whose lives have been impacted by this crisis, and ensuring the necessary infrastructure is in place to support people and businesses to do their part.

This chapter sets out how we will strike this balance by taking a levels-based approach to imposing protective measures, and the actions we will put in place to support that and our wider strategy for suppressing the virus.

A levels approach to suppression

We have always been clear that the current phase of the Route Map would require a continuing focus on containing outbreaks and responding to different conditions in different parts of the country. So far we have taken a tailor-made approach to the application of geographically targeted protective measures, responding to the specific circumstances of each outbreak with individually tailored packages of interventions.

This approach has served us well. But it has created challenges – both in communicating the specific measures in force in different places, and in terms of decision-making, guidance, regulation and enforcement. Looking ahead to the challenges of the coming months, it is clear to us that a more structured and transparent approach is needed.

We will now move to a strategic approach to outbreak management based on [five] levels of protection, each with graduated packages of measures to reduce transmission of the virus, that can be applied nationally or to different areas of the country according to the evolving patterns of infection and transmission. These levels are summarised in the table below.

[DN: To be added following agreement of content of levels]

This approach will provide an easily understood framework for managing outbreaks and allow rapid but proportionate responses to be taken – either locally or nationally - using a transparent range of options. This will aid decision-making, communication and implementation of protective measures. It will also allow individuals, families, businesses and services to better understand, anticipate and prepare for the measures that might be introduced. As we have throughout the pandemic, we have sought to work closely across the four nations, aligning action where necessary but recognising the specific circumstances for Scotland may mean we need to do some things differently to best suppress the virus.

We intend to use local authority areas as the basic unit of geography for the application of the levels, but it would still be possible to introduce measures on a smaller level, such as a town or island community - or indeed nationally, if that is deemed necessary.

It should be underlined that the protective measures in the higher levels, which are more restrictive, are designed to bring the rate of the transmission of the virus down very quickly, so they are intended to be in place for more limited period of time [typically x weeks] than the measures in the lower levels.

We will take decisions about which levels to apply in which area, when to escalate if escalation is needed, and when areas can move down to a lower level, on the basis of advice from local Directors of Public Health and Public Health Scotland, and the assessment of our own senior advisors against the four harms; and we will engage with our local authority partners, engage with our local authority partners, whose support is vital, before decisions are made; and also with relevant delivery bodies, before decisions are made.

Once the initial levels have been set for each local authority area across Scotland, they will be subject to a weekly review in the light of the evolving situation to decide whether the level should be maintained, increased, or reduced.

These decisions will be difficult, and they will require judgement to balance all the factors in play: but we are committed to ensuring that they will always be informed by data and analysis. To guide us, we will be monitoring a basket of key indicators on a daily and weekly basis as criteria for considering whether escalation is needed or whether an area can move down a level

- the number of cases per 100,000 people, including for particular age groups
- positivity rates for testing
- projections of NHS bed use and capacity

Subject to the views of the Scottish Parliament on the levels framework, we intend to apply the new levels system from 2 November, and we are engaging urgently with stakeholders in local authorities, business, enforcement and wider civic society on the detailed design, operation and implications of our new approach.

Developing and deploying the capacity and capability of the Test & Protect system

As we move into this new system of levels, Test and Protect will remain a central element of our strategic response, ensuring we can quickly identify those who have COVID-19 and inform them and their contacts of the need to self-isolate to stop the virus spreading further in their communities.

Testing, on its own, does not reduce transmission. The whole system – from the moment a person first develops symptoms to the moment the people they may have transmitted the infection to are instructed to self-isolate – has to happen fast to be effective. This means working with the UK Government (as well as our own NHS Scotland laboratories) to ensure turnaround times for testing are as fast as possible – optimally within 24 hours to enable swift contact tracing to commence.

Our efforts to strengthen Test and Protect, as a public health intervention, are aimed at ensuring that each critical part of the system works together to reduce transmission.

We must also recognise that, while Test and Protect is working well, it will be most effective when levels of infection are low, and its success is ultimately dependent on all our actions to reduce contacts, keep our distance, wash hands, and wear face coverings, especially indoors.

We will intensify our efforts to ensure the system is fast and effective in each of its three core component parts outlined below – from symptoms to testing; from testing to contact tracing; and from completed contact tracing to supported self-isolation.

Testing

We will encourage people to get tested as soon as they have symptoms. The Scottish Government will do this through our strengthened public health messaging, stressing the need to isolate and book a test as soon as symptoms are experienced. We will also look to businesses and others to help by encouraging employees to isolate and get tested as soon as they have symptoms and not to take the risk of transmitting to others. And we will continually improve access to testing through increasing the number of walk through test centres.

The sooner someone isolates and is tested the quicker we can begin contact tracing and isolating of their contacts – reducing spread of the virus. Waiting a day or two to see if symptoms pass means a delay to starting the testing and tracing system and risks spreading the virus.

There are two routes for sample taking and laboratory processing in Scotland – NHS Scotland routes and the UK Government network including Lighthouse Laboratories. Our plans to develop the testing element of Test and Protect in the next three months are focussed on building capacity within NHS Scotland and deploying expansions in UK Government testing capacity and capability to its maximum effect in Scotland. Results from both systems feed in to our Test and Protect system and we are reliant on both routes operating efficiently and turnaround times being as fast as possible to make Test and Protect work.

Expansion of lab capacity in Scotland, over and above existing NHS Scotland lab capacity of up to 10,300 tests per day, is being built through the development of regional hubs and commercial and partner nodes:

- Regional Hubs – there will be three regional hubs in Scotland (based in NHS Grampian, NHS Greater Glasgow and Clyde and NHS Lothian). These will be brought on stream through a phased approach between November and December and will offer an additional 22,000 tests per day.
- Additional laboratory capacity from commercial and partner nodes will provide capacity of almost 3,700 tests per day by December.

The infrastructure required to support these developments, including recruitment of staff, is being established to ensure optimal use of the capacity as it becomes available.

UK Government Laboratory capacity and innovations are also ongoing, and Scotland's population share of the Lighthouse Network is expected to reach up to a minimum of circa 32,000 tests per day by December.

These increases in capacity will primarily be required to meet demand from people with symptoms of Covid – both those infected with Covid, and those with colds or flu, or other illness with similar symptoms. Total demand based on currently eligible groups - testing people with symptoms, testing for patient care, and regular testing of care home staff (including those in non-elderly adult settings) and groups of NHS staff - is forecast to be in the region of 54,000 tests per day. Therefore, we will be able to use our additional laboratory capacity to expand our use of testing among people who do not have symptoms. The unanimous agreement of our clinical and scientific advisers, published in the Clinical and Scientific Review of the Testing Strategy, is that the overriding priorities of testing capacity are symptomatic demand and clinical care, with prioritisation of further capacity built in this next phase to be focussed on protecting those most vulnerable to severe harm.

Following this advice, as a first step in expanding our use of testing among people who do not have symptoms, we will introduce testing all of people who are being admitted to hospital in an emergency as soon as possible.

In line with clinical and public health priorities, we will also extend routine weekly testing of asymptomatic groups in a way which focusses on protecting those most vulnerable to the most harm, including those at highest risk of mortality. Regular testing of this type sits alongside other measures such as the use of PPE to reduce the risk of staff who have COVID-19, but do not have symptoms, transmitting the virus to those they are caring for.

We will therefore extend routine testing to groups of health and care staff who visit care homes delivering close contact personal care such as community nurses, and we will introduce testing for visitors to those who live in care homes where this can add an additional layer of risk mitigation to enable safe visiting to continue. Our targeted programme of regular testing of NHS staff to protect patients in hospital will be broadened in scope to cover more groups of staff. We will also extend testing to staff who provide care at home for those most vulnerable to harm.

We will also undertake more testing of people who do not have symptoms to support outbreak management, and address areas where we are concerned about transmission, by undertaking more testing of close contacts of confirmed cases when recommended by our local health protection teams and by the more intensive use of other asymptomatic testing in outbreaks – for example, outbreaks focussed on a particular workplace. We will also continue to keep under review how testing could be used alongside other measures to reduce transmission in student populations, including encouraging and supporting the use of asymptomatic testing as part of the response to outbreaks in student halls of residence. We will also build on the delivery of the first 11 walk through test sites to continue work to support symptomatic students to access testing rapidly.

Contact Tracing

Contact tracing is a key part of how we keep the virus under control – as we move to our new levels approach, and any necessary response, it will become even more critical.

Ensuring consistent fast turnaround times in test results is critical to enable contact tracing to begin as quickly as possible. This stops potentially infectious contacts spreading the virus further. We will work with the UK Government to drive down turnaround times in Lighthouse Laboratories. We will move care home testing to NHS Scotland Laboratories, improving turnaround times and enabling swift action to remove any asymptomatic care home staff who test positive from the workplace, preventing outbreaks.

Test and protect is performing well, even in the context of rising prevalence. Over 27,000 cases have had contact tracing successfully completed since 28 May, and from these cases 117,939 contacts have been traced. Since the Case Management System went live on 22nd June, 91.9% of people with a positive test were able to be contacted and 93.8% of all contacts. In the 4-week period from 21 September to 18 October, more than 17,000 individuals with a positive test – or 91% – successfully completed their phone interview within 48 hours. For the same period almost 14,000 of cases, or 74.7%, were completed within 24 hours. This means their contacts were identified and instructed to self-isolate – the critical action which stops the virus spreading. Contacts for which mobile numbers are available are notified to self-isolate by SMS immediately following the completion of the case interview, ensuring notification happens as quickly as possible.

We initially identified 2000 people who could be deployed as contact tracers and have been increasing permanent staffing levels to manage demand. We will continue to prioritise resourcing contact tracing as a key measure to break the chains of transmission and suppress the virus. NHS Boards are required to have in place arrangements to ensure we have capacity to deal with the demand. We have provided NHS Boards with £19 million to ensure they can retain sufficient contact tracing capacity while remobilising their services, and Boards' staffing plans are under regular review to ensure capacity is maintained. Additional resilience also continues to be in place at a national level in the form of the National Contact Tracing Centre run by NHS National Services Scotland. The contact tracing service has been sufficiently staffed throughout the summer, rapidly responding to increases in demand. We expect the workforce to continue to flex and adapt as we head into winter.

We also continue to learn from experiences with the system to date, identifying ways of increasing the efficiency of the system and streamlining processes. Through these improvements, such as streamlining case interviews and expediting digital improvements to the case management system, we continue to enhance our contact tracing model to ensure it is robust, responsive to demand and swift in informing those who need to self-isolate to stay indoors.

This capacity and capability is strengthened further through our proximity tracing app – Protect Scotland – which over 1.5 million people have downloaded. As part of its

continued development, further automation and improvement is planned, so app users can be alerted as quickly as possible if they have been in close proximity to someone who has tested positive. We are also working to ensure interoperability with contact tracing apps in other parts of the UK and in Ireland as well as exploring options to connect with apps in other countries to support future travel.

Support for self-isolation

We know that self-isolation can bring significant hardships. The efficacy of the testing and contact tracing programme in reducing transmission can also only be realised by achieving broad compliance with self-isolation guidance which in turn requires people to have confidence they will be supported. A vital aspect of ensuring high rates of population wide compliance is removing the barriers that large numbers of people face in attempting to adhere to self-isolation guidance.

We have introduced the Self-Isolation Support Grant, providing people on low-income benefits who are asked to self-isolate and in employment they cannot carry out from home, with a £500 grant payment. In addition to a National Assistance Helpline, the Self-Isolation Assistance Service, funded by the Scottish Government and delivered by local authorities, provides a pro-active triaging service, to consider the support requirements of people self-isolating who are most likely to require support and engage services locally to meet these needs.

Both the Helpline and Assistance Service are targeted to groups of people most likely to require support, but to continue to improve compliance rates population wide, further expansion of support services is required for a wider range of people. To ensure we provide the necessary support measures to enable high compliance and suppress the virus, we will:

- Provide further investment in the expansion of the Self-Isolation Assistance Service to a broader range of people;
- Develop novel, targeted measures to address specific and discreet barriers to compliance;
- Consider the capacity of community volunteering to provide additional resource for practical support interventions such as deliveries of food and medication and remote emotional support.
- We will work with employers and trade unions to help employees have the confidence and support to self-isolate and get a test as soon as they have symptoms or are asked to self-isolate by Test and Protect without detriment to their employment, pay or conditions.

Hospital Acquired Infection

We have acted quickly to reduce the risk of HAI transmission of COVID-19, particularly focusing actions on the most vulnerable to harm. All staff must adhere to **infection protection and control (IPC) principles** at all times, and we will continue to make sure that **access to PPE** and expanded **Covid-19 testing** offer additional layers of protection. We established the COVID Nosocomial Review Group to consider evidence and provide recommendations, and have ensured that IPC measures are integral to Health Boards' remobilisation plans.

As we enter winter 2020, it is essential that we both reduce the risk of a major second wave of Covid-19 and plan for the possibility of an increased need for PPE, ensuring we have the necessary supplies in place to ensure the safety of people using services and staff. We will shortly publish a new PPE Action Plan across a range of areas, including building up Scottish supply chains, future planning, and ensuring sufficient supplies.

Adult social care

It is critical that social care support is maintained as far as possible to ensure the wellbeing, safety, dignity and human rights of people, and we continue to protect all people in receipt of social care from contracting the virus by taking firm action supported by robust clinical guidance for the sector. We have already allocated £150 million for social care as part of our additional COVID funding this year to help the sector mitigate the financial implications of the pandemic and ensure the remobilisation of packages of support. To avert and manage outbreaks of infections in care settings we are taking the following actions:

- Continuing to develop new and specific IPC guidance for care homes and community care to support training and increased resilience through the Clinical and Professional Advisory Group as required
- Meeting the additional costs incurred by Health and Social Care Partnerships and providers for PPE to support access to PPE for staff, visitors and, where necessary, recipients of care over the winter period.
- Ensuring adequate access to appropriate COVID 19 testing – staff in adult care homes will continue to have a weekly Covid-19 test to reduce the risk to residents, staff and visitors. We will prioritise testing for those across the wider sector as testing capacity becomes available.
- Publishing a comprehensive *Adult Social Care Winter Plan* to deliver maximum protection for people who use social care support in residential and community settings and in people's own homes, and to those who provide that care, including unpaid carers.

We also recognise that the **wellbeing and quality of life** of people who provide and use social care remains a priority. For those within Care Home settings, we want to maximise the amount of quality time families can spend together without compromising safety. For those within Care Home settings visiting guidance will continue to be reviewed, taking account of local outbreaks and care home circumstances to maximise the amount of quality time families can safely spend together.

To ensure we learn from the lessons of the pandemic, and put in place the best system for the future, an **Independent Review of Adult Social Care** is currently underway. The Independent Review is taking a human-rights based approach and will comprehensively review all aspects of adult social care including how it is organised, commissioned, regulated and funded. It will report in January 2021 and will recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who in it.

Compliance, Behaviour, Enforcement

Suppressing the virus means asking a lot of individuals, businesses and communities. It is difficult, but our actions can make a significant difference, and success depends on all of us. While no one can guarantee that we won't get Covid-19, or pass it on, we can all act to reduce our own risk, reduce the risk to others, and keep our communities safer. **Together with our partners, we will support people, businesses and organisations to do the right thing. We will always:**

Be Clear

We want you to be aware of and clearly understand the measures we are asking you to take to help suppress the virus and how, by maintaining and changing our behaviour, we can keep the number of cases low. While weekly polling data through the pandemic has shown evidence of strong knowledge, support, self-reported compliance and confidence in the authorities – most recently (6-7 October), 66% said they feel clear about what is required as the restrictions change, although this has fallen. The 3 main reasons given for not complying with the restrictions are difficulty from a practical point of view; not agreeing politically; and, finding them difficult from an emotional point of view. As we develop new messages we will seek to address these specific barriers to compliance, and find ways to help you comply.

We will continue to communicate clear public health guidance and explain the rationale behind the requests we are making of you. Significant numbers of people continue to use existing channels to access information on the virus. As of late September, around half of the population said that they consistently used the First Minister's briefing as a regular source of information, and during one week in August, Scottish Government social media posts reached over 4.5 million people. Our evaluations show you have high levels of trust in Scottish Government communications and that there is a clarity to the messages.

However we also know public engagement can slip, that people are becoming tired, and with it adherence to what is needed may be reducing. As we move to a new levels approach, it is important we keep communications under review and ensure you have the necessary information to play your part. We will listen to the you, monitor the latest consumption habits and media trends, and ensure delivery via channels that works for all segments of the population. As part of this, we will work with minority ethnic communities and organisations to ensure we get our messaging right and that it's delivered in the right way – for maximum reach and acceptance.

We will further invest in how you can access information – through options such as helplines, live chats and a postcode restrictions checker so that you can access the information that addresses your circumstances and location. We will undertake a review of guidance and associated products, providing an opportunity to rationalise and coordinate guidance across Scottish Government functions and to take a more strategic and holistic view of the content of guidance. And we will undertake new marketing campaigns which will focus on educating and persuading everyone to follow the current restrictions and measures, including getting tested and self-isolating as

soon symptoms develop, where regulations and guidance have changed, and where there are new enforcement measures in place.

Make it possible

We will support you when you need to self-isolate. As noted previously, we have introduced significant financial and non-financial support for people who need to self-isolate, and ensure they are supported to do so, including by their employers.

We will ensure the necessary support for those in education. In higher education, there will be appropriate support for students self-isolating and in quarantine. Universities Scotland have announced a Consistent Core of Care package which commits every institution to providing regular check-ins for self-isolating students, help with food and groceries, cleaning supplies, and internet access. In schools and nurseries, *the Care Inspectorate continue to regulate childcare settings, and the Health and Safety Executive has undertaken a programme of compliance checks regarding implementation of School Reopening Guidance which they have stated was generally of very good quality. Education Scotland are also developing channels to share good practice that is identified with practitioners to drive more effective implementation of guidance, and we will soon launch a communication and engagement strategy targeted at young people of secondary school age. We have worked with Young Scot to ensure this is age appropriate and that it will encourage greater compliance with school-based mitigations and FACTS when leaving the school grounds.*

We will support you to stay Covid safe outdoors, continuing to support outdoor activity that is safe. We will support local authorities to prioritise Covid safe spaces in town centres and urban areas over the winter period, recognising it is important to have a place where we can meet. This has been supported by the £38 million funding for Spaces for People which has supported local authorities to provide extra space for walking and cycling. We have also published the Safe Public Space guidance which we are in the process of updating, and have launched the Scotland Loves Local Fund, giving priority to projects that evidence inclusion and encouraging people to shop local,

We will support you to stay safe while travelling. We have published guidance on how to travel safely on public transport and while sharing a car, if you have to, with others outside your household. We have produced detailed guidance for public transport operators, who have introduced a range of measures to increase cleaning regimes and maintain physical distancing, with some operators introducing apps which help identify how busy services are. We are working in partnership with operators to ensure that compliance on the wearing of face coverings is high and adapt our communications as evidence emerges. Transport Scotland is exploring a potential pilot for QR code scanning on longer rail and ferry journeys to assist with Track and Trace services, and we are working to determine whether the QR code generator for hospitality venues can be adapted for travel services.

Build a team approach

We will work in closer partnership with communities, businesses and other organisations, trade unions, regulators, NHS, Police Scotland and equality organisations. We will continue to work to ensure the needs of all children and families

are considered in decision making, so that you get the information and support you need to help your families stay safe.

We will continue to work closely and in partnership with local government, at the local and national level, taking into account local needs and concerns in the decisions that we make. They are also continuing to share best practice and facilitate communities leading Covid safe behaviours.

Working with our Communities

We will build on the community cohesion and empowerment which has been a trademark of the pandemic. Neighbourhood and community groups will continue to be involved in supporting self-isolation. The third sector has also been central to the COVID response to date and we are strengthening this to help ensure that support can continue. We are providing a £25 million **Community and Third Sector Recovery Programme**, helping organisations adapt their operations and income generation to increase sustainability, and support communities as they re-start and adapt service and activity delivery.

Working with Business

We will continue to work with businesses and their representatives, to highlight the benefit of self-regulating to develop and maintain a zero Covid approach in their premises and practices. Such an approach is good for business, for employees, and for suppressing the virus. Many businesses are applying risk assessment and risk management techniques to manage Covid and we know from a number of Incident Management Teams that effective implementation of preventative measures is key. The first three guidance publications for safer workplaces (construction, manufacturing, retail) were developed with the active support of sector representative bodies, businesses, and trade unions. That created a model which is now our standard approach for all sectors. Based on positive examples in certain sectors, including work by Food Standards in the meat industry, we will develop an evaluation tool that can be applied across a range of sectors, to assess the effectiveness of the implementation of their measures. We will take that forward with regulators, with business, and with trade unions.

We will work with business organisations and sector bodies to understand the challenges they face in maintaining their operations while keeping employees and customers safe from the virus. We will use this engagement to help shape and enhance guidance to ensure that it is effectively understood and implemented by businesses across all sectors. As part of this, and our levels approach, we will engage with business to ensure critical national infrastructure can remain in place, as we saw during lockdown, so that businesses providing vital services and deliveries can continue.

And we will continue to work closely with business leaders to develop this strategic approach, welcoming their eagerness to contribute early and fully, in order to suppress the virus, minimise and mitigate impacts on jobs and the economy, and promote personal and corporate responsibility for the actions which will deliver those ambitions.

Working with the hospitality industry

We will work in partnership with industry to build on the proactive approach we have seen taken across the majority of hospitality. We recognise the significant effort and investment that has been made by operators to adapt their businesses and thank everyone for that. We also recognise that the hospitality sector has been heavily impacted by coronavirus and the measures that have been necessary to combat it, but we want to see safe and viable businesses that the public can enjoy, while observing all required mitigating behaviours. That will continue to require vigilance and high levels of compliance at all times, from operators and the public. We will continue to develop our ongoing engagement with industry and compliance partners to ensure this is maintained, and to explore, develop and share best practice so that the sector can stay open, protecting jobs and local services.

Working with the retail sector

The safety of business owners, their employees and customers is the number one priority. We are working with retailers to ensure that people can still shop. Guided by the need to ensure shopping is safe, we want people to use their local high streets, towns and city centres, to ensure that crowding is avoided, that good hygiene measures are in place and that physical distancing is maintained at all times.

Working with workers

Worker representatives and Trade Unions have an important role to play in helping us to ensure that we all comply with the rules and guidance designed to keep workplaces safe. The Scottish Government and Scottish Trades Union Congress (STUC) published a joint statement in March and a refreshed statement in July signed jointly with the STUC, local government and business and third sector partners. The statement outlining the importance of a Fair Work approach to the COVID-19 crisis, with the partners working collaboratively to reach collective decisions on worker protection, public safety, and support to help organisations survive and to keep people in work. The success of our approach rests upon our ability to sustain strong compliance which will reduce the need for further restrictions.

Listen and understand

We will continue to learn and adapt our approach. We will build on the existing data we gather from polling and from public health and enforcement activity to target our activity. We will also consider what further information can be gathered quickly to help us understand levels of compliance, the public's response to restrictions, and ensure our actions are evidence based. We will explore the use of new and innovative processes – such as citizens panels – to engage people, building on our two open consultations, and will continue to test public views on the effectiveness of our measures through focus groups.

Enforce the law where there is no alternative

We are grateful to all organisations involved in enforcement – Police Scotland and local authorities – for their continued proportionate enforcement of the regulations, and their use of the 4 Es approach: Engage, Explain, Encourage and, only where necessary, Enforce.

Where there is consensus and clear evidence that certain behaviours are having a negative impact and increasing the spread of the virus then there will be consistent and predictable enforcement from the Police or Local Authority officers.

We have used the current period of additional restrictions to review the current fine levels associated with offences under the Health Protection (Coronavirus) Scotland regulations. As we are now more than 7 months into managing the pandemic and we are urgently considering whether it is appropriate to increase the fine level. *[DN: FM has received separate advice on this issue]*

We are exploring additional enforcement powers to Environmental Health officers and Trading Standards Officers, building on direction making powers put in place earlier this year, to support their intelligence led approach to enforcement. This will include the ability to issue FPNs and where necessary powers of entry, recognising that the majority of businesses are complying and it is appropriate to take enforcement action against the minority.

Given indoor household meeting restrictions, we are also exploring providing the police with further powers of entry to enforce this offence. However, we recognise that there is broad compliance, and willingness to follow the necessary regulations, and will continue to prioritise clear and consistent public guidance and communications. We have no plans to use police to enforce self-isolation.

Managing cross-border importation

Managing the risk of importing cases from communities with high transmission is key to suppressing the virus, particularly as we reduce the prevalence of the virus in our communities which in turn increases the contribution importation makes to our overall rate. For Scotland, this risk has two dimensions: international travel, and travel across the UK and Ireland.

International travel

International travellers, with a small number of exemptions, must complete an online passenger locator form and, unless they fall within an exempted category, quarantine for 14 days. Individuals who arrive in Scotland from elsewhere in the UK, having travelled internationally within the last 14 days, must also complete a Passenger Locator Form on arrival in the UK, with this information shared across the four nations. We have also published a list of exempt overseas destinations, with travellers from destinations where the prevalence of the virus and consequently the risk of importation are low not required to self-isolate, although they were still required to complete a passenger locator form. That list is reviewed every week by the Joint Biosecurity Centre (JBC), based on assessment of various factors, and we also take into account information from Test and Protect on cases with an international travel link. These

actions mean the risk of importations from overseas is lower now than it was during the summer. However, as Scottish restrictions begin to reverse the increase in infections, the significance of the importation risk will once again grow.

We need to ensure that travel restrictions are achieving their objective and are effective, while recognising the impacts they have on the travel industry and wider economy, and on people's civil liberties. We are discussing with the travel sector whether alternative approaches, potentially involving testing coupled with a reduced period of quarantine, might be at least as effective as the 14 day quarantine period. We are also taking part in the Global Travel Taskforce established by the UK Government to explore alternative options to quarantine as well as continuing to assess the need for sectoral exemptions.

Intra-UK travel [DN: Placeholder text only – final position still to be agreed by Ministers]

The issue of travel between high and low prevalence areas has been the subject of discussion with UK Government and the other devolved administrations, in the light of the Welsh Government's recent decision to impose cross-border travel restrictions from high prevalence areas across the UK. We will continue to discuss these challenges with partners and across the four nations to determine any Scottish specific response.

Vaccinations

Vaccination will play an important role in ensure we return to as close to normal life as possible and, while global efforts to develop one are still underway and may take time, we must ensure our immunisation infrastructure is in place now, to respond as quickly as possible. This will build on our successful programme of vaccinations, but given the pace and scale will bring new challenges.

The Joint Committee on Vaccinations and Immunisation (JCVI) provide independent advice to the four nations on vaccines, and for the purposes of the vaccines being developed in the UK, we anticipate they would provide timely recommendations. On the basis of assumptions – which may change once we have received JCVI's advice – we are undertaking operational planning to put us in the strongest position once we have that advice, including:

- Seeking an MoU with the Department of Health and Social Care for the deployment of vaccine and putting in place an agency agreement to enable the UK Vaccines Taskforce to procure vaccines on a 4 nations basis
- Developing a protocol under the amended Human Medicines Regulations to enable a wider workforce to vaccinate;
- Scoping out delivery channels such as drive and walk through centres, mobile units and outreach facilities for care homes and those that can't leave home;
- Securing additional refrigeration capacity throughout Scotland, modelling workforce requirements to deploy vaccinators, and developing an improved IT and digital platform

In the absence of a vaccine, and anticipated delivery schedule, we are focused on how best to vaccinate the greatest proportion of the population most vulnerable to harm

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and those health and social care workers at highest risk of infection, based on the information we have. We will provide more detail once we have greater clarity on likely timings and delivery schedules.

SUPPORTING BROADER HEALTH

Our response to COVID-19 must recognise and take account of wider risks, particularly the twin critical risk in health of a second wave potentially coinciding with the seasonal flu, and the wider pressures that the winter period brings, impacting across health and social care.

The NHS remains on an emergency footing and we will work to balance retaining sufficient capacity for resurgence of COVID-19, managing other winter risks, whilst maximising the safe and effective resumption of planned services.

Health and Social Care

NHS Scotland continues to balance its response to COVID-19 with the need to keep people alive and well through remobilisation of other essential urgent and routine health and social care services to the greatest extent possible – but that can only be achieved by keeping case numbers low, and safeguarding the capacity of services, and the need to treat rising cases of the virus. There are a number of actions now being taken to prepare for and mitigate against winter challenges across Health and Social Care, and safeguard that remobilisation:

- A Winter Planning and Response Group has been convened to develop our response
- Board Re-mobilisation Plans have confirmed allocations of £1.1 billion to cover additional pandemic-related costs, including £78 million to support additional elective activity.
- Plans are in place to deliver surge capacity of over 4,000 repurposed acute beds, utilising the NHS Louisa Jordan and independent sector as necessary.
- Facilitating a series of tabletop Winter Planning events to allow Boards to develop their plans based on the most up to date scenarios, as part of the iterative planning process.
- Work to continue to protect and support our health and social care staff, including a forthcoming PPE Action Plan.

Winter preparedness plans relating to both the NHS and Adult Social Care will be published shortly with related statements to Parliament, providing more detail on our response to the challenges of winter.

Challenges of the winter ahead

This winter brings with it a number of additional challenges, with the continuing response to COVID-19 and the end of the EU Exit transition period on 31 December. To be as well prepared as we can be for the impacts these will bring over the coming months we are bringing together our preparedness and response work. Our established Scottish Government response co-ordination structures (SGoRR) are already in place and supporting our response to COVID-19. We are putting plans in place to ensure that we can also deal with the demands of the end of the transition period and any severe weather requirements.

Recognising the specific threat posed through the winter period, we will deliver the largest immunisation programme ever, with a view to vaccinating 2.4 million people. NHS Boards are working hard to vaccinate as many people as possible, with the majority of those eligible vaccinated before the end of the year. While that is dependent upon vaccine supply, we will manage supply carefully.

Protecting people at risk

The best protection for people who are most at risk from Covid is to stop the spread of the virus in our communities. But if case numbers are too high, we must take clear steps to provide additional protection, while remaining respectful of their wellbeing and human rights.

Shielding and the clinically at-risk

Our future approach to shielding will be based on the following principles:

- advice must be **proportionate** to the level of infections in the local community;
- it should be set at a level which optimises the **benefits of protection and minimises non-Covid health, social and economic harms**;
- it should be practical, empower people to make **decisions which are right for them**, and be culturally appropriate and tailored to ensure reach and accessibility.

We will introduce **levels of advice to protect people with the highest clinical risk, shown below** *[DN: Still draft]* setting out clearly how advice will change depending on the rates of infection in local areas. As the levels in a local area change, the protection advice for people on the shielding list in that area will change as well. People at highest risk should still follow the advice for the general public as a minimum, but these levels provide additional advice for areas like work, schools, shopping and contact with others.

	Baseline + Level 1	Level 2	Level 3	Level 3+
Shielding	Contact with others	Contact with others	Contact with others	Contact with others
This is advice , consider which level of protection is right for you.	Follow the level advice to the general population	Reduce the number of people or households you have face to face contact with.	Limit meeting people outside your own household, avoid indoor public spaces.	Minimise contact with people outside your own household if you can.
All levels:	Shopping	Avoid one metre zones.	Shopping	Shopping
We will not ask you to distance from people within your own homes or to stop taking	Strictly follow the guidelines when shopping	Shopping	Strictly follow the guidelines when shopping and limiting the number of times you go to a shop. Shop at quieter times.	Strictly follow the guidelines when shopping and limiting the number of times you go to a shop. Shop at quieter times.
	If you cannot work from home	Strictly follow the guidelines when shopping		
	Following a workplace risk assessment, your employer should make the	If you cannot work from home		

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outdoor exercise.	<p>necessary adjustments to your workplace to protect you. You can discuss getting a fit note with your GP or clinician if you still feel unsafe.</p> <p>School/formal Childcare</p> <p>Follow the level advice to the general population</p>	<p>Following a workplace risk assessment, your employer should make the necessary adjustments to your workplace to protect you. You can discuss getting a fit note with your GP or clinician if you still feel unsafe.</p> <p>School/ formal Childcare</p> <p>Follow the level advice to the general population</p>	<p>If you cannot work from home</p> <p>Speak to your employer to raise your level of protection at work. If this is not possible, discuss getting a fit note with your GP or clinician.</p> <p>School/ formal Childcare</p> <p>Parents or guardians should discuss with their GP or clinician whether children should still attend.</p>	<p>If you cannot work from home</p> <p>The Chief Medical Officer will issue an automatic two week fit note to give people on the shielding list protection while they speak to their GP or consultant and get a personal fit note if necessary.</p> <p>School/ formal Childcare</p> <p>Children on the shielding list should not attend in person.</p>
Support	<ul style="list-style-type: none"> • Decision making support <ul style="list-style-type: none"> ➢ SMS Text Alert Service ➢ Data on neighbourhood infections ➢ Information on high and low risk activities ➢ Workplace risk assessments • Information on how to shop safely • Online priority shopping slots • Helpline (I&S) • Local Authority and Third Sector support • Mental and Physical Health and Wellbeing support • Vitamin D offer 			

Unlike the levels for the general population, we encourage people to adapt this advice to make it right for them. It is a personal decision how to balance the benefits of protection with quality of life. To do this in practice, people told us they needed information about infection rates in local communities, level of risk specific to their health conditions, and how to manage risks on a day to day basis.

We are therefore providing a package of information, tools and advice to those on the shielding list to enable and empower them to make informed decisions about how to stay safe and protect themselves, and to promoting their health and wellbeing more broadly. We will shortly be publishing a practical guide to help them find all this information and balance what is right for them, including:

- Publicly available [Neighbourhood Covid infection data](#)
- Information on specific clinical conditions
- **Information on high risk activities** and keeping safe during common daily activities
- **Workplace risk assessments** that take account of age, sex, ethnicity, BMI as well as clinical conditions and recommend practical protective measures, with GP issued fit notes for people who cannot work safely

Those on the shielding list will still be able to go to shops and pharmacies but there are a range of shopping and delivery options available to **make shopping safer**, including supermarket support for those who are clinically at risk.

The **SMS Text Service** will continue to provide updates and alerts, including to people in outbreak areas who are on the shielding list. Updated advice will also be available online and the national helpline will continue to be available for information, advice and to signpost support, including for those who are struggling with access and affordability issues in relation to food.

We will continue to work with **local authorities**, health and social care partnerships and their third sector partners to plan and deliver local support, and will continue to promote physical and mental health and wellbeing. We will offer those on the shielding list a free supply of Vitamin D over the winter months to support musculoskeletal health.

Minority Ethnic People and Communities

COVID-19 has affected minority ethnic groups disproportionately. The reasons for this are complex, with the interplay between socio-economic disadvantage, high prevalence of chronic diseases and the impact of long-standing racial inequalities being key explanations.

We will take forward a number of recommendations from the Expert Reference Group on Covid-19 and ethnicity (ERG) to better understand the impacts of COVID-19 on black and minority ethnic communities, and ensure that Test and Protect, shielding, vaccinations, NHS remobilisation, public health messaging, and other areas specifically consider and respond to the needs of minority ethnic communities.

Faith and belief communities

We recognise that for many people, faith and belief will have been a source of personal strength, resilience, and wellbeing during the difficulties of lockdown. We have continued to engage closely with and listen to our faith communities throughout this period and we understand the important role of congregational worship in supporting

spiritual wellbeing. Places of worship were able to reopen from July following publication of updated guidance which reflected the evolving scientific and health advice, and has been developed in consultation with leaders and representatives of Scotland's faith and belief communities.

Under our new levels approach, we hope that the clear guidance we have produced, supported by our regular engagement, can continue to ensure that places of worship can safely remain open with restricted numbers, and will keep this under review, informed by scientific evidence and continued engagement with faith and belief communities. *[DN: Subject to final confirmation of levels]*.

Mental Health – Scotland's Transition and Recovery

The pandemic has been tough for people's mental wellbeing, exacerbated by existing inequalities. We announced over £6 million of dedicated funding to create new online and telephone support services, and to increase the capacity of existing services. Building on new initiatives during the pandemic, we are continuing the Clear Your Head (clearyourhead.scot) campaign which contains a variety of resources and tips to help people take care of their mental health and wellbeing. For those who need more support the Scottish Government has expanded the [NHS24 Mental Health Hub](#) so that it is now available 24 hours a day, seven days a week, and increased the capacity of the Breathing Space telephone helpline

We have published Scotland's [Mental Health Transition and Recovery Plan](#). It prioritises rapid and easily accessible support for those in distress and ensures safe, effective treatment and care of people living with mental illness. A tailored programme of work will help individual NHS Boards respond effectively to the anticipated increase in demand in the months ahead.

MITIGATING SOCIAL HARMS

This pandemic remains a public health emergency, but it is having significant impacts on our society, communities and lives, and the need to tackle the damaging impacts of inequalities has come into even sharper focus. Protecting and supporting people during these unparalleled times has been the absolute focus of the Scottish Government, and that will continue as we renew our approach to tackling the pandemic. Arguably it becomes even more important, to ensure that your confidence in, and adherence to, additional restrictions is not undermined by deepening inequalities. Through all of this, we recognise the need to ensure human rights and equalities are embedded in our approach.

Tackling inequalities exacerbated by the crisis

Emerging evidence suggests COVID-19 has exacerbated many pre-existing inequalities, with adverse impacts for those living in our most deprived communities and black and minority ethnic people, with a higher death rate; a significant toll on the mental health of young people; increased risks of domestic abuse for women and children; a growing digital divide and exclusion; and, a greater risk of social isolation for older people.

Building on our initial response, we will take forward a range of support for people and communities at risk. This is supported by expert advice through our Social Renewal Advisory Board, the Expert Reference Group on COVID-19 and Ethnicity, and the First Minister's National Taskforce for Human Rights Leadership.

Around £42.5 million is available to support awards through the **Scottish Welfare Fund**, a further £8 million has been made available through **Discretionary Housing Payments** to help meet housing costs, and we have launched a **£10 million Tenant Support Fund**. Support also continues to be available through the **Council Tax Reduction** scheme to help meet council tax liabilities, with a further £25 million provided to local councils.

Our updated **Ending Homelessness Together Action Plan**, outlines our next steps to end homelessness and rough sleeping. This includes proposals to modify night shelter provision this winter and end the use of night shelter and dormitory style provision in future. To support this, we are establishing rapid rehousing centres to provide an under-one-roof multi-agency service to people experiencing the most acute forms of homelessness.

Our **Connecting Scotland** Programme to tackle digital exclusion, backed by £43 million, will help 50,000 digitally excluded low-income households get online by the end of 2021.

We will provide a further £25 million of **flexible funding for local authorities** to tackle financial insecurity. This will enable local authorities to tackle food and fuel insecurity and ensure that there is sufficient funding available to meet demand for both the Scottish Welfare Fund and Discretionary Housing Payments. **This funding also includes £5 million to continue Free School Meal provision over holiday periods to the end of the financial year.**

Marginalised groups

We will protect marginalised people, including people with experiences of homelessness, problem drug and alcohol use, imprisonment and prostitution, and those at risk of destitution due to their immigration status. We have provided accommodation and facilities for self-isolation; medical and social care; access to food and money; advice, information and advocacy; and continuation and expansion of wrap around support for people with multiple and complex needs.

Education, children and young people

Throughout the pandemic we have put the rights and wellbeing of children and young people at the centre of our response, and we will continue to draw on evidence of the impact of restrictions to inform our decision making. Measures applied to children and young people must be necessary and proportionate, and we will maintain our focus on upholding children's rights as enshrined in the UN Convention on the Rights of the Child and Getting It Right for Every Child, and assessed against Child Rights and Wellbeing Impact Assessments.

While taking difficult decisions to suppress the virus, we continue to weigh this against the potential mental and physical health, social and developmental harm that may be caused by any measures. Both a short and long term developmental perspective needs to be taken in the knowledge that the impacts of restrictions may not be immediately apparent and may not manifest until later life, while the mental and physical health and wellbeing of children and young people is inexorably bound with that of their parents or carers.

ELC, Childcare, and Schools

Recognising the unique impacts on children and young people, and to ensure the virus does not prevent them receiving the best start in life, we will prioritise keeping schools and regulated childcare, including early learning and childcare, open while ensuring the safety of children and young people and the staff who have worked hard to keep settings open.

Our suite of school and regulated childcare guidance sets out clearly the protective measures that should be in place. Where outbreaks and incidents do occur, Test and Protect and local Incident Management Teams are working to disrupt chains of transmission rapidly. The evidence we have to date suggests these arrangements are working well. Public Health Scotland report relatively few incidents of transmission in schools and childcare settings. A programme of independent compliance checks by the Health and Safety Executive was very positive about the efforts of staff to implement protective measures in schools. The Care Inspectorate has put in place programme of scrutiny, including joint work with the Health and Safety Executive, to assure compliance in childcare settings.

The COVID-19 Advisory Sub-Group on Education and Children's Issues has been tasked with reviewing the scientific and public health advice that underpins our guidance, to ensure it remains appropriate in the current circumstances. The COVID-19 Education Recovery Group will draw on that advice to make recommendations on how best to strengthen and augment protective measures in schools and ELC settings.

The impact of local restrictions

On the basis of our levels approach, we will work quickly and collaboratively with local authorities and our Education Recovery Group, and its ELC work stream group, on the necessary approach and guidance to ensure there clear processes for responding to any changes at a local level. Our initial assumption would be that each level would mean:

Level	Regulated childcare	Schools
Baseline	Open with standard protective measures <ul style="list-style-type: none"> These are those contained in current guidance, which evolve as required in accordance with evidence 	Open with standard protective measures <ul style="list-style-type: none"> Ensuring the necessary public health measures are in place without impacting on classroom teaching.
Levels 1-3	Open with enhanced protective measures <ul style="list-style-type: none"> Augmenting level 2 while providing additional protective measures that did not further restrict capacity and therefore restrict to childcare. These would be likely to include additional use of face coverings for adults, and a strengthened focus on compliance, including refreshed risk assessments for staff rooms and other high risk areas 	Open with enhanced protective measures <ul style="list-style-type: none"> Augmenting level 2 while still retaining in-person learning. This could include enhanced use of face coverings, including in classrooms at senior phase, and a strengthened focus on compliance, including refreshed risk assessments for staffrooms and other high risk areas.
Level 3+	Open, subject to targeted intervention impacting on capacity <ul style="list-style-type: none"> These would be based on the evidence of transmission in ELC and childcare, based on the basket of measures set out in our levels approach. Could include a return to the measures in the guidance in force prior to 10 August, at an earlier stage of recovery. 	Open, subject to targeted interventions, potentially impacting on in-person education <ul style="list-style-type: none"> Additional, targeted interventions, some of which may have an impact on in-person learning and teaching. These would be based on the extent to which we needed to reduce R, and any evidence we had regarding transmission in schools/amongst children and young people that led to school safety concerns.

To ensure we protect the rights of children and young people, it is important to note that entering level 3+ would not necessarily require blanket childcare or school closures, or blended learning. **Our aim will always be to keep schools and learning**

open at all levels, but entering level 3+ may necessitate some element of blended learning.

Decisions at this level would be taken in conjunction with the National Incident Management Team and relevant local authorities and agencies, and dependent on the availability of data to identify high-risk areas which could be mitigated. Decision will always be taken with a view to minimising the impact on children and young people, while protecting them and staff.

Schools and local authorities are in a much stronger position to deliver remote and blended learning successfully in local areas, if this should prove necessary, with their own arrangements for localised remote learning for individuals or groups. Education Scotland have worked with key partners to develop a shared national offer for schools to draw on. This includes access to live, recorded and supported learning resources and is being promoted as The National eLearning Offer.

We know that any disruption to in-person learning would have an impact on families, and measures will be put in place to ensure those who most need to can continue to access childcare and family support if required, as we saw at the start of lockdown. Restrictions that affect capacity will create challenges for private and voluntary ELC and childcare providers. Throughout lockdown and recovery, we have worked with the sector to support these providers. We will continue to do so if there are further restrictions.

Protecting family services

We will prioritise keeping services open which protect the most vulnerable to harm, and our Children and Families Covid-19 Leadership Group oversee activity and guidance in support of this. It has collected and monitored data and intelligence for use locally and nationally, identifying areas for action. It has supported continuation of social work services and social care, delivery of third sector services, and early reopening of Children's Hearings. A detailed COVID recovery and renewal plan for the children's hearings system has been developed by the core agencies and we have invested more than £2m to support full recovery by autumn 2021.

In the current context it is all the more important to retain our commitment to early intervention and prevention to minimise the risks to children and families. We will also look to continue to protect universal health service provision, including maternity, health visiting, family nurse partnership and perinatal and infant mental health services, for pregnant women and families from birth and during the preschool period. We are working with key partners in children and family services through a national Leadership Group to ensure a clear focus on the needs of those at most risk, including children in need of protection, children affected by domestic abuse, disabled children and young people with care experience. We have also continued to protect play, to support children's wellbeing and resilience. We have ensured exemptions which allow for play outwith school interactions, and announced a £400,000 fund to support outdoor play for low-income families.

Further and Higher Education

We will learn lessons from the start of the 2020/21 academic year looking at the formation of student households, how student accommodation is used, and student compliance as part of a safe experience while at, and returning to, campus. We will continue to work with institutions and the National Union of Students to ensure that students understand how the rules apply to them, to deliver the highest possible rates of compliance while supporting a positive experience, and to support student mental health and wellbeing.

There are particular challenges around the winter break this year. Based on previous year's data up to 150,000 university students (60% of total enrolments) could be leaving their term-time address over the winter break, with risks across a number of categories:

- Students switching households for Christmas and in many cases returning to multi generation settings or vulnerable communities
- Students returning after Christmas, forming new households in student accommodation and socialising with different households and in different settings
- Students returning from potentially higher risk areas
- Potential higher virus levels in the general population exacerbated by winter health issues such as flu

The following areas are being considered with the objective of developing a package of options based on risk and for the balancing of the 4 harms with a particular focus on student wellbeing.

- Supporting students to continue to behave responsibly around the vacation period
- Driving down prevalence through enhanced compliance and outbreak management
- Increasing the amount of online learning before term ends in December and when the new term starts in January. In high prevalence areas this could include reserving in-person teaching for subjects with significant practical learning requirements, and exams.
- Asking students to adopt a precautionary approach to limiting their contact with others before they go home, and on return, to help them safely make a temporary change of households over the holiday period.
- Exploring value of and scope for additional testing regimes.
- Supporting students to travel home safely.

SUPPORTING THE ECONOMY

The pandemic is a public health crisis, with global economic consequences unlike any we have seen before. Not only in terms of scale and speed of impact across the world, but also the nature of the extraordinary steps we have had to take to protect our health. Businesses and individuals have made extraordinary sacrifices as we tackled the pandemic together. Whilst we are starting to see gradual and cautious signs for optimism across the economy, and growth is now recovering from an unprecedented fall, the economy remains significantly smaller than its pre-Covid level in February (-10.7%).

That has particularly hit key sectors. Even where businesses have continued to trade, turnover is down, resulting in precarious cash flows. Where they have started to reopen, often that has not been on a business as usual approach, and many not be for the foreseeable future. And we know that the risk of unemployment is to an extent distorted by the job retention scheme, with record falls in hours worked and slowing of pay growth impacting incomes – reflected in record rises in the claimant count, which doubled to 8.0% in September from 4.0% in March, and may represent a truer reflection of the unemployment rate.

Our economic response and recovery programme initially focused on protecting the economy through insulating businesses and households from the worst impacts of COVID-19 including a £2.3 billion package of support with an additional £230 million economic stimulus package, guidance and support to help businesses to safely restart. We also moved quickly to protect people made redundant by rapidly scaling up and providing additional resource for our PACE initiative which offers free advice and is available to all individuals affected by redundancy. Most recently, we provided a further £40 million fund to help businesses affected by temporary restrictions to slow the spread of the coronavirus.

Jobs and skills will be central to our economic response. Recent reports from both the Advisory Group on Economic Renewal and the Education and Skills Strategic Board have been clear that economic recovery needs rooted in a well-being and green recovery with skills and jobs in the digital economy or similar with a clear need to focus on position of young people. All efforts have now turned to implementing our response. As set out in our recent Programme for Government, we are taking forward an ambitious package of support – with a national mission to create new jobs, good jobs and green jobs – to ensure we protect businesses and individuals from the worst effects of the crisis, and support them to be a central part of renewal and recovery. But we cannot shy away of the scale of the challenge facing us, and the long-term – and potentially irrevocable – impacts it will have.

Support for businesses impacted by restrictions

Supporting businesses under restrictions not only helps to ensure a more robust and resilient economy but can also help to build compliance. We know there will be significant financial hardships and risks for business as a result of any further restrictions – something we have recognised through our £40 million COVID-19 restrictions fund, including additional help with the costs of re-furloughing staff by supporting the 20% salary contribution required by the UK Government.

As we move to a levels approach meaning that businesses in different parts of the country may face different restrictions. Alongside the introduction of a levels approach we will introduce a new package of support for businesses that may be restricted as a result of local or national public health decisions and required to close by regulation. As part of this, we must see a concerted four nations approach.

While we have welcomed the UK Government's announcement of the revised Job Support Scheme, it is vital that this is available for all future work interruptions. We also remain concerned that it does not go far enough, and will leave too many firms and people struggling, and will continue to argue for to provide support for employees at 80% of their full earnings. Without action at the necessary scale, we risk losing jobs and businesses forever.

Our new financial support will provide:

- A grant of £2,000 or £3,000 every four weeks for the duration of the restrictions (depending on rateable value) for business required to close by law *[DN: Pro-rated. NB this has not been approved by Ministers and would require an open-ended financial commitment]*
- A hardship grant of £1,000 or £1,500 (depending on rateable value) for businesses that remain open but are directly impacted by restrictions, again payable every four weeks for the duration of the restrictions. *[DN: This is marginally more generous than the UKG equivalent, which has three RV triggers and means that the closure grant starts at £1.3k]*

We would expect this bespoke support to be supplemented by UK Government support, not least the revised job retention scheme launching on 1 November, and will continue to engage with them to ensure this recognises specific circumstances across Scotland.

Financial support will be reviewed as levels are reviewed, and we will work with local authorities to ensure a quick and efficient local delivery mechanism for this support. We will also continue to engage with specific sectors who have may face unique impacts – for example, tourism which may have specific seasonal impacts or the arts, where many freelancers have been unable to access UK Government support. While the above is predicated on the potential for differing levels of restrictions across areas, we will respond as necessary should the public health evidence necessitate a return to a national lockdown, building on the comprehensive support we provided earlier in the year.

While this support will go some way to supporting businesses through the necessary public health restrictions we may need to put in place, we have to be realistic about scale of the challenge our economy faces: a sharply rising claimant count, many businesses in a precarious situation, and diminished resilience across the board. With the limited financial and economic levers at our disposal, we will not be able to protect every business; and financial support cannot not replace all lost income or save every job. But we will do everything in our power to help Scotland's businesses to weather the storm as we all work, together, to suppress the virus and restore the conditions for future growth.

CONCLUSION

This new framework sets out our strategic approach to ensuring we suppress the virus to the lowest possible, enabling us to minimise the restrictions required, and in turn the impact on individuals, communities, and business. It seeks to ensure we maintain full transparency around our approach, and public confidence – in what we are doing and how, and why and the evidence which will guide us at every stage. To succeed, it needs your help and adherence, and in return, we will ensure you are aware of, involved in, and can have your say on your experiences and ways we could do better.

Equally, as we take this framework forward, we cannot neglect the parallel threat ahead: on EU Exit, we know we will be leaving the Transition period at the end of December but it is not yet clear whether this will be with any form of deal, or a No Deal scenario. Either way, we know that there will be significant risks posed to social outcomes as a result – and in turn, health outcomes. There are a range of issues on which we are reliant on actions or information flows from the UK Government and we know that it will not be possible for us to mitigate all of the impacts of EU Exit on Scotland.

Nonetheless, we have intensified our preparations and are undertaking a significant amount of work to prepare for the end of transition. Our focus is on risk reduction and mitigation activity, building on our previous experience of planning for no deal, and ensuring businesses and individuals have the information they need to meet the challenges of the coming months. In doing so we are taking account of the fact that these impacts on the economy, public services and inequalities are coming in on top of all the COVID-19 impacts.

We recognise concerns and difficulties with continued restrictions – on what you can do, who you can see; at times, our very way of life. But we have seen the impact of the crisis so far on our health and social care system, as they heroically worked to quickly redesign services to ensure the necessary capacity and systems were in place to manage the crisis. We have witnessed the toll it has taken on individuals and communities, deepening inequalities and exacerbating social issues such as exclusion and isolation. And we have seen the devastating effects for businesses and workers.

But so too did we witness the tremendous community spirit and collective action to see us through the crisis. Communities rallying together to support the most vulnerable to harm and ensure vital supplies of food and other goods. We have seen every day workers going above and beyond, continuing to work so we could retain some semblance of normality and have access to deliveries, groceries and other basic necessities. Businesses repurposing their operations to provide vital equipment. And emergency services staff continuing to risk their lives to ensure ours were safer.

As we move forward we must retain that collective courage and resolve to do our part so our health and care services, communities, and economy can best be protected. By following the necessary restrictions and playing our individual part, taking care of ourselves and looking out for each other, a better future lies ahead.

Annex C

Illustration - current position of each LA within 5 level approach

	Current	Health Board		Health Board
LA area	Level	Cases/100k	Test Positivity	ICU forecast
Aberdeen City	2	68	3.1%	23%
Aberdeenshire	1	19	3.1%	23%
Angus	1	49	4.3%	5%
Argyll and Bute	0	43	1.9%	11%
City of Edinburgh	3	111	6.5%	49%
Clackmannanshire	2	122	4.0%	49%
Dumfries and Galloway	2	90	3.9%	59%
Dundee City	2	145	4.3%	5%
East Ayrshire	3	189	6.1%	36%
East Dunbartonshire	3	162	8.5%	66%
East Lothian	2	54	6.5%	49%
East Renfrewshire	3	141	8.5%	66%
Falkirk	2	80	4.0%	49%
Fife	2	51	3.1%	33%
Glasgow City	3	233	8.5%	66%
Highland	0	12	1.9%	11%
Inverclyde	2	60	8.5%	66%
Midlothian	2	61	6.5%	49%
Moray	1	9	3.1%	23%
Na h-Eileanan Siar	0	11	2.0%	5%
North Ayrshire	3	136	6.1%	36%
North Lanarkshire	4	239	10.1%	100%
Orkney Islands	0	14	0.3%	23%
Perth and Kinross	1	22	4.3%	5%
Renfrewshire	3	192	8.5%	66%
Scottish Borders	0	31	1.9%	15%
Shetland Islands	0	9	0.4%	23%
South Ayrshire	3	116	6.1%	36%
South Lanarkshire	4	287	10.1%	100%
Stirling	2	80	4.0%	49%
West Dunbartonshire	3	186	8.5%	66%
West Lothian	3	142	6.5%	49%

Next phase of communications activity

The next phase of communications activity will aim to achieve:

Clarity of messaging: this will be at the centre of all communications products. News and Digital will be deployed to highlight the new levels approach, the different restrictions being applied and where they will be applied. This will demand a targeted approach using a number of print, broadcast and social content media platforms down to the most granular level in order to convey clear instructions to the public about what can and cannot be done to achieve audience cut-through. Community and local radio and community facebook pages will be at the centre, along with broadcast TV. Social content output will be made available to broadcast TV too for use in their online regional coverage.

The Scottish Government online guidance will be focused to ensure it is accessible and can be easily understood and this will inform and complement any news releases and subsequent follow-up questions from the media. A concise QandA will also be prepared for this purpose. This will be supported by explanatory material both for media and for social media platforms setting out the levels or tiers. A summary of effectiveness of the approach so far will also be made publicly available to further explain why this type of action is necessary. All content will be reviewed on a regular basis and created to allow for adaptations as restrictions change locally.

High awareness and understanding of information: a new restrictions public information marketing campaign will be deployed, with a new look and feel to previous restrictions activity, to support the launch of the strategy to the public. This will enable high awareness of the new levels approach is achieved quickly and consistently across the population, including hard to reach groups using channels that include TV, radio, outdoor, online, press and partnerships. The campaign will direct people to a new post code checker tool on gov.scot to further support clarity, understanding and compliance. Specific activity will also be developed for Businesses (in partnership with Scottish Enterprise), Young people / Students (in partnership with Young Scot) and Parents (as part of ParentClub) and a long-life direct mail piece, including a letter from the First Minister, will also be delivered to all households in Scotland in November.

Motivation to act: a key barrier to compliance is the lack of belief in the efficacy of the restrictions and a lack of understanding of how they all work together, taking into account the four harms. Therefore, two new campaigns are recommended (i) a campaign to launch shortly after the new levels approach which aims to restore belief in the efficacy of restrictions and (ii) a longer term 'heart and minds' compliance campaign to coincide with the beginning of the festive period i.e. 1 December, following the completion of the covid related St Andrew's Day 'kindness' campaign.

Memorability of behaviours: adoption and continuation of protection behaviours among the public is essential. The FACTS campaign will be further developed to provide a fresh approach to enable continued engagement in the essential messaging and to continue to support awareness and increased memorability. A refreshed approach to Test and Protect communications will also shortly be developed.