

DRAFT – SENSITIVE – NOT APPROVED BY MINISTERS

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: to 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 again. 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

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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 most vulnerable 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.

The fourth harm is to the economy, employment, and our prosperity. The virus and lockdown have hit the economy hard. 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.

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 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.

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

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EXECUTIVE SUMMARY**Background**

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 at every step be 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 which provides an open and transparent indication of the order in which we would carefully and gradually seek to change current restrictions.

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. Ultimately, 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 and so a flexible approach to suppressing COVID-19 continues to be essential.

Strategic Intent

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 life to as normal as possible for as many people as possible – what we have referred to as an elimination strategy. We will work determinedly, energetically and cooperatively to:

- make sure people are working and socialising 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 in society from the effects of the virus;
- help the economy and society recover and renew; and
- reach a long-term solution to the threat of COVID-19 in the form of a treatment or vaccine as soon as possible.

Context to our Strategic Approach *[DN: Placeholder – we can insert more of a backstory of the epidemic in this section, rather than a sole focus on the very latest stats, which will very quickly go out of date].*

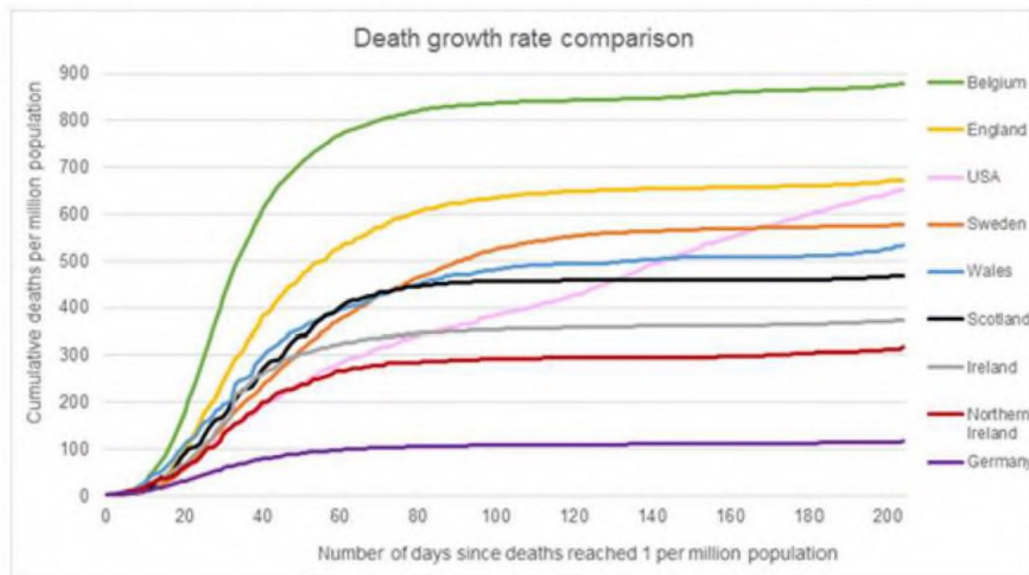
As set out in recent clinical evidence from the Chief Medical Officer, Chief Nursing Officer, and National Clinical Director, not only are we now reaching, or have reached, the limit of what we can safely open up, but we now require additional measures to slow the spread of the virus and safeguard public health.

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The rate of growth has increased, with 'R' rising 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.

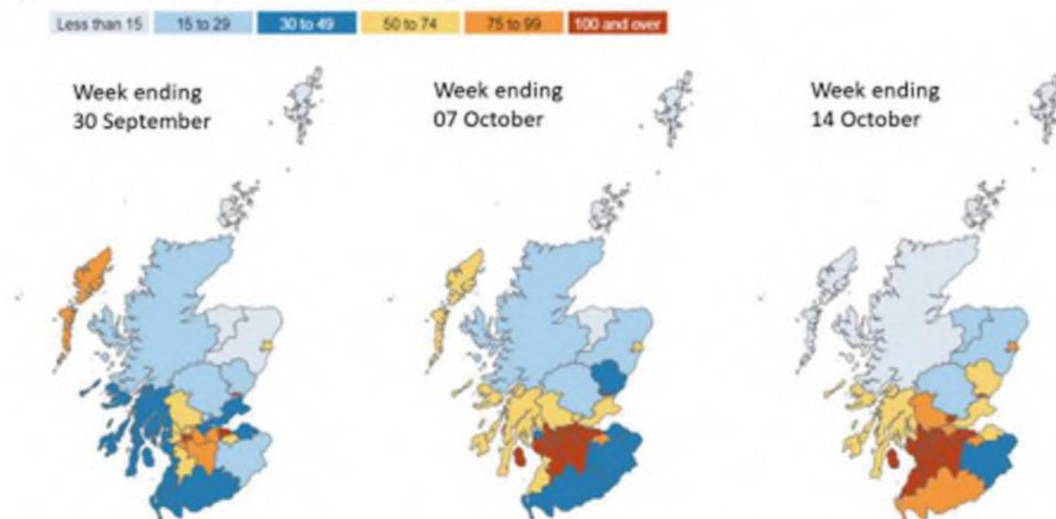


We want to see all countries effectively secure their own individual recovery, but suppressing the virus globally also has an impact on our own ability to do so, reducing the risks of cross-border importation. We know from recent evidence that our efforts through lockdown suppressed the virus in the summer, with recent spikes coming both domestic and international travel. We will always take an evidence based approach to difficult but necessary interventions 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.

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Figure 1: 7 day cases per 100,000 by local authority**Four harms approach**

Given this context, this new strategic 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 and those who need clinical care, with additional capacity targeted towards asymptomatic testing for the protection of the most vulnerable.*
- *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.*

2. The virus, together with existing pressures, 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, with new tools to help people, and place a strong focus on ensuring all our interventions respond to the needs of clinically at-risk groups.*

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- *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 financial support to help people access essentials such as food and fuel, continuing free school meal provision over the Christmas and February 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.*
- 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.*

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 understanding and public engagement with some of the very difficult issues that we face, we publish data on these harms online, <https://data.gov.scot/coronavirus-covid-19/index.html>.

This framework will necessitate a 'whole-system approach'. It will require a renewed approach to outbreak management, backed by further increases in testing capacity and contact tracing. It requires us to provide greater support to individuals, particularly those most at risk whether that is through health or social inequalities. It requires us to ensure businesses have the bespoke support they require to get through the crisis and recover – both financial practical, and to ensure their premises and staff are safe. 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. This framework sets out how we will achieve that, guided by our core principles and approach, as set out in the route map.

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PRINCIPLES AND APPROACH**Our approach will continue to be to:**

- Suppress the virus through compliance with physical distancing and hygiene measures, ensuring that the reproduction number remains below 1 and that our NHS remains within capacity
- Care for those who need it, whether infected by the virus or not
- Support people, business and organisations affected by the crisis
- 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 specific 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 focussed on suppressing the virus will lay the foundations for sustainable recovery and reduce the risk of a nationwide resurgence of the virus. This will enable as much of our economy and broader society to function as is safe, and ensure we can be in the best position ahead of winter and for positive developments in terms treatments and vaccines.

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.

[Add FACTS graphic]

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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.

The aim of the levels approach is to provide an easily understood framework for managing outbreaks which allows 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.

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.

So we have decided to 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 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]

[DN: FM's position on health services and schools to be added]

This approach will yield benefits in terms of clarity, transparency and predictability, and will allow us to respond quickly and effectively to changing circumstances, taking action to reduce transmission risk while mitigating the harms to wider health, social interaction and the economy that the restrictions involved in protective measures inevitably entail.

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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, if the epidemiological circumstances of a local outbreak justified that - 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 and delivery bodies before decisions are made.

[DN: To add para about initial decisions/allocations, depending on Ministerial decisions on handling and sequencing – either 'We will shortly announce' or 'We have decided']

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, including the number of cases per 100,000 people, including for particular age groups; positivity rates for testing; and projections of NHS bed use and capacity. [For transparency, we will publish separately further information about the indicators we will use and how they are evolving. DN: Need to add this detail here now]

Subject to the views of the Scottish Parliament, we intend to apply the new levels system [immediately the current braking measures expire on 26 October]; 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.

[DN: Will need to be amended as per latest email discussions]

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. Our efforts to strengthen Test and Protect, as a public health intervention, are aimed at each critical part of

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the system which 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 that will provide capacity of almost 3,700 tests per day by December.

The infrastructure required to support these developments, including recruitment of staff, are in motion 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.

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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 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.

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. We will extend routine testing to groups of health and care staff who visit care homes delivering close contact personal care, and to designated visitors to those who live in care homes to 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 more groups of care staff who work in the homes of those most vulnerable to harm.

We will also undertake more testing of people who do not have symptoms to support outbreak management, 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 or university halls of residence.

Contact Tracing

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

Ensuring consistent fast turnaround times in tests results is critical to enable contact tracing to operate 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 19,000 cases have had contact tracing successfully completed since 28 May, and from these cases 92,146 contacts have been traced. Since the Case Management System went live on 22nd June, 92.5% of people with a positive test were able to be contacted and 93.7% of all contacts. From 3 August to 11 October, almost 15,000 individuals with a positive test – or 90.8% – successfully completed their phone interview within 48 hours, at which point close contacts are notified by text message to isolate and to expect a call from the contact tracing

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service. This means their contacts were identified and instructed to self-isolate– the critical action which stops the virus spreading.

We have been increasing staffing levels to manage demand and will continue to prioritise resourcing contact tracing as a key measure to break the chains of transmission and suppress the virus. 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. 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.

While work has continued to build capacity through expanding the workforce, 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 almost 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.

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 wide range of people. To ensure we provide the necessary support measures to enable high compliance and suppress the virus, we will:

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- 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 allow them to do the right thing with no detriment to their employment and pay, and to self-isolate and get a test as soon as they have symptoms or are asked to self-isolate by Test and Protect.

Hospital Acquired Infections (HAI)

We have acted quickly to reduce the risk of HAI transmission of COVID-19, particularly focusing actions on the most vulnerable. 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.

Compliance, Behaviour, Enforcement

Suppressing the virus means asking a lot of individuals, businesses and communities. That it is difficult, but will make a significant difference, and success depends on all of us. While no one can guarantee that we won't get it, 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 and businesses to do the right thing. We will always:**

Be Clear

We want people to be aware of and clearly understand the measures we are asking them 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 – there is an important minority of people who do not think following the guidance is the right thing to do, and find compliance difficult.

Significant numbers are using existing channels – 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. Evaluation findings show high levels of clarity of what is required, and trust in the Scottish Government – but we also know public engagement can slip, and with it adherence to what is needed. As such, we are reviewing our key messages and how we deliver them, and will ensure any measures are explained clearly to all sectors of the community. As part of this, we will work with minority ethnic communities and organisations that represent them to ensure we get our messaging right and that it's delivered in the right way – for maximum reach and acceptance.

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As we move to a new levels approach, it is even more important we keep communications under review and ensure you have the necessary information to play your part. We will listen to the public, monitor the latest consumption habits and media trends, and ensure delivery via channels that works for all segments of the population.

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 as people have symptoms, 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.

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, amongst other things, 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 scrutinise and 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 will introduce 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 with others outside your household. We have produced detailed guidance for our public transport operators who have introduced a range of measures to increase cleaning regimes and maintain physical distancing and some of our operators have introduced apps which help to identify how busy services are.

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We are working in partnership with our operators to ensure that compliance on the wearing of face coverings is high and adapt our communications as evidence emerges.

Build a team approach

We will work in closer partnership with communities, businesses and business organisations, trade unions, regulators, local government, NHS, Police Scotland and others including equality organisations. We will continue to work to ensure the needs of all children and families are considered in decision making, so that people get the information and support they need to help their families stay safe.

Working with our Communities

We will build on the community cohesion and empowerment which has been a trademark of the pandemic. Local authorities are sharing best practice and facilitating communities leading Covid safe behaviours. Neighbourhood and community groups will continue to be involved in supporting self-isolation.

Working with Business

We will continue to work with businesses and their representatives, who see the benefit of self-regulating to gain and maintain a zero Covid approach which 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 with sector bodies to understand the challenges they face with maintaining their businesses while keeping staff 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.

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 build on the proactive approach we have seen taken across the majority of hospitality. We recognise this 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.

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We will continue to develop our ongoing engagement with industry and enforcement 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, ensuring that crowding is avoided, in shops and our public places with physical distancing and good hygiene measures in place. ..

Working with workers

Worker representatives and Trade Unions have an important role to play in helping us to ensure that there is good compliance by all concerned with the rules and guidance designed to keep workplaces safe. On the 25th March 2020 the Scottish Government and Scottish Trades Union Congress (STUC) published a joint statement which was refreshed on the 19 July on the importance of a Fair Work approach to the COVID-19 crisis. This process combined an approach between Government, unions and business organisations to reach collective decisions on worker protection, public safety, help businesses 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 the public's response to restrictions, and ensure our actions are evidence based. We will explore the use of new processes to engage people – one possibility is virtual citizens' juries to gather feedback on measures and the impact of them on people's lives, including those who may be most disadvantaged by them, and test compliance.

Enforce the law where there is no alternative

We will continue to enforce the regulations which are in place proportionately. All organisations involved in enforcement – Police Scotland and local authorities – will use the 4 E's 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: This, including levels of fines, is being considered further by CSJ and LPP]*

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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 unwarranted 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.

Managing cross-border importation

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

International travel

Regulations currently require international travellers, with a small number of exemptions, to 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 are also required to 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 on arrival in Scotland, 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. We also take into account information from the Test and Protect programme on cases with an international travel link.

The actions we have taken 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 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.

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.

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Vaccinations

While global efforts to develop a vaccine are still underway we must ensure our immunisation infrastructure is in place now, to respond as quickly as possible. 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 quick recommendations. On the basis of assumptions, 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 a vaccine, and putting in place an agency agreement to enable the UK Vaccines Taskforce to procure vaccines on a 4 nations basis
- Amending the 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

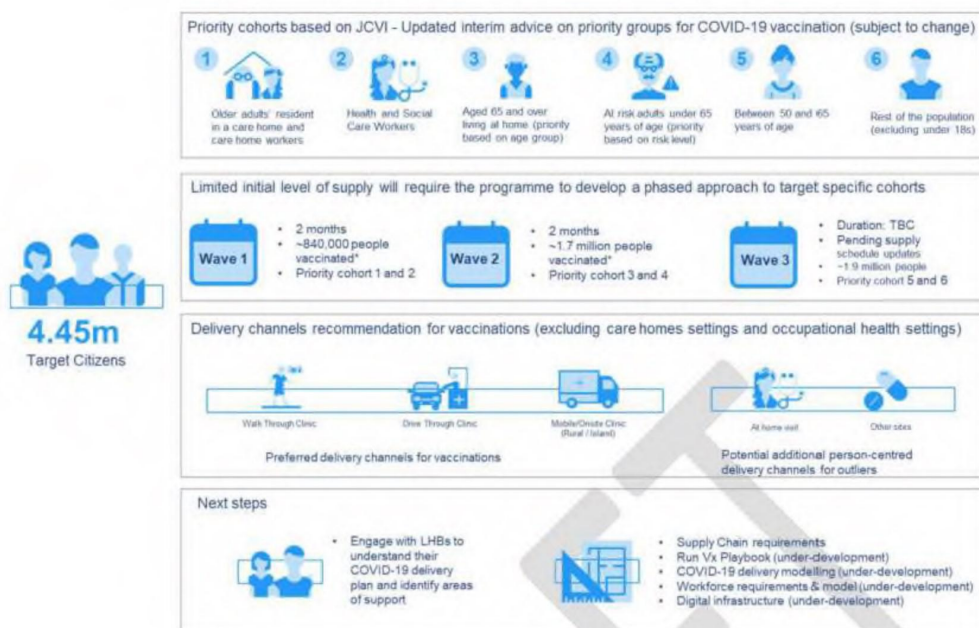
In the absence of confirmation of a vaccine, and anticipated delivery schedule, we have focused on how best to vaccinate the greatest proportion of the population based on the information we have. It is possible that everyone will require two doses with a time gap between each dose. This, together with the time required to upscale vaccine manufacturing capacity, means a phased approach would be required, as shown below.

	Wave 1 – Low level of supply	Wave 2 – Scaling-up	Wave 3 – Mass Vaccination
1. Care homes residents & staff	Older adults' resident in a care home and care home workers		
2. Over 65 years and living at home	All those 80 years of age and over Early implementation	All those 75 years of age and over All those 70 years of age and over All those 65 years of age and over	
3. Health and social care workers	Health & social care workers		
4. At risk individuals under 65 years of age		High-risk adults under 65 years of age Moderate-risk adults under 65 years of age	
5. Between 50 and 65 years of age			All those 60 years of age and over All those 55 years of age and over All those 50 years of age and over
6. Rest of the population			Rest of the population (priority to be determined)

Planning for successful delivery is continuing at pace so we are ready to deploy as soon as practicable, following definitive recommendations from the JCVI. Based on current planning assumptions, and to ensure transparency, we have set out our early workings below.

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4.45m
Target Citizens

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DRAFT – SENSITIVE – NOT APPROVED BY MINISTERS**SUPPORTING BROADER HEALTH**

Our response to COVID-19 must recognise and take account of wider risks, particularly the twin risk in health that we may see a second wave 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. 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 on 27 October and 3 November, 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 ensure that can also deal with the demands of the end of the transition period and any severe weather requirements.

Recognising the specific threat posed through winter period, we will deliver the largest immunisation programme ever with the view to vaccinating 2.4 million people. NHS Boards are working hard to vaccinate as many people as possible, with those most at risk invited first, and the majority of those eligible vaccinated before the end of the year. That is dependent upon vaccine supply. There are early indications that demand is outstripping supply – not just within Scotland, but globally – meaning supply must be managed carefully.

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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**, setting out clearly how the advice will change depending on the rates of infection in local areas over the coming months. 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 baseline, but these levels provide additional advice for areas like work, schools, shopping and contact with others. **[DN: To include table once levels agreed]**

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. We will shortly be publishing a practical guide for people on the shielding list to help them find the balance that is right for them, together with a number of additional tools we are introducing:

- Publically available **Neighbourhood Covid infection data**
- **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
- **Information on high risk activities** and keeping safe during common daily activities
- **SMS alerts** to people in outbreak areas who are on the shielding list.
- Shortly publishing a **practical guide** for shielding.

Our definition of who is in the highest risk group is based on the latest evidence. When the evidence changes, we will reflect that. We will also ensure that people at highest risk in complex settings like prisons continue to be protected. People who are not shielding but still at increased risk due to age or underlying health conditions need to be offered practical advice and support once they have undertaken their own personal risk assessments.

We are also monitoring the emerging evidence about the longer physical and mental health impacts of COVID and recognise that rehabilitation, clinical input and research are all critical to understanding and supporting recovery. We have published a Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic.

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Adult Social Care

It is critical that **social care support is maintained** as far as possible. We have allocated £150 million as part of additional COVID funding this year to help the sector mitigate the financial implications of the pandemic. We will shortly publish a comprehensive **Adult Social Care Winter Plan**. We have put in place rigorous IPC principles, provided support for PPE and appropriate Covid testing to **reduce the risk to residents, staff and visitors**.

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.

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 implement the initial advice and recommendations from the Expert Reference Group on Covid-19 and ethnicity (ERG), and ensure that Test, Protect and Isolate, shielding, vaccinations, board remobilisation, public health messaging, and other areas specifically consider and respond to the needs of minority ethnic communities.

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.

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.

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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 people's 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 young people; 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.

The third sector has been central to the COVID response to date and we are strengthening this to help ensure that support can continue. We will provide 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.

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.

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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, and assess these 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 the measures. Both a short and long term developmental perspective needs to be taken, and that the health and harm impacts of restrictions may not be immediately apparent and may not manifest until later in childhood or later life, and that the mental and physical health and wellbeing of children and young people is inexorably bound with that of their parents or carers.

ELC 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 continue to prioritise keeping schools, 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.

Our suite of school and ELC reopening 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 [DN: TBC – initial placeholder text, not agreed by and subject to Ministerial advice, and needs to be aligned to final overall approach to levels]

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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. Our initial assumption would be that each level would mean:

Level	ELC settings	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 still retaining in-person learning. Additional protective measures would be added 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 and the need to reduce R. 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, entering level 3+ 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.

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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 it 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 continue to prioritise keeping services open that protect the most vulnerable, with our Children and Families Covid -19 Leadership Group overseeing activity and guidance in support of this. It has collected and monitored data and intelligence for use locally and nationally, and identified areas for action. In particular it has supported the continuation of social work services and adult and children's social care, delivery of third sector children's services, and the early reopening of the Children's Hearing System.

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.

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 have ensured the continuation of family support activity. 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**.

Further and Higher Education

To date, we have successfully enabled around 500,000 students to return to further and higher education under a blended learning model. This is important for their wellbeing, following significant disruption to their studies, and to the talent pipeline for our economy, and provides wider societal benefits for those previously marginalised from education and opportunities for those from deprived and underrepresented communities.

We will continue to work with colleges and universities to ensure the best education for students, recognising this will be a blend of online and face to face, with priority given to subjects which require hands on learning. We will work with to ensure that digital learning is of a high quality, and that students are not disadvantaged through digital exclusion.

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We will learn lessons from the start of the 2020/21 academic year to make changes to how student households are formed and how student accommodation is used. 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. We will also work with those same groups 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 with some potentially vulnerable family members
- Students returning after Christmas and forming large new households in student accommodation
- 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.

- Staggering the end/ start of term
- Driving down prevalence through enhanced compliance and outbreak management
- Additional student-specific restrictions, particularly around self-isolation
- Increasing the amount of online learning for the term that starts in January, reserving face to face teaching for those subjects with a significant requirement for practical learning. That would include for example, medicine and veterinary science, engineering, catering and food, and personal services such as hairdressing;
- Additional Testing Regimes
- Travel Measures to reduce the number of students using public transport to return home.

EU Exit

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.

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DRAFT – SENSITIVE – NOT APPROVED BY MINISTERS**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 while employment remains close to a record high, this 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. This reinforces the need for the UK Government to provide long term certainty for this and the workers who rely on it, to ensure we do not face a collapse in employment.

Our economic response and recovery programme initially focused on protecting the economy through insulating business 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 validates our overall strategic approach to the economy. 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.

Support for businesses impacted by restrictions

We know additional financial hardships could be placed on business as a result of any further restrictions – something we have already recognised through our £40 million COVID-19 restrictions fund. Only by protecting businesses can we ensure a robust and resilient economy, and compliance with the restrictions.

That is particularly true as we move to a levels approach, and the additional risks that could create for businesses in different areas across Scotland. 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, based on the support introduced in October.

Our new financial support will provide:

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- 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 many unique impacts – for example, tourism which may have specific seasonal impacts. 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.

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DRAFT – SENSITIVE – NOT APPROVED BY MINISTERS**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.

We recognise concerns and difficulties with continued restrictions – on what you can do, who you can see; at times, our very way of life.

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 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.

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