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**19 September 2020**

**First Minister**

**COVID-19: POTENTIAL MEASURES TO SUPPRESS THE VIRUS BACK TO VERY LOW LEVELS**

**Purpose**

1. To propose options for further measures that would enable us to suppress the virus again while minimising wider health, social and economic harms.
2. This note contains the first outputs of rapid work in progress. It invites you to provide a steer as we continue to develop this work over the weekend.

**Timing**

3. **Urgent.** You have indicated that you want to be in a position to take decisions in the next 24-48 hours.

**Background**

4. In the light of recent increases in case numbers, you chaired a strategic review meeting on 18 September, preceded by a meeting of the Chief Medical Officer's Advisory Group. The 'gold command' meeting commissioned urgent work on a package of possible further measures to arrest the spread of the virus; delivery and readiness assessments; and options for a proactive communications campaign around them.

5. In parallel, the UK Government is considering further urgent measures to apply in England; and Four Nations discussions are expected in the next two days, following a call with Michael Gove today.

**Analysis of the current situation**

6. The analysis of Public Health Scotland and the Chief Statistician, discussed at the 'gold command' meeting on the basis of the latest 'State of the Epidemic' presentation, was in summary:

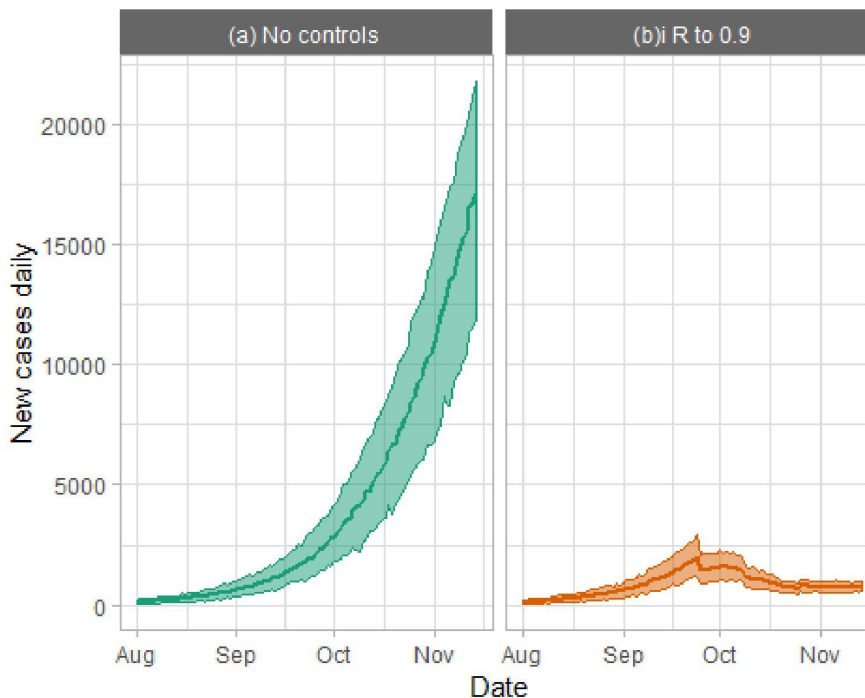
- With the current  $R_0$  sitting at between 1.1 and 1.4, the delays inherent in observing further increases in  $R_0$ , and the doubling time sitting at about seven days, Scotland is at a pivotal point for decision-making;
- A review of international experience following the first wave shows that countries which implemented non-pharmaceutical interventions early had lower levels of hospitalisations and deaths than those which delayed
- The epidemic curve of the current wave in Scotland has shown continued increase in new cases over recent weeks. While there is blunting of the rate of

increase within Greater Glasgow and Clyde following the introduction of local measures, cases continue to increase across other mainland NHS boards.

- While younger adults (age 18-39 years) have been the main group driving the increasing incidence there are signs of extension into older working age groups and some early signals of increase in those over 65.
- England has this week reported an increase in hospitalisations, ICU activity and care home cases.
- The shape of the epidemic curve in Scotland is following a similar trajectory to that of France, with a lag of about four weeks. France is now experiencing an increase in the hospitalisation and ICU admissions.

7. On that basis, their view was that a package of further measures to reduce transmission should be considered now as an early intervention. Any such measures would require careful consideration using a 'four harms' approach, as suggested by the Chief Medical Officer's Advisory Group, with a defined exit strategy preferably informed by contributions from the COVID-19 National Incident Management Team, the COVID Strategic Insights Group, SG clinical and policy leads before Ministerial approval.

8. Without intervention, SG analysts have modelled that the virus will continue to rise exponentially as shown in the chart below drawn from **Annex A** which shows (on the left) the growth in (estimated actual) cases without intervention and (on the right) the growth in cases in one of the scenarios where new restrictions are put in place on the 25 September such that  $R$  drops to 0.9 with a further circuit breaker at half term 9-26 October reducing  $R$  to 0.7.



9. Against this background, and given our overarching aim to suppress the virus while minimising broader harm, the key challenge is to ensure that measures are put in place to return the R number below 1 while limiting the damage in terms of the broader harms. A key judgement will be required on whether to aim to get slightly below 1 to, for example, 0.9, which would involve introducing measures that might be expected to cause less severe economic, social or wider health harms; or to go further and aim to get to, for example, 0.7, which would involve measures with stronger negative impacts in the short run across the other harms but would provide greater confidence on rapid suppression in the longer term.

10. **Annex A** shows the modelled impact of each option on the trajectory of the epidemic and the 'circuit break'. There are several variants of the R = 0.9 option (to demonstrate the positive effect of acting sooner) - scenario 'bi' has measures implemented from 25 Sep to achieve 0.9. Scenario 'biv' is the R = 0.7 option. All of the R-reduction options include the circuit break at present.

11. **Annex B** sets out measures that might form Option 1 (~bi in Annex A) aiming to reduce R to 0.9 and Option 2 (=biv in Annex A) aiming to reduce R to 0.7. It also sets out what restrictions might be included within a 'circuit break' that could be incorporated into Options 1 or 2. Further discussion will be required on the exact components of each of the options, taking the various harms into consideration. It should also be noted that it is difficult to estimate how much of an R reduction each package will deliver – given the uncertainties and the numerous factors involved.

12. **Annex C** (note: still draft) assesses the broader harms of each of the main options 1 (R=0.9) and 2 (R=0.7). This will continue to be refined, particularly following any steer on the components of each of the options.

13. It is important to underline that there are different ways to achieve the targeted reduction in the R number which can work in combination:

- measures to raise compliance with existing restrictions and guidance. These include both positive incentives (for example, financial support for the self-isolating) and negative (making failure to self-isolate an offence, introducing or increasing penalties for different forms of non-compliance). They also include stronger communications and marketing. (There is also the possibility that compliance might increase anyway as the public better perceive the increasing risks of the resurgence).
- effective management of local and regional outbreaks;
- restrictions designed to suppress transmission by reducing individual and household interaction in different settings.

14. It is also important to note that measures that have been recently implemented will be already working to suppress the R number (and may not yet be showing through fully in the case numbers) e.g. the 6/2 rule and the outbreak management measures in the West of Scotland. While they may not be strong enough to overturn increasing trajectory in infections on their own, they will work as part of whatever combination of measures are introduced in the short term.

## Assessments of the options.

15. **Annex C** sets out the (draft) assessment of the current options packages. This draft has been rapidly developed and will be updated in light of further steers around the selection of options within those packages.

16. Assessment of the options should be undertaken as a package – i.e. considering both their individual impacts across the four harms but also considering their overall impact when seen as a whole. This will give rise to considerations about equality impacts on particular segments of the population, about proportionality, and about how easy they will be to be communicated to and understood by the public.

17. **You are invited to give a steer around whether you wish to pursue option 1 (R = 0.9) or option 2 (R = 0.7) or a hybrid of the two.** It should be noted that although we will have more than one opportunity to intervene, a key insight from the analysis is that the earlier and more significantly we intervene to reduce transmission the more beneficial the impact in terms of the future trajectory of the epidemic.

18. We will need to think carefully about the communication of the package of measures, particularly if it seems to run ahead of public acceptance of what is required given the perceived status of the epidemic. In particular, we will need to carefully consider how we communicate the likely duration of any package of restrictions.

## Circuit Breaker

19. SAGE has discussed the option of introducing a temporary hard lockdown to act as a 'circuit breaker'. Officials are considering this option in the Scottish context. Such a move would undoubtedly delay progress of the virus and very significantly reduce infections as shown in the tables for the relevant scenarios in **Annex A** although at some cost in terms of the broader harms. Depending on how it were implemented – e.g. on a rolling basis following different half term dates around the country or in a standardised two week period, it could impact on children's education, disrupt delivery of public services, for example where NHS shift patterns have already been set assuming existing term dates, and have similar effects in the wider economy. Such a temporary lockdown would be reinforced by strong messaging about avoiding travel (domestic or international). This option can be developed further and it is not necessary to take a decision on it right now.

## Delivery and readiness

20. Depending on the measures chosen, implementation will involve a combination of public messaging; new or updated guidance; in some cases changes to regulations; and action on compliance and enforcement. We have been assessing each of the measures put forward for delivery and readiness; and officials are on standby to convert decisions into guidance and where necessary regulations as rapidly as possible. Contingency drafting of possible regulations is already in hand in relation to hospitality (closure, early closing, limiting numbers); closure of non-essential businesses; changing rules on indoor gatherings; and making failure to self-isolate an offence. We will provide further advice on this tomorrow (Sunday).

### **Engagement with key partners**

21. It will be important for us to engage (relatively) early with key delivery partners and stakeholders about the proposed measures ahead of any announcement. Plans are in hand for urgent confidential discussions with senior local authority and police as soon as decisions are taken.

### **Communications and marketing handling**

22. Proactive, targeted communications and marketing activity around the measures will be a critical success factor, both in ensuring awareness of the detail of the new restrictions and in securing the highest possible levels of compliance. You received an initial package of advice on Friday night; further advice and detailed plans will follow as soon as Ministers have decided on the package of measures and the timing of the public announcement.

### **Parliamentary handling**

12. Once decisions are taken around any measures then we will be able to advise on parliamentary handling (e.g. by announcement by parliamentary statement, making of regulations etc)

### **Conclusion**

13. You are invited to:

- consider the analysis of the present situation and the assessment of the possible measures to reduce transmission of the virus against the four harms;
- provide a steer on whether you wish to pursue option 1 (R=0.9) or option 2 (R=0.7) or a hybrid combining elements of the two;
- provide a steer on whether you wish the circuit breaker option to be developed further at this stage;
- note any other elements that you would wish to see considered for inclusion or exclusion from the packages, supported by further advice as appropriate;
- confirm whether you want Cabinet to be convened tomorrow (Sunday) or on Monday morning to take discuss the options;
- note that, in light of your steer, the options and the supporting annexes will continue to be developed further, and we will include advice on delivery and readiness, on communications and marketing, and on Parliamentary handling tomorrow (Sunday).

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