COVID-19: Framework for Decision Making

Scotland's Route Map through and out of the crisis

Supporting Evidence for the 20 August Review

August 2020

Scottish Government
Riaghaltas na h-Alba
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Introduction

Scotland's Route Map, published on 21 May, describes an evidence-led, transparent and phased approach to varying restrictions. To judge whether and when restrictions can be changed, a range of evidence will be considered on the progress of the pandemic in Scotland including what we know about the reproduction rate of the virus and data on the number of infectious cases.

We are currently within Phase 3 of our Route Map and the criteria for entering Phase 3 were:

- R is consistently low and there is a further sustained decline in infectious cases.
- WHO six criteria for easing restrictions must be met.
- Any signs of resurgence are closely monitored as part of enhanced community surveillance.

Box 1 below shows the relevant WHO criteria:

Box 1: World Health Organisation: six key criteria for easing restrictions

1. Evidence shows that COVID-19 transmission is controlled.

2. Sufficient public health and health system capacities are in place to identify, isolate, test and treat all cases, and to trace and quarantine contacts.

3. Outbreak risks are minimized in high vulnerability settings, such as long-term care facilities (i.e. nursing homes, rehabilitative and mental health centres) and congregate settings.

4. Preventive measures are established in workplaces, with physical distancing, handwashing facilities and respiratory etiquette in place, and potentially thermal monitoring.

5. Manage the risk of exporting and importing cases from communities with high-risks of transmission.

6. Communities have a voice, are informed, engaged and participatory in the transition.

The criterion which must be met before a move into Phase 4 is as follows:

"[The] virus is no longer considered a significant threat to public health."

This demanding condition reflects the risks associated with the easing of restrictions that would take place in Phase 4 in the event that the virus continued to represent a public health threat.

Supporting evidence for the move into Phase 1 was published on 28 May; for the move into Phase 2 on 19 June; and for Phase 3 on 14 July. Supporting evidence for the decision to remain in Phase 3 was also published on 4 August.

This current document has been completed by the Scottish Government to inform decisions about timings of changes within Phase 3 as set out at the review point on 20 August.

The data on the R value is sourced from Coronavirus (COVID-19): modelling the epidemic in Scotland (Issue No 14) published on 20th August. This sets out Scottish Government modelling of the spread and level of COVID-19 using data from the week up to 14th August 2020 using epidemiological modelling. The latest data on the infectious pool is sourced from Coronavirus (COVID-19): modelling the epidemic in Scotland (Issue No 13) published on 20th August.

The evidence on supplementary measures has been compiled from a range of data sources including the daily data published on the Scottish Government Coronavirus (COVID-19): daily data for Scotland web page and from weekly reports published by Public Health Scotland and National Records of Scotland. This evidence is based on the available published data at 20 August.

Evidence of progress against each of the Phase criteria is set out below.

The data set out in this publication are those that were available ahead of the 20 August review to inform the relevant decisions (more recent data may have been published since then).

Progress against Phase 3 criteria

Evidence on the achievement of the Phase criteria has been gathered from across the organisation. The information below represents a summary of those reports.

Evidence on Phase 4 criteria

To progress to Phase 4, the following criterion needs to be met:

"The virus is no longer considered a significant threat to public health."

The Chief Medical Officer provides advice on whether this criterion has been met. He has confirmed that in his view the Phase 4 criterion has not been met. This judgement reflects both domestic and international data on the progress of the epidemic. Since the last review, there have been increased numbers of local outbreaks and some early signs of increasing disease activity. Key conditions remain to be met that would support a judgement that the disease no longer represents a significant threat to public health, such as the roll-out of an effective vaccine programme and/or development of effective treatments for the virus that significantly reduced public health risk.

Performance against Phase 3 criteria

The phase criteria in the Route Map have been set to ensure safe progress between phases and confidence in the ensuing re-opening of the economy and broader society. The Phase 3 criteria were judged to have been met at the 9th July review point, enabling the move to Phase 3 thereafter. Meeting those criteria involved suppressing the virus to low levels through a sustained decline in infectious cases and a consistently low R number. Given the degree of suppression that has already now taken place, it is difficult to continue to further reduce infectious cases. Moreover, we know that the R-number becomes volatile at low prevalence rates making it more difficult to keep consistently low at the national level when it becomes susceptible to localised outbreaks and a relatively small number of infections. Nevertheless we continue to monitor performance against these two aspects of the phase criteria and against the broader WHO conditions that also form part of the phase criteria.

WHO criterion 1: Evidence shows that COVID-19 transmission is controlled

R is consistently low

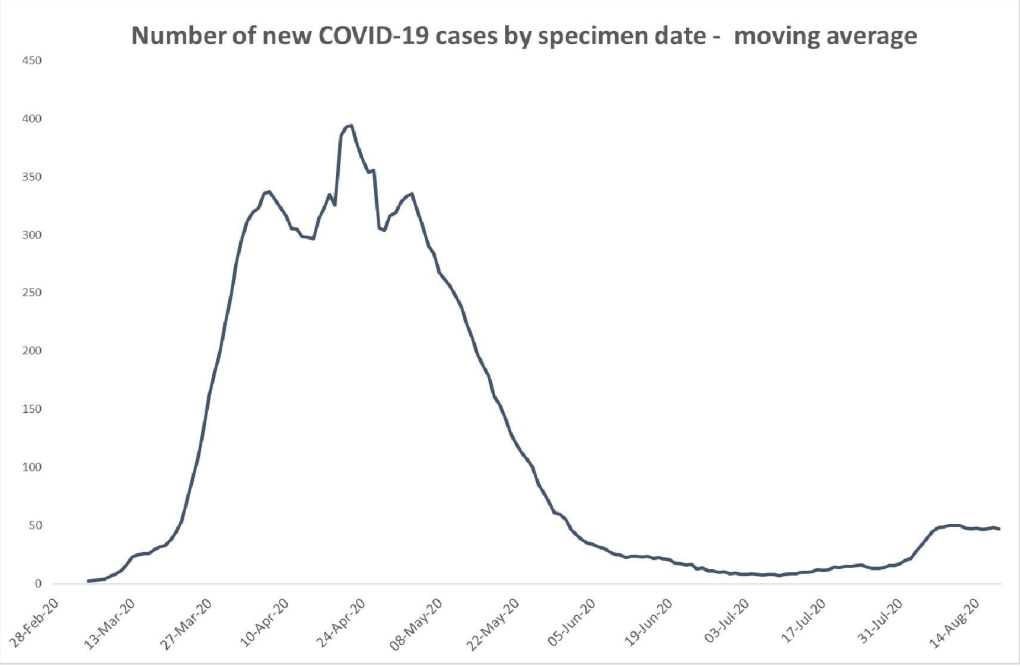
Number of infectious cases is showing a sustained decline

SAGE's consensus view, as of 20 August, was that the value of R in Scotland was between 0.8 and 1.2. The various groups which report to SPI-M use different sources of data in their models (i.e. deaths, hospital admissions, cases) so their success at capturing recent local outbreaks varies from group to group, leading to increased levels of uncertainty at this point in the epidemic.

In the week to 17 August, recent levels of cases significantly exceeded what would have been expected in Perth and Kinross, Dundee, North Lanarkshire, Angus, Glasgow and Aberdeen. In most cases these are a reflection of a small number of cases nationally, however the ongoing nature of the outbreak in Perth and Kinross were a cause for concern. Levels in Aberdeenshire were falling back towards normal levels.

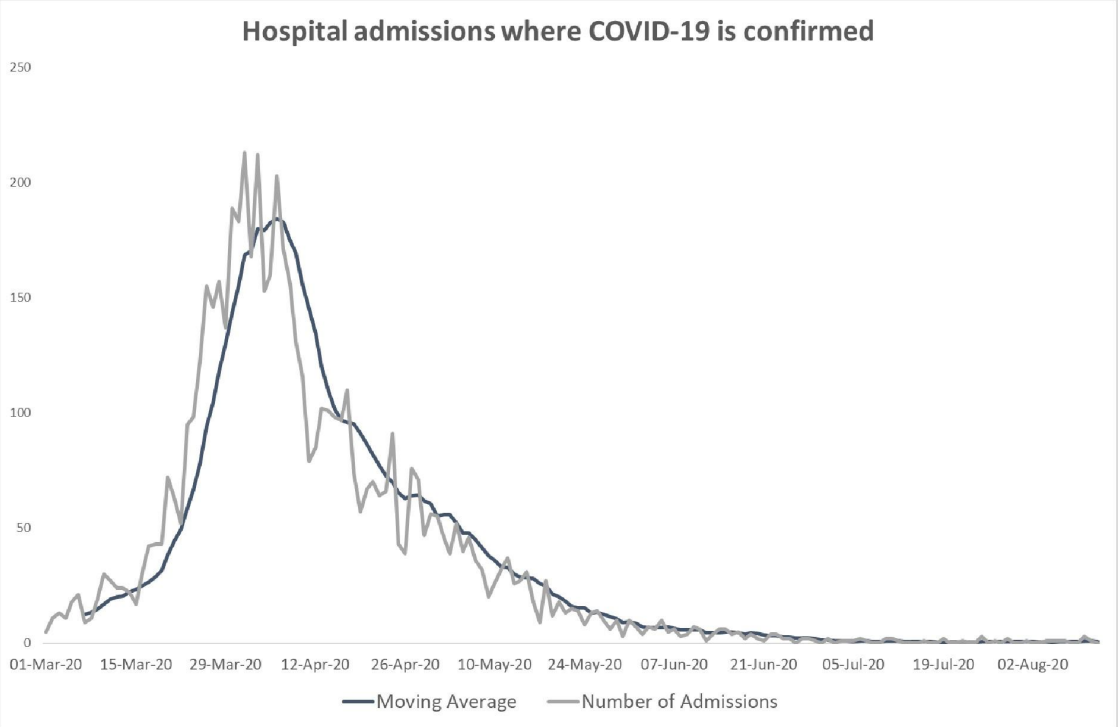
Supplementary measures

The number of new confirmed COVID-19 cases by specimen date showed a sustained decline since peaking in late April 2020, based on the 7 day moving average, up until 9 July, even in the context of increased testing and expanded eligibility. Mid-July saw a slight increase in confirmed cases – potentially as a result of increased detection of asymptomatic cases through Test & Protect, then, following the outbreak in Grampian, the number of new cases increased in early August, averaging over 40 per day from Aug 6 onwards.



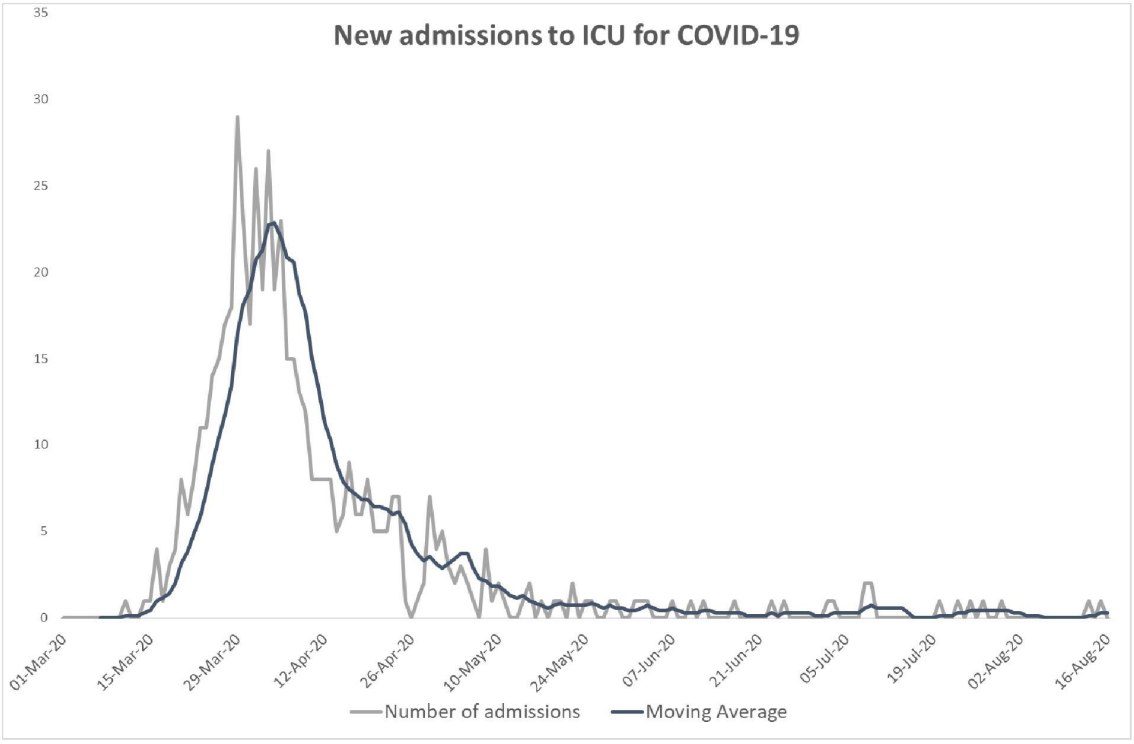
Source: Public Health Scotland, 20 August 2020

The number of hospital admissions per day for those with a positive COVID-19 result has shown a sustained decline since 7 April 2020, based on the 7 day moving average. Between 10 July and 12 August there were a total of 24 hospital admissions for patients with confirmed COVID-19.



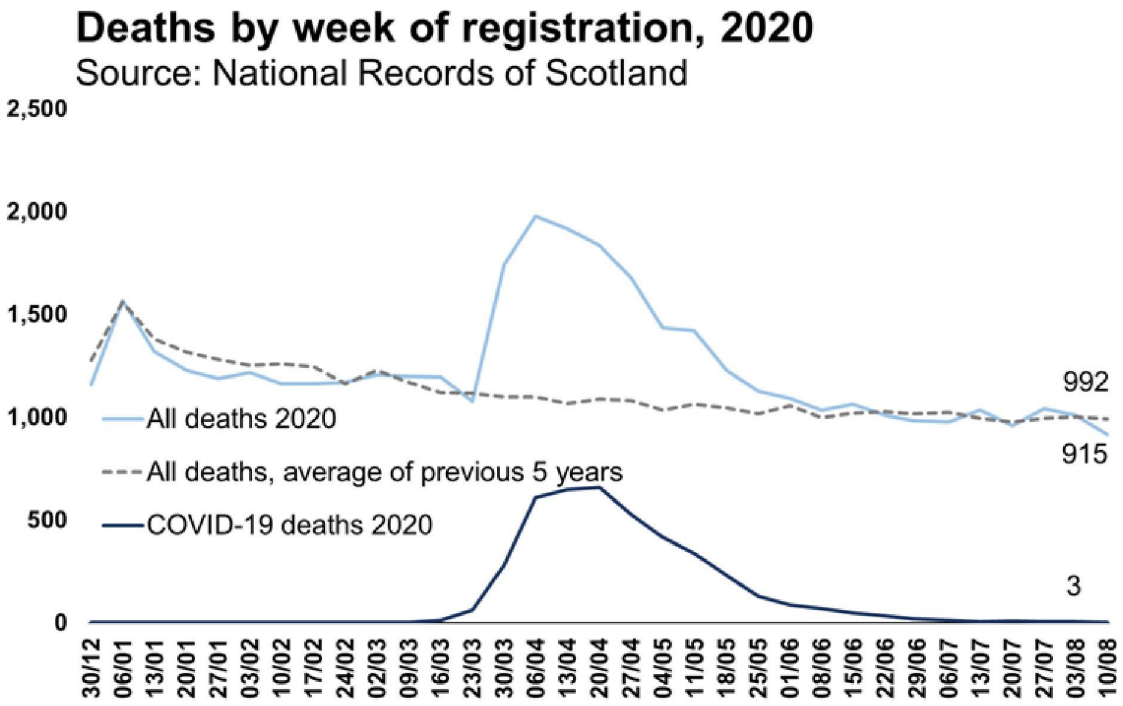
Source: COVID-19 Statistical Report, 19 August 2020, Public Health Scotland

The number of new daily ICU admissions has shown a sustained decline since 4 April based on the 7 day moving average. Between 10 July and 16 August 2020, there were 7 confirmed COVID-19 patients admitted to ICU, with none from 31 July to 12 August, but two in the latest week for which data is available.



Source: COVID-19 Statistical Report, 19 August 2020, Public Health Scotland

There has been a sustained decline in the number of weekly deaths among confirmed and probable cases. The number of deaths peaked in Week 17 (20 April to 26 April 2020). Three deaths were registered in the week up to Sunday 16th August, a decrease of 2 from the previous week.



Source: https://data.gov.scot/coronavirus-covid-19/detail.html#excess_deaths

The proportion of those who have a positive test for Covid-19 out of those who are symptomatic of Covid-19 in community healthcare has seen a very small increase in the positivity rate over the last three weeks. There were no swab positives for three weeks, week 27 (29 June to 5 July) to week 29 (13 to 19 July), but one in week 30 (20 to 26 July) which represents 0.2% of swabs, three in week 31 (27 July to 2 August) which represents 0.7% of swabs and two in week 32 (3 to 9 August) which represents 0.5% of swabs.

In conclusion:

Deaths and hospital admissions remain very low and there have been 2 ICU admissions since 31 July (up to 16th August), but an increase in case numbers has been observed.

This is the first time since March that the upper limit on R has been above 1 in Scotland. Within Grampian, cases in Aberdeen and Aberdeenshire are still exceeding what would be expected at this point in the epidemic.

On the basis of the evidence summarised above the assessment is that these criteria have been met at this review point, although vigilance is critical as new outbreaks emerge.

WHO criterion 2: Sufficient public health and health system capacities are in place to identify, isolate, test and treat all cases, and to trace and quarantine contacts.

Test & Protect

On 4 May the Scottish Government published its *COVID-19 - Test, Trace, Isolate, Support (TTIS)* paper setting out the approach to controlling the spread of coronavirus in the community. The public-facing name for the TTIS strategy is Test and Protect. It is a public health approach to supporting the management of outbreaks of infectious diseases. It is used to interrupt chains of transmission in the community.

Test and Protect – our direct response to this criterion – launched on 28 May. Test and Protect relies on disease prevalence being low, as well as high levels of public compliance with public health advice including hand and respiratory hygiene, physical distancing and awareness of symptoms.

Scotland's approach to tracing uses established, tried and tested contact tracing techniques, delivered by health protection professionals in local teams, with support arrangements at national level.

All 14 Health Boards across Scotland have flexible contact tracing arrangements in place. They are all ready to support any localised increases in community transmission of the virus that may occur as we take our first steps to ease lockdown restrictions.

Policy interventions

Our approach to testing is focussed on saving lives and protecting the vulnerable, rolling out Test and Protect to interrupt chains of transmission in the community and continuing the vital surveillance work to support our understanding of the disease in Scotland. This is enabling us to continue to expand eligibility for testing, and ensure the necessary capacity exists to support Test and Protect. We are continuing to model what capacity is required in the system to ensure that capacity meets demand and to avoid delays anywhere in the system.

Now Test and Protect has been rolled out, we will continue to work with partners to ensure that everyone who lives in Scotland can access testing. Our health protection teams are experienced in contact tracing across UK and international boundaries. Those teams will continue to work with their counterparts in other areas to deliver effective contact tracing services. We have confidence that people will recognise the importance of taking part in order to protect themselves and each other, just as they have with lockdown.

We have published guidance for the hospitality sector about the collection of customer contact details to assist Test and Protect if required. The guidance was developed in consultation with the hospitality industry and ensures data protection principles are upheld. This will enable the Test and Protect service, in the event of an

outbreak, to get in touch with anyone present at the same time as an individual who tested positive, thus enabling us to break chains of transmission of the virus.

Local Outbreaks

Scotland has well established processes for addressing outbreaks of infectious disease. *Managing Public Health Incidents* (MPHI) has been updated to reflect the experience of dealing with coronavirus. MPHI sets out in detail the role of local agencies in addressing local outbreaks, the role of Incident Management Teams and the escalation process for more serious or widespread outbreaks.

The recent number of outbreaks across Scotland have shown how the local response has managed these proportionately. The outbreak in Gretna was managed by reimposing guidance on travel restrictions and gatherings, while the more significant outbreak in Aberdeen required imposition of more rigorous statutory restrictions, with provision in regulations.

Dealing with these outbreaks has demonstrated that criteria for triggering action, strong understanding of data, clear public communication, clear escalation criteria and understanding of effective compliance are key.

Systems

Since the start of the pandemic we have significantly increased our testing capacity – original capacity was 350 tests a day. We now have active weekday NHS lab capacity of around 12,006 tests a day (around 10,500 on weekend days) and around 28,000 tests a day from the Glasgow Lighthouse Laboratory, providing overall normal weekday capacity of circa 40,006. The Glasgow Lighthouse Laboratory may process tests taken from across the UK.

This increased testing capacity has enabled us to continually expand eligibility for testing, and ensure the necessary capacity exists to support Test and Protect. Testing of symptomatic individuals was expanded to include children under 5 years of age on 22 July.

We are continuing to model what capacity is required in the system to ensure that capacity meets demand and to avoid delays anywhere in the system.

Health Boards and NHS National Services Scotland (NSS) are working hard to manage demand across different geographies and maximise daily capacity. This includes using real time data to allow variances in capacity and demand to be managed.

We are working closely with Public Health Scotland to support Boards to continue to build local capacity, including delivering support at a national level in the form of a National Contact Tracing Centre (NCTC). The NCTC was rolled out across all Boards by 17 July.

NSS are continuing to develop lab partnerships with all sectors of Scottish society to further build Scotland's testing capacity.

Where there are outbreaks, these are investigated through a risk assessment which takes into account patient confidentiality, public health needs and individual consent issues. Each incident is judged individually. There is scope to make the public aware of incident where appropriate. Anonymised information is used if it is practicable to do so and if it will serve the purpose, and index cases are always asked for permission to disclose their personal details.

Support

We are working with NHS Boards and health care partners on restarting health care services and will ensure there is sufficient capacity to manage additional testing. To enable the remobilisation of the NHS, we will regularly test staff working in specialist cancer units, in long-term care of the elderly, and in long-stay mental health wards. We are also testing any health care staff connected to a nosocomial outbreak regardless of symptoms. This testing began on 8 July.

Discussions are under way between health boards and clinical teams about testing patients before surgery, alongside all staff involved in a patient's treatment.

We are continuing to work closely with Board Chief Executives and Directors of Public Health to ensure access to resources to increase testing capacity including Mobile Testing Units (MTU) & UKG Social Care Testing Portal.

All health boards are using the digital tools to support contact tracing. We continue to enhance and develop these tools - adding more sophisticated management tools - for use solely by our contact tracing staff. We are also separately developing public-facing versions of these simple tools and users will be involved in the design of these.

The Cabinet Secretary for Health and Sport announced on 31 July that a contact tracing app to support NHS Scotland's Test and Protect system is now in development and will be made available in the autumn. The decision to develop our own app followed careful consideration of all the options open to us, and took into account the undoubted additional benefits that anonymous contract tracing technology can offer Scotland's tried and trusted Test & Protect service. The app will be developed by NearForm using the same software as the Republic of Ireland contact tracing app, which has already been adapted for use in Northern Ireland and Gibraltar and will work with those apps to support movement across the common travel area. The app will offer us an additional tool to support contact tracing efforts and notifies users via Bluetooth technology when they may have been in close proximity with someone who has tested positive for Covid (within 2 metres for 15 minutes or more).

Data

Data valid as of 19 August:

1,835 individuals (2,570 cases) were recorded in the contact tracing software and 7,449 contacts have been traced.

The initial data showed that the average number of contacts per positive case is 1.49; this is what we should expect to see during Phase 1 and 2 of lockdown restrictions. This has now increased to 4.06 as lockdown restrictions eased further in Phase 3, and reflecting recent outbreaks. For the most recent week of data, the average number of contacts per individual is 5.12. This newly-published figure gives us a more accurate reflection of the number of contacts that people have had in the most recent week.

The Scottish Government is working with PHS to understand what data breakdowns are available to identify more local outbreaks.

A sustained decline in transmission has allowed the implementation of a robust system of testing on the basis of significantly expanded capacity. Fast, well trained and effective contact tracing teams are in place; outbreak reporting and monitoring systems have been agreed and implemented; and data systems have been established to ensure that contact tracing is as reliable, rapid and effective as possible. We may be seeing lower than actual levels of symptomatic people booking a test so work is underway to better inform and motivate such people to be tested, in addition to work to make test sampling easier.

In conclusion:

Continuing low prevalence, albeit with a small but sustained increase in daily cases, coupled with expanded testing capacity has allowed the implementation of a robust testing system.

We have published an updated Testing Strategy setting out the role testing continues to play in tackling the pandemic.

An efficient Test and Protect and contact tracing system has been introduced across all health boards which uses established and effective contact tracing techniques, delivered by health protection professionals in local teams, with support arrangements at national level.

Localised outbreak reporting and monitoring systems have been agreed and implemented; and data systems have been established to ensure that contact tracing is as reliable, rapid and effective as possible.

On the basis of the evidence summarised above the assessment is that this Phase 3 criterion continues to be met at this review point.

WHO criterion 3: Outbreak risks are minimized in high vulnerability settings, such as long-term care facilities (i.e. nursing homes, rehabilitative and mental health centres) and congregate settings.

Hospital Associated Infections (HAI)

On 1 July 2020, National Services Scotland (NSS) published the results of the intensive work to validate data on the source of infections in hospitals. Previously, unvalidated cluster data was self-reported by NHS boards ('health boards'). Scotland was the first part of the UK to publish both unvalidated cluster data and validated data, and hopes that the data helps other countries across the world in their fight against COVID-19.

In spite of the limitations of the unvalidated cluster data, it brought benefits to Scotland's response to this virus by helping health boards to put in appropriate measures to minimise COVID-19 outbreaks, limit the impact to other care services and provide feedback to inform infection prevention and control measures.

Data published more recently is more robust as it looks at each positive case in hospitals and identifies a likely source. This is the most detailed picture of hospital associated infections in the UK to date. Data is now published weekly on the HPS website, and can be found on the NSS website. This data will support our ambition to detect, test, trace, isolate and treat every case of COVID-19.

Publication of validated data adds to steps already being taken in NHS Scotland facilities to minimise risks of virus transmission. These steps were further supplemented on 23 June 2020, and again revised on 11 August 2020, with a number of additional precautionary steps:

- Extending the use of surgical masks to be worn by all health and social care staff who work in a clinical area of an acute adult (incl. mental health, maternity, neonatal and paediatrics), community hospital, primary care, care at home (community care), or in a care home for the elderly at all times throughout their shift;
- Physical distancing of 2 metres is considered standard practice in all health and care settings;
- Use of face coverings by all outpatients (if tolerated) and visitors when entering a hospital or GP/dental surgery;
- Use of a surgical facemask by all inpatients/residents in the medium and high-risk pathways if this can be tolerated and does not compromise their clinical care; and
- Asymptomatic healthcare staff testing for COVID-19 has been expanded from testing all staff working in an area where there is an outbreak of COVID-19 in a non-COVID ward, to include healthcare staff working in specialist oncology wards, long term care of the elderly wards, and long term care wards in mental health facilities.

These steps were informed by the work of the Scottish COVID-19 Nosocomial Advisory Group, which was established at the start of May to focus primarily on

analysing and interpreting the existing nosocomial data in Scotland in order to identify additional interventions to reduce in-hospital transmission of COVID-19 and identify what other data are needed.

NHS Boards will also integrate infection prevention and control into their remobilisation plans so that paused services are better able to be resumed in a safe and clinically prioritised manner. The Scottish Government has emphasised the importance of continually reviewing infection prevention and control measures, and has asked health boards to ensure the effectiveness of their remobilisation plans regarding additional cleaning, the built environment (water), good hand hygiene, physical distancing, COVID/non-COVID areas for patients, and staff movement and rostering. Effective action in these areas will help to minimise the risk of outbreaks of hospital associated infections.

Additionally, Healthcare Improvement Scotland were able to resume inspections of Scottish hospitals in the week commencing 6 July 2020. The safety of patients, staff and inspectors has been paramount in the resumption of inspections.

Prisons

The Scottish Prison Service (SPS) published its COVID-19 route map and related physical distancing guidance on 25 June here. The plan sets out a series of indicative steps through 3 phases that will be taken to ensure the prison service can move forward while acknowledging the measures that will have to be taken due to the unique environment of prison settings. This remains essential to protect the health and well-being of those who live and work in our prisons and to prevent the spread of the virus. It is likely that individual prisons will move between the phases at different rates due to the local guidance and different accommodation types. More guidance on key dates will be published by SPS in due course. In-person visits have resumed in all prisons with the exception of HMP Grampian which suspended in person visits from 5 August due to the current lockdown restrictions in the Aberdeen City Council area. This will be kept under review and those in HMP Grampian care have access to virtual visits.

New powers have been put in place through the Coronavirus (Scotland) Act 2020 for the early release of a specific class of prisoners held in Scottish prisons. A controlled early release scheme was then undertaken in order to provide the Scottish Prison Service with additional operational capacity. This allowed for a greater use of single cell occupancy, keeping prison staff and the people in their care safe. The early release process has now been completed. 348 prisoners were released under the scheme between 4 May and 1 June.

Operational measures taken by prison and health staff in Scotland continue to be effective in reducing the spread of COVID-19 across the prison estate. As of 12 August, there are currently 13 individuals self-isolating across 8 establishments and being monitored accordingly. In addition, there are currently 125 persons in custody being held under Rule 40a (Non Symptomatic - Precautionary) in Low Moss, due to possible contact with a member of staff who returned a positive test. A rapid and responsive set of measures was put in place at HMP Low Moss following

confirmation of the positive test of a prison officer for COVID-19 to mitigate any potential spread of the virus. The prison continues to operate safely and effectively.

Care Homes

Since the beginning of March, we have taken regular and firm action to support care homes across Scotland and to protect the wellbeing of those who work and live there. Clinical and practical guidance for care homes was first published on 13 March and has been kept updated, most recently on 15 May, to reflect developing circumstances. We have established a Care Homes Clinical and Professional Advisory Group led by the Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) to provide up-to-date advice on the response to COVID-19 in the care home sector.

We have tasked Directors of Public Health with providing enhanced clinical leadership to care homes. To supplement this, we have asked all health boards and local authorities to establish multidisciplinary clinical and professional oversight teams – including Medical Directors, Nurse Directors and Chief Social Work Officers – to provide scrutiny of care home provision in their areas.

A Care Homes Rapid Action Group has been established with representatives from across the sector to receive regular updates and activate local action where it is required. As well as providing advice and oversight, we have ensured care homes have the means, resources, and capacity to implement the guidance.

We have established a Care Homes oversight board and developed a safety huddle tool that enables care homes to identify residents' care needs and associated staffing requirements. The information is shared with local care home support and oversight teams to allow them to plan coordinated support for local care homes. Work is underway to automate the tool and support universal adoption.

From 25 May, we started to offer testing to all care home staff, regardless of whether they have symptoms or if there is an ongoing outbreak in their care home. This is being achieved through a range of methods including the UK Government Social Care Testing portal, mobile test units, self-test kits and the employer referral process. Health Boards have been asked to oversee the implementation of this policy. From 10 June, we began to publish data on the number of tests being carried out in each health board. We asked all health boards to finalise their testing plans and these were made publicly available on 10 July.

Since 8 June, the UK Social Care Portal has been available for Scottish staff and care homes. We have access to a weekly maximum of 67,900 tests and this is the primary method by which care homes are testing staff. Staff agencies have also been notified that all staff should be tested proper to deployment into a care home and advised that the UK Government Employer referral portal should be used.

We are introducing visiting in care homes in a staged way. This is in response to lower levels of community transmission of the virus and a reduction in deaths and cases in care homes. Our four staged plan, first published on 25 June and updated on 8 August, permitted outdoor visiting of one visitor from 3 July in adult care homes

that have been declared COVID free (28 days from the last positive test or symptoms). Since 10 August care homes have been able to support weekly outdoor visits of up to 3 visitors from no more than 2 households. This is in addition to essential visits in exceptional circumstances which have operated throughout the pandemic. The introduction of one indoor visitor will take place following approval of care home plans to support safe indoor visiting by 24 August. Further visiting options will be introduced incrementally and subject to scientific advice. We will publish a staged plan for the return of services who contribute to the wellbeing of residents in care homes.

Other Vulnerable Settings

The package of measures to minimise infection applies to all adult care homes as above. We will strengthen information on other residential settings including adult mental health, learning disability, and forensic services. In addition, we are putting in place comprehensive and location-specific measures across the mental health inpatient estate to minimise the risk of infection. Patient safety is an absolute priority in mental health inpatient settings.

In terms of secure mental health services, as part of the NHS they are following all Scottish Government and Public Health Scotland guidance. This includes measures relating to staff and patients as well as the wider community. In addition, the Minister for Mental Health wrote to NHS Chief Executives to set out the presumption that all patients being admitted to a secure hospital should have a negative test before admission, unless the patient does not consent to a test, lacks the capacity to consent or it is in the clinical interests of the person to be moved urgently and then only after a full risk assessment. We continue to liaise with practitioners across the secure mental health estate on a regular basis and are of the view that the measures being taken by secure forensic mental health services are minimising the risks of an outbreak in these settings.

The COVID-19 Children & Families Collective Leadership Group brings senior leaders together to review data on children, young people and families with vulnerabilities, and to identify issues requiring action as we move through and out of the crisis. The Leadership Group is supported by a range of organisations to ensure that the experiences of children, young people, and families inform this work. A children's residential care group, supported by SG officials including clinical advisors, considers necessary advice to that sector. Alongside continuing liaison with Social Work Scotland and the third sector, this ensures appropriate guidance for social work and social care services for children and families.

There are a wide variety of approaches to social care which pose different levels of risk for different individuals, for example buildings-based services working with multiple people – day care and residential respite – pose greater risk than support at home, working 1:1.

We are working with the Office of the Chief Social Work Adviser (OCSWA) and other stakeholders to agree a route map guiding the safe continuation, resumption and response to changing needs for people in the community in receipt of social care

services. This includes carers and personal assistants employed by directly by people who require support. The route map will be driven by a set of overarching and principles, based on human rights and support the moving through different stages of recovery from the pandemic.

Respite and day care support covers a multitude of user groups and settings including building-based services, family-based care, support at home, group activities, community activities, individual support and overnight support. There is nothing to prevent respite support at home, outdoor activities or children's day care from continuing in line with existing infection prevention and control guidance. Respite services remain open for emergencies such as a carer being admitted to hospital or where there are other serious breakdowns in care arrangements. Some modified day care support for adults has remained in place with appropriate physical distancing and hygiene measures.

Guidance on adult day care and dedicated overnight respite is under development to issue as soon as possible. Ministers wrote to the sector on 3 August to confirm that, in the interim, these types of building-based services can reopen, subject to risk assessment in line with existing guidance and agreement with the Care Inspectorate and local Health Protection Team.

Regarding children's services at the community level, agreement has been reached with stakeholders on when incremental steps for targeted and general support might commence, inside and outdoors, and with groups and households.

The route map for social care services is particularly complex and, as a result, services will look different when they reopen; for example, changed staff to service users ratios in day service provision, which will impact on the unit cost of these services.

Personal Protective Equipment (PPE)

COVID-19 has presented many complex challenges including the provision of PPE at a time when the global supply of PPE has been, and remains, challenging. The Scottish Government, in partnership with the NHS/NSS, Scottish Enterprise, the National Manufacturing Institute Scotland and private companies, has increased both the volume of PPE being manufactured in Scotland and the amount being imported to provide PPE for both immediate and future needs. We are working with partners within Scotland, across the four UK nations and globally to ensure continued supply and distribution.

Adding to well-established arrangements in hospitals, all health boards now have a Single Point of Contact (SPOC) to manage local PPE supply and distribution for health and social care. For social care, in both the private and public sectors, the supply of PPE is primarily the responsibility of social care providers themselves. However given the pressure on normal supply chains due to COVID-19, we have committed to providing top-up and emergency provision to ensure staff have what they need. As of 11 August we have, since 1 March, distributed 256 million items of PPE to hospitals, 32 million to community care and 105 million to social care.

Other public services, such as the police and fire services, have their own routes of supply, but they are joined up with the Scottish Government Procurement Directorate and, via policy leads, with the PPE Division. We have also established a process with a third party supplier, making PPE available to purchase for organisations providing essential public services if they have difficulty accessing supplies through other means.

Organisations that routinely use PPE, particularly those in health and social care, are generally well placed in terms of demand prediction and supply and guidance has been produced to ensure that all sectors are aware of the appropriate use of PPE and are using it when required by risk assessment alongside other measures to ensure the safety of staff. The Scottish Government will continue to work with all sectors to achieve this, including supporting the development of any further required guidance and helping to address PPE demand and supply problems where they arise. The PPE division has developed a PPE Sustainability strategy to ensure the supply of PPE for Phase 3 and longer-term resilience.

Workforce

Steps have been taken to bolster and support the social care workforce. NHS Education Scotland and Scottish Social Services Council (SSSC) have developed a national online recruitment portal to support local efforts to enable those with relevant skills and experience to re-join the workforce and support health and social care services. The national online recruitment portal went live on 29 March and as of 11 August, 159 individuals have been matched with employers with a further 801 people available to employers, should they need them. This complements extensive work on the ground to deploy local health and social care staff to support care homes.

A national recruitment campaign encouraging people to consider a career in adult social care ran from 27 January until 20 March. We are currently considering a second phase of the campaign.

The Social Care Staff Support Fund became operational on 25 June. This provides support social care staff who, due to the nature of their work or work environment, may be expected to self-isolate on more than one occasion as part of infection prevention and control but whose terms and conditions of employment provide only for Statutory Sick Pay. Its purpose is to ensure that social care workers do not experience financial hardship if they are off work ill or self-isolating due to coronavirus.

Emergency Legislation

As we move through the phases of the Route Map through and out of lockdown and public services begin to re-open we have acted quickly to introduce interventions which will protect the progress that we have made so far. We have amended The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 to expand the mandatory use of face coverings to include certain indoor public places, including museums, galleries, community centres and places of worship. The

Regulations have also been amended to exclude face shields as a definition of a face covering, as the emerging scientific and clinical advice indicates that they do not provide adequate protection against aerosol transmission. The use of face shields is still permitted, however you must be worn with a face covering underneath. These amendments were laid on Friday 7 August and came into force at 12:01 on Saturday 8 August.

We have brought in new legislative powers to ensure the swiftest intervention if individuals in a care home are being put at risk. The Coronavirus (Scotland) (No. 2) Act 2020 contains powers allowing directions to be made of care home providers; ministers to apply for an emergency intervention order in a care home; and powers to voluntarily purchase a care home or care at home service. These powers can be used where there is an anticipated risk to residents' health, life or wellbeing and allow the highest risk cases to be addressed urgently. These additional measures reflect our commitment to working with all stakeholders to take action, adapt and improve the system as new information comes to light.

Care Homes Data

Over the week commencing 7th August:

36,410 staff were tested. This included 414 in homes with confirmed COVID-19 and 35,920 in homes without confirmed COVID-19. In addition, 48 staff were tested in Forth Valley in homes where no information on confirmed COVID-19 status was supplied, and 28 staff were tested in Grampian that could not be allocated to any individual care home.

As at 19 August, 52 (5%) adult care homes had a current case of suspected COVID-19. This number relates to care homes who notified the Care Inspectorate of at least one suspected case of COVID-19 in the previous 28 days.

There were 0 new positive COVID-19 cases among care homes residents for week 10 – 16 August.

There has been a consistent decrease in both the number of care home deaths and the number of homes with an active case of COVID-19.

National Records of Scotland are the official source of COVID-19 deaths. The most recent publication on 19 August continues to shows a steady decrease in the weekly number of deaths in care homes, falling from a peak of 341 at the end of April to 1 death from 10 to 16 August.

Cases of infection in hospitals, prisons and care homes have consistently declined since late April.

Robust monitoring and reporting mechanisms, together with enhanced funding, provision of PPE and bolstering of the workforce in care settings will ensure that any new cases are quickly identified and isolated and the risk of future outbreaks is minimised.

Application of robust testing measures will ensure that infections are contained, and that staff are routinely tested to ensure their health and wellbeing. We will take further action to address nosocomial infection in healthcare settings that is comprehensive and system wide and that delivers sustainably and at pace; and ensure for care homes full compliance with the testing policy in place.

Funding

We have confirmed funding of up to £100 million to address immediate sustainability and financial challenges across social care. We are carrying out a detailed review of actual expenditure incurred by Health Boards and Integration Authorities during the first quarter of 2020 and, following that, we will make a funding allocation to further recognise cost implications. We have provided assurance across the sector that the necessary funding will be made available for health and care services in recognition of costs incurred to date in responding to COVID-19, to support remobilisation of services, and to ensure that patient safety remains the top priority at all times.

In conclusion:

- Cases of infection in hospitals, prisons, care homes and other vulnerable settings have consistently declined since late April;
- Additional, stringent infection prevention and control measures and guidance to safeguard patients and staff in these settings have been established;
- NHS Boards remobilisation plans core aim is to restart paused services in a safe and clinically prioritised manner;
- Well-managed and established plans are in place to meet demand for PPE;
- Application of robust testing measures will ensure that infections are not being moved around the care system, and that staff are routinely tested to ensure their health and wellbeing;
- Early action to address nosocomial infection in healthcare settings that is comprehensive and system wide is being taken; and
- Significant national and local funding is in place to strengthen resilience.

On the basis of the evidence summarised above the assessment is that this Phase 3 criterion continues to be met at this review point.

WHO criterion 4: Preventive measures are established in workplaces, with physical distancing, handwashing facilities and respiratory etiquette in place, and potentially thermal monitoring.

We have been clear that our economic restart must be achieved safely and must be built around three pillars:

- Successful measures to suppress the virus;
- Guidance that promotes Fair and Safe workplaces and sectors; and
- The right structures for workplace regulation.

Legislation and Regulation

Employers have a statutory duty under Occupational Health and Safety legislation, which is reserved to the UK Government. The regulatory authority is the Health and Safety Executive (HSE). The HSE has reinterpreted the Health and Safety and Work Act 1974 to recognise that infection by the SARS-Cov-2 virus is an occupational risk and that employers must undertake a risk assessment for transmission and put in place appropriate mitigations, such as physical distancing. For those not covered by HSE, the enforcing authority is local authority Environmental Health, acting under HSE guidance.

Workplaces are required to achieve physical distancing under the emergency lockdown regulations. Again the enforcing authority is local authority (Environmental Health and Trading Standards). Local authority officers can take action on either basis, depending on circumstances. Their approach is currently based on Engage, Explain, Encourage, Enforce (the 4 Es), so they seek to obtain compliance voluntarily where they can.

Scottish Ministers have the power under regulation 4A(1) of the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 ("the Regulations"), to issue guidance on measures which should be taken in order to minimise the risk of the incidence and spread of coronavirus.

Statutory guidance published on 14 August 2020 has been issued under this regulation. Businesses operating in the hospitality sector are required by law to have regard to this. Failure to have regard to its terms is a matter likely to be taken into account should it become necessary to take enforcement action under public health legislation.

Under regulation 4ZA of the Regulations, the recording of customer/visitor contact details is now mandatory and must be implemented in all hospitality settings.

Officials are also exploring options to 'step down' the direction-making powers Scottish Ministers have under Schedule 22 of the Coronavirus Act and confer them directly on local authorities. The new regulations would allow an officer nominated by a Local Authority to give directions.

The aim would be to empower local officers to precisely target local issues to improve compliance with public health measures and increase resilience to future

outbreaks. Officials are working with Local Authorities to refine the proposed regulations.

Officials continue to work with the wider health and safety community in Scotland, and specifically with Healthy Working Lives and Scottish Hazards around extending access to trustworthy information and advice on addressing the COVID-19 threat in the workplace, particularly for SMEs and for employees with concerns. A Healthy Working Lives mentoring network has been set up, providing an opportunity for professionals to provide peer support on a voluntary basis, in both the preparation required before returning to work and how to continue to work safely once returned to work during the Covid-19 pandemic.

The Scottish Government has issued a joint statement with HSE, local authorities and Police Scotland that sets out the importance of safe working, of the role of the regulators and the importance of engaging the workforce and trades unions in undertaking risk assessments and putting in place means of safe working.

Officials are also working with a wide range of stakeholders, including, trades unions, Local Authorities and the Health and Safety Executive to consider ways to assure workers and the public that businesses are operating safely in accordance with guidance and regulations. Potential assurance options include building extra capacity within Local Authorities to check businesses are taking steps to implement guidance and regulations.

Guidance

We have been working with business and industry organisation and trades unions to develop sectoral guidance on safe working. This is in addition to workplace guidance which has been developed by the UK Government and HSE. There are many examples of good practice which are being shared within and across sectors, particularly from essential businesses who have been operating throughout lockdown.

We have already produced and updated guidance across around 30 sectors including retail, manufacturing, construction, forestry and environmental management, food and drink, transport, culture, waste and recycling, parts of agriculture, energy, house moving, libraries, small and micro businesses, professional sports, research and labs, creative industries, safer public places, live drive-in events, telecommunications, call/contact centres, tourism and hospitality, indoor sport and leisure, technology, driving lessons, performing arts & venues and general safer workplaces guidance for organisations not covered by sectoral guidance, such as for non-essential office. Guidance for soft play areas is currently under development.

We have updated existing guidance following changes to policy in relation to physical distancing in hospitality in retail and transport, to ensure that workplaces are supported to implement these changes. We have extended the list of indoor public premises where it is mandatory for people to wear face coverings and updated the face covering guidance to reflect latest public health advice. We are also

strengthening and updating sectoral guidance based on feedback from regulators involved in inspecting a premises following an outbreak incident.

As detailed above we have published additional statutory guidance for the hospitality sector. New measures include:

- Noise control – no background music and televisions on mute and sub-titled;
- Noise control – challenge loud behaviour of customers;
- Queue management – no queuing inside premises and appropriate measures to manage queuing outside premises;
- Mandatory collection of contact details for test and protect.

Updated customer guidance for tourism and hospitality sectors has also been published. It reinforces key health protection measures such as physical distancing requirements, limits on households mixing and providing contact details for test and protect.

While many workplaces are re-opening our message remains that organisations should make every reasonable effort to make working from home the default position. We have published guidance to support employers and the self-employed with the continuation of homeworking. It has been developed to complement the suite of COVID-19 related guidance on safer workplaces and can be applied across any sector where homeworking is a feasible option for both workers and businesses.

In March we published a statement of Fair Work Principles, setting out our commitment to ensure fair work was at the centre of our national response to COVID-19 during lockdown. The development of our guidance to date has been shaped by these Fair Work principles. On 19 July we issued a new statement with organisations including the Institute of Directors, SCDI, STUC, COSLA and SCVO underlining the continued collaborative approach needed between employers, unions and workers to ensure workplaces can operate safely.

On the basis of the evidence summarised above, the assessment is that this criterion has been met at this review point.

WHO criterion 5: Manage the risk of exporting and importing cases from communities with high risks of transmission

As noted above, the information in this section was updated to inform the 20 August review. Developments are likely to have taken place since that time.

International

Importation of new COVID-19 cases continues to represent one of the greatest threats to continued success and to avoiding a second wave of the virus later in the year – that is why the Health Protection (Coronavirus) (International Travel) (Scotland) Regulations 2020 regulations continue to be so important. There are two measures within the regulations (unless an exemption applies): the requirement to provide contact details when travelling to Scotland and the requirement to self-isolate for 14 days on arrival to Scotland.

Review

There is a requirement for Scottish Ministers to formally review these measures every 21 days. This review phase has again been led by a cross Scottish Government working group (comprising External Affairs, Health, Justice, Legal, Migration and Transport) who have assessed both the impact of the regulations and the ongoing need to implement these regulations. Officials are also involved in weekly Operational and Implementation meetings with the other UK nations and, as directed by Ministers, have worked to align amendments to the regulations on a four nation basis where possible.

Scottish Ministers have continued to review the health measures closely over the last three weeks and have assessed that there remains a requirement for these regulations to remain in place. This decision was relayed to the Scottish Parliament on Monday 10 August via a Government Initiated Question (GIQ). The next review point is Monday 31 August.

We continue to review the country exemptions list on a rolling basis. Using data provided by Public Health England and the Joint Biosecurity Centre (JBC), we have engaged in a four nation weekly cycle to identify countries which may need to be added or removed from the country exemptions list. Changes are made with great urgency to ensure public health is not compromised in Scotland. We are not required to wait for the formal review date to make these amendments to the regulations.

Evidence base

The main focus of this review phase centred on country specific exemptions (often referred to as air bridges or travel corridors). The data we use to establish an evidence base for consideration is provided by the UK Government and comes through a Public Health England (PHE) risk assessment (outlining where countries sit within the Red, Amber, Green risk rating) and Joint Biosecurity Centre analysis which provides data on the number of cases in the countries.

We have been working with UK Government, the Joint Biosecurity Centre, Welsh and Northern Ireland colleagues to agree a regular process for considering additions or removals to the list of countries where travellers are exempt from the self-isolation element of the border health measures. The process has continued to evolve and the quality and level of information that we are receiving from the JBC is improving.

As part of this process JBC prepares a weekly 'watchlist'. Watchlist countries are those countries currently on the exemption list where the 7 day cases per 100,000 population is above 20, where there has been a significant increase in cases suggesting a rapidly changing situation or it appears that the risk assessment for a country may be about to shift (because of a worsening or improving situation).

The JBC then undertakes a closer analysis of the countries identified on the watchlist. This fuller analysis, coupled with the Public Health England risk rating, provides the evidence base for any decisions to change travel advice or to remove countries from the exemption list. We have pressed the UK Government, supported by the other devolved administrations, to follow this release of evidence with a consistent weekly four nations ministerial meeting to discuss exemptions. While meetings have taken place, work continues to ensure these arrangements are in a place on a weekly basis.

Further work is also required to align the nations in terms of announcements and implementation of these changes but all four nations have committed to aligning as much as possible. The data provided by the JBC and PHE is owned by the UK Government. We continue to urge the UK Government to publish the data transparently and to provide evidence of effective decision making.

Country specific exemptions

On Friday 10 July, the Scottish Government exempted 57 countries and territories (plus 14 UK overseas territories) from the requirement to self-isolate on arrival in Scotland. These countries and territories were deemed to be low or moderate risk, with lower infection rates than Scotland. All arrivals and returnees from exempt countries are still required provide contact details through the Passenger Locator Form.

There have been several changes to the list in since 10 July, with the addition of Spain on 23 July followed by its subsequent removal from the exemptions list on 26 July. Luxembourg was also removed on 31 July. Both these decisions were based on evidence which highlighted a rapid growth in cases across the respective countries. We have also added countries to the exemption list who have moved into the low risk (green) category; on 28 July Estonia, Latvia, Slovakia, Slovenia and St Vincent and Grenadines were added to the exemption list on this basis.

The weekly cycle data provided by the JBC continues to highlight areas of concern. In the week commencing the 3 August, significant concerns were raised with the situation in Andorra, The Bahamas and Belgium, with all three countries showing weekly virus rates of well over 20/100k (by comparison the UK rate was sitting at 6.7/100k and Scotland's 0.5/100k) . It was therefore agreed across the four nations that these three countries represented a significant risk of imported transmission and

steps were taken to exclude them from the exemptions list. In the cases of Andorra and The Bahamas, the rise in infection was strongly linked to arrivals from Spain and the US respectively, highlighting the risk from importation of infection. These exclusions were implemented on Saturday 08 August.

The data provided by the JBC/PHE also highlighted that Brunei and Malaysia are countries that can currently be considered low risk. Brunei have not reported a case since 8 May and Malaysia's weekly case rate per 100K is 0.3. Both countries were therefore added to the exemptions list on Tuesday 11 August. These additions and exclusions were implemented across the four nations.

In the week commencing 10 August, significant concerns were raised with the situation in France, Monaco, The Netherlands, Malta, Aruba and the Turks and Caicos Islands, with all six countries showing significant increases in their weekly virus rates to levels that far exceed Scotland's 0.5/100k. It was therefore agreed across the four nations that these three countries represented a significant risk of imported transmission and steps were taken to exclude them from the exemptions list. These exclusions were implemented on Saturday 15 August.

(Please note: the following contains some information from after the 20 August Review but is included for completeness here.) The latest JBC/PHE data, week commencing 17 August, identified significant concerns regarding the rise in cases in Austria, Croatia, Switzerland and Trinidad & Tobago. Across the four nations there was agreement to remove Austria, Croatia and Trinidad & Tobago, and the Scottish Government also decided to exclude Switzerland due to concerns over the increase in their weekly virus cases in comparison to Scotland. The other UK nations have not removed Switzerland. There was also four nation agreement to add Portugal to the exemptions list, as evidence over a number of weeks has highlighted a reduced number of cases across the country. These changes were implemented on Saturday 22 August.

We will continue to closely monitor the situation and if the evidence suggests an exempt country may provide increased risk, we will not hesitate to reinstate quarantine arrangements, as has been the case with several countries. It is clear that the situation can change very quickly and immediate action is likely to continue to be required. The UK Government continue to be interested in the potential for adopting a regional approach to the assessment of risk but recognise the challenges. We are continuing to highlight issues and concerns as the thinking evolves. Other issues for future consideration include the treatment of hub airports where individuals from an exempt country transit though a hub airport in a non-exempt country and therefore need to self-isolate on arrival in Scotland. Some countries, including Ireland, have put in place measures to exempt hub airports.

Sectoral exemptions

There have been no changes to the sectoral exemptions during this 21 day review cycle. Neither the UK Government, the Welsh Government nor the Northern Ireland Executive has proposed new categories for exemption and there have been no proposals from within the Scottish Government.

We continue to work with partners to ensure there is appropriate advice and guidance available to sectors who have exemptions from the requirement to self-isolate. We continue to review these exemptions as part of our ongoing review process and will not hesitate to make changes if evidence suggests that any of the current exemptions pose a risk to public health.

Compliance

Border Force continue to carry out spot checks on arrivals at the border to ensure they have completed the Passenger Locator Form. Passenger compliance continues to be high. However, we are receiving reports from Border Force that the level of compliance is falling and Border Force staff are facing hostility from travellers when seeking to enforce measures. As of 5 August, published data shows that Police Scotland made 58 referrals to the Home Office to check on the self-isolation and exemption status in relation to reported breaches of the requirements and have issued one Fixed Penalty Notice.

Passenger arrivals into Scotland are provided by the Home Office to Public Health Scotland (PHS). PHS then take a sample of those passengers who are required to quarantine and pass the data to NHS National Services Scotland, which runs the National Contact Tracing Centre. Up to the end of July, the National Centre has been averaging around 600 contacts per week. Until 16 August, 3,614 individuals have been contacted so far, with 2,498 successful contacts made.

The UK Government are proposing an enforcement action plan which looks at increase enforcement of border measures. We continue to monitor this closely and, whilst acknowledging the need to ensure compliance with these measures, must ensure that any further enforcement measures are suitable for the conditions set by our external partners.

Work has also commenced on improvements to the Passenger Locator Form, both to improve the efficiency of the form and to look at alternative ways of ensuring the data from the form can be used to strengthen the aim of the regulations. The Scottish Government have been involved in the working group assessing proposed improvements and are working with stakeholders including Police Scotland and Public Health Scotland (PHS) to ensure the revised form meets our requirements.

Alternative measures

Consideration of alternative arrangements at the border continue, including testing on arrival. At the moment, however, 14-day quarantine remains the most effective way to minimise the risk of importing new cases from overseas.

Internal border (Common Travel Area)

Having paused progress through its roadmap out of restrictions at phase 3, the Irish Government brought in new restrictions to combat the recent increase in Covid-19 cases. Public health officials warned that "multiple significant outbreaks associated with workplaces, households, and social activities" were now spread across the

country, giving Ireland the 4th fastest growth rate in cases over the past 14 days in the EU, and an R rate of 1.6. Ireland's rate of cases per 100,000 over 14 days to 19 August is 25.4.

The Government has responded to the increase prevalence and spread by reimposing tighter restrictions and introducing new measures. These include extended local lockdowns in three counties, advice the public should avoid public transport, reintroduction of working from home unless essential or critical, lowered limits for indoor (6) and outdoor (15) gatherings, tightened requirements for the wearing of facemasks, and sports reverting to behind closed doors. The government is also committed to legislating to enforce the measures and to bringing forward a new Roadmap for Resilience and Recovery in advance of 13 September setting out a plan for balancing the public health, economic and social aspects of living with C-19.

The Irish Government is continuing to advise against all non-essential international travel. All incoming passengers arriving at ports and airports are legally required to submit passenger locator information and requested to self-isolate for a 14 day quarantine period. The government are considering options to increase resource in ensuring that passengers are complying with rules through follow-up checks and phone calls.

The Irish Government has published a 'green list' of countries for whom quarantine travel restrictions will not be required. Travellers coming to and from these locations will not be required to isolate upon entry to Ireland. The list has been reduced to just 10 countries and is based on European Centre for Disease Control data. Countries with similar or lower prevalence of the virus are included, with countries with higher incidence not (including UK, US, France, Spain). The 10 countries on the list are Finland, Norway, Italy, Hungary, Estonia, Latvia, Lithuania, Slovakia, Greece and Greenland. On 19 August the government deferred a decision to remove Greece from the green list, and asked public health officials to provide further data.

Intra-UK risk

There is a risk that the virus will be exported from communities with higher prevalence in Scotland and elsewhere in the UK to communities with lower prevalence. Tourism to Scotland has now opened up (including all holiday accommodation), which means that citizens from other parts of the UK can now travel to Scotland.

A practical approach for managing transmission to and from communities with high rates of transmission in the rest of the UK is to rely on systems for instituting local lockdowns being developed in each country. The UK Government has, on 17 July, published a COVID Contain Framework for local decision making with statutory guidance which sets out greater powers for councils to take action to address local outbreaks. This includes clear instructions that people should not travel outside of lockdown localities in England. On 31 July, the UK Government introduced stricter lockdown rules for parts of northern England following evidence of increased transmission. This should have the effect of limiting travel from those areas to Scotland (and anywhere else).

In the event of a significant local outbreak, Ministers have regulation-making powers under the Coronavirus Act 2020 that would allow Ministers to re-impose lockdown restrictions on a local or regional basis within Scotland if necessary, thus managing the risk of exporting cases from high risk communities. Following an increase in the number of cases in the Aberdeen City Council area, restrictions on travel, indoor gatherings and hospitality were introduced on 5 August.

Scotland is developing a responsive system of community surveillance for COVID-19 at national, regional and local level. This approach will utilise a range of existing data sources and build on the existing community of expertise across Scotland.

The enhanced surveillance approach will gather routine and new data. In the community this is gathered from various places including citizens, households, closed settings, primary healthcare, occupational groups and age groups. These data will be monitored closely for trends and also linked to other data sources to enable a fuller picture to be understood of COVID-19 across the population – this will allow identification of signals that the severity, transmission, or impact is worsening in the population and then to be able to respond appropriately to those signals and emerging risks. This supports rapid implementation and action on the ground (including through Test and Protect) by the right actors at the right time.

The development of this surveillance system will help to minimise the spread of COVID-19 in Scotland including those derived from imported cases by quickly identifying COVID resurgence, clusters, and outbreaks.

Phase 3 is bringing further gradual re-opening, resumption and scaling up of economic and social interactions. These are necessary to mitigate the overall harm caused by the pandemic and involve sometimes delicate and difficult balances. They also reflect our legal obligation to retain restrictions for no longer than they are deemed proportionate. However this gradual easing of restrictions increases transmission risk. Cross-border movements of people and goods will continue and increase as we ease restrictions. Consequently, it is essential to our plans for a sustainable recovery and to the objective of aspiring to as close to elimination of the virus as possible that we reduce importation risk to an acceptably low level.

On the basis of the evidence summarised above, the assessment is that this criterion has been met at this review point. However, continuing vigilance is required around the management of importation risk.

WHO criterion 6: Communities have a voice, are informed, engaged and participatory in the transition.

Summary

This update report provides information which illustrates the actions taken in Scotland since the previous report date (30th July) to ensure that 'communities have a voice, are informed, engaged and are participating in the transition'. It is not a comprehensive list of every interaction with stakeholders or the public, rather it is intended to demonstrate the Scottish Government's commitment to work with partners, stakeholders and the wider public to inform and engage them in mitigating the harms caused by the Covid-19 pandemic and to maintain public trust.

The report demonstrates that actions have been taken to ensure that the existing partnerships and interactions to deliver the Programme for Government and the National Performance Framework have been effectively focused to take account of the impact of the pandemic. It has a strong emphasis on being transparent in sharing information, listening and learning about the experiences of communities - particularly those badly affected by the pandemic - so that future work to ease the emergency actions are taken with the best information available.

Informing the Public

This work ensures the public is aware of the public health measures in place, is able to access support if they require it, and has trust in the Government's decision making and advice.

Ministerial briefings to the public continue. These are generally led by the First Minister supported by medical and scientific advisors. They continue to provide clear and consistent messaging and are followed by Q&A with journalists. This regular briefing has also been used to launch and direct the public to new publications and information on the government's actions to mitigate the harms of Covid-19.

The messaging provided by the daily briefing has been supported by marketing campaigns, primarily focused on increasing awareness of and compliance with public health measures and support for those who need it (including for domestic abuse, mental health and managing finances). Messages have evolved as restrictions have lifted, but now, with frequent changes to restrictions, marketing activity focuses on three main areas:

- Compliance (We Are Scotland - an emotive overarching campaign designed to empower the population to comply);
- FACTS (protection messaging); and
- Test & Protect (Scotland's approach to implementing the test, trace, isolate and support strategy).

These campaigns direct people to the nhsinform.scot and gov.scot websites for further information. They are supported by other channels which cover the more nuanced, audience-specific information that is being updated and changed on a regular basis (ongoing changes to restrictions). Through our Partnership Team we

also engage regularly with various stakeholders, partners and third sector bodies by providing assets via stakeholder toolkits or for download on NHSInform.

Paid-for-media campaigns have additionally targeted a number of different demographics with specific messaging, including:

- General Population – NHS Redirection campaign (to encourage people to check where the best place is to go for medical help depending on the concern; Clear Your Head - supporting positive mental health, with phase 3 of this to launch soon; Scotland Cares – encouraging volunteering and communitarianism;
- At Risk Audiences (adults 70+, adults at increased risk of Covid complications) encouraging additional precautions and offering additional support if required
- Victims of Domestic Abuse – encouraging access to support services during Covid;
- Minority Ethnic communities – specific Public Health messaging due to poorer cut through of general messaging;
- Those with financial worries as a result of Covid (including renters) – increasing awareness of benefits and wider financial/other support available
- Young people (18-24 year olds, 13-24 year olds) – demographic-specific public health messaging;
- Parents (of children 0-16 years old, of children 2 - 9 years old, school-age children) – range of messaging and support products.

Advice and Guidance has been published on a wide range of issues on the Scottish Government website to support individuals and businesses through this period. Recent publications have included information for people who are asked to self-isolate, guidance for care homes around visiting, and guidance around international travel.

We continue to share information around Scotland's Route Map, including supporting evidence for each review (most recent on 30th July).

Data on the pandemic has continued to be published on the Scottish Government website daily, and is also available in Open Data format. Public Health Scotland launched their improved dashboard at the end of July. Findings on modelling the epidemic continue to be shared online as well as reports of research on public attitudes and behaviours. Data on the Four Harms continue to be published on the dedicated dashboard.

Finding out about the public

The purpose of this work is to develop a clear understanding of how COVID-19, and the response to it, are impacting different sectors of the public and to gain an understanding of the attitudes and beliefs held by the public at this time.

Marketing activity has been developed following insight gathering qualitative groups among different audiences in Scotland. Creative work has been co-created and

tested in qualitative research for effectiveness ahead of production. Impact of paid-for-media campaigns has been closely tracked, to ensure that marketing campaigns have been effective. Findings include:

For We Are Scotland compliance campaign (at 23-26 July):

- Campaign awareness of 57% (against a target of 43%);
- Claimed action (among those who had seen/heard the campaign) at a very high level of 79%;
- 81% agreement among those who had seen/heard the campaign that it is supportive; and
- 83% agreement among those who had seen/heard the campaign that it helps me understand that we are all responsible for keeping Scotland safe.

For FACTS campaign (at 23-26 July):

- Campaign awareness of 79% (in line with target);
- Claimed action (among those who had seen/heard the campaign) at a very high level of 83%;
- 82% agreement among those who had seen/heard the campaign that it is supportive;
- 89% agreement among those who have seen/heard the campaign that it makes clear what I need to do on an ongoing basis to help stop the spread of coronavirus.

For phase 1 of the Test & Protect campaign (2-6 July):

- Just over 5 weeks after launch, the campaign achieved 67% awareness, rising to 83% with the inclusion of the door drop (in line with target);
- Among those who had seen the Test & Protect campaign 92% agreement (63% strongly) that 'the advertising makes clear what I need to do next if I have coronavirus (Covid-19) symptoms'; and
- Among those who had seen the Test & Protect campaign, 75% said that if they personally had symptoms they would request a test, 66% said they would stay at home and not go out for 7 days (the timeframe advised at that point) and 57% said they would provide details to the NHS if asked to do so for contact tracing.

The COVID hub has carried out a range of research, tracking the impact of Covid on communities to support effective action to mitigate the harms of the pandemic. This has included:

- Polling to monitor public attitudes, behaviours and some of the harm indicators (trust, loneliness and health). This has involved the production of weekly summaries of trends for wider policy/analysis, and monthly summaries published for external audiences, with the most recent published on 5 August. Recent findings have indicated that:
    - Compliance with rules and guidance has been high, with majorities trying to keep 2m distance from others when out (72%) and avoiding

non-essential use of public transport (60%). However, there have been gradual declines in the proportions avoiding meeting with family and friends inside and avoiding gatherings with friends and family (43% and 44% respectively), which likely reflect guidance about changing lockdown restrictions. (10-13 July);
    - The virus has impacted on personal and societal wellbeing, with 33% reporting high levels of anxiety, 64% feeling worried about coronavirus and 44% reporting feeling lonely. (28-30 July);
    - Trust in Scottish Government advice and guidance is strong, with 75% viewing the Scottish Government as doing a good job to help Scotland deal with recovery following the pandemic (4-6 August) and 78% trusting the Scottish Government to work in Scotland's best interests. (28-30 July);
    - There have been increases in people's levels of comfort in resuming activities, with 59% feeling comfortable going to their usual place of work in the next month and 59% feeling comfortable with children going back to school. (4-6 August).

- A more detailed telephone survey to supplement the polling work has also been undertaken, which focused on the impact of Covid on people's wellbeing and provided breakdowns for key groups in society, as well as a consultation with stakeholders, to explore how community-level organisations responded to the pandemic and their views on the impact of the virus on the people they work with.

A commission of focused Social Research analysis deployed to improve the understanding of the impact of Covid-19 on the identified more than 50 pieces of targeted research and rapid reviews of evidence across a wide range of policy areas where harms have been identified. This includes impact on:

- Emerging labour markets;
- Student hardship;
- Mental health;
- Remote court hearings on justice system;
- Use of drugs and drug deaths;
- Impact on migrant populations;
- Review of the impact of Covid-19 funding streams on wellbeing and resilience.

Recognising that the impact of Covid-19 affects certain areas of the community disproportionately, Scottish Government has worked with partners and stakeholders to understand the impact of Covid-19 on their work. This includes work to improve understanding of the existing data and to identify gaps in the data to help manage risks for both the population and the workforce as lockdown is lifted.

To further this work, an Expert Reference Group (ERG) on Covid-19 and Ethnicity has been established to assess and understand impacts for Minority Ethnic (ME) groups in Scotland. The ERG has met four times and is due to meet again on 20 August. The role of the ERG is bring together academics and other experts to advise the Scottish Government in its response to any disproportionate impacts of COVID-

19 on ME groups. The Group will feed into the Race Equality Action Plan (REAP) Programme Board, which continues to have the overarching remit for advancing race equality in Scotland, and will also link in with other relevant bodies such as the SG's COVID Advisory Board, the Social Renewal Advisory Board and the Economic Recovery Group. In comparison to the broader role of the REAP, the ERG's work is focussed on specific issues arising from COVID-19 in relation to data, inequality, racialized health inequalities, and other identified inequalities in this context. To support the range of its work, the ERG has established two subgroups focussed on data, evidence and risk, and systemic issues. The ERG is expected to provide its initial advice and recommendations shortly.

In addition there has been continued wider engagement with race equality stakeholders, the Scottish Government's race equality team meet with a range of stakeholders on an ongoing basis. For example, policy officials met with the Ethnic Minority National Resilience Network (run by BEMIS) on 11 June to outline SG's actions and listen to concerns. The Network shared the priorities that they and their users have, including immediate anxieties and longer-term recovery issues.

Engaging the public

Our intention is to give the public the opportunity to give their opinion on decisions which are being made, or problems which we face.

In recognition of the evolving approach to Public Engagement across Government, an expert group has been formed to provide advice and guide our public engagement work. Following the first expert group meeting, planning is now underway to develop the next online engagement exercise which will focus on aspects of the management of the pandemic and the maintenance of public trust.

The second meeting was held on 4th August, and focussed on how best the public can be engaged and involved in the Renew process, looking ahead to the longer term.

Initial public engagement is already underway within the Renew Process. For example, the Social Renewal Advisory Board has commissioned a series of community-based listening events, to ensure that lived experience informs their work. These events are already underway, and will allow the board to hear from at least 30 local authorities across Scotland. Feedback from the first round of discussions with Poverty Truth Commissions have already been received.

Complementing these events, deep dives with communities of interest are also planned, intending to use existing groups and networks as "sounding boards" for the longer term recommendations of the board. An exercise will also be run to allow interested organisations to submit responses, questions and ideas on the Social Renewal work, with thematic analysis of these responses feeding into the board.

In conclusion, on the basis of the evidence summarised above, the assessment is that this criterion has been met at this review point.

Any signs of resurgence are closely monitored as part of enhanced community surveillance

As Scotland transitions to the next phase of the COVID-19 pandemic, a responsive system of community surveillance for COVID-19 is essential. The national level measures that have become the mainstay of tracking the pandemic need to be supplemented by local active surveillance. We expect to see less community transmission, followed by clusters of cases, then more sporadic cases (one or more cases, imported or locally detected). These need to be carefully monitored, including outbreaks in special settings.

The Scottish COVID Data and Intelligence Network is working to provide an effective pandemic response at national, local, and sectoral levels, and to support public trust by publishing data. That includes the ability to identify potential new clusters of COVID infections at a near real time and on a small area geographical basis.

Data from Test and Protect will be critical to establish the efficacy of the system and contribute to active surveillance. This includes demonstrating that most new cases are translating into index cases and establishing that high proportions of contacts are traced within 48 hours.

Alongside this, modelling of the pandemic will also continue and will provide an ability to look at the effect of any new cases on the country as a whole and whether this may lead to additional cases that would need to be acted on e.g. around re-imposing lockdown restrictions.

We can set conditions for consideration of whether to re-impose lockdown restrictions (based on our understanding of the impact on transmission risk of the various changes we have made). Re-imposing restrictions should be considered when key measures cross certain thresholds (or meet specified criteria). This could include the estimated levels of R, infectious people, estimated new infections and observed data.

Other lead indicators are now being tracked to identify any resurgence of the virus as part of enhanced community surveillance efforts in Scotland. Maps showing areas of Scotland with higher than expected positive cases, NHS24 calls for respiratory symptoms, and trends in symptomatic patient surveillance at Community Hubs are shown in the SG Situation Report. Data, maps and insights of NHS24 calls and positive tests in local areas are now shared across Scottish public bodies.

Further development is planned for the coming weeks, in particular, we are

- assessing a forecast of new Covid cases that looks 7 days forwards. This is based on travel patterns. We are currently assessing its predictive power for local authority areas and neighbourhoods.
- undertaking a survey that started on 10 August that asks where people have gone and how many people they have met/spent time with. This uses a standard approach that is used across Europe that translates changes in people's contacts to likely changes in new cases. This should give good forecasts of new cases for Scotland.

- analysing waste water for signals of Covid. This will report on 26 areas around Scotland. Early indications are that it can pick up indications when there are Covid spikes.
- discussing potential additional early warning indicators with UK Joint Biosecurity Centre.

There are well established multi-tiered, multi-agency coordinated approaches to managing any public health outbreaks in Scotland. The procedures used are set out in very well established and effective guidance: The Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led Incident Management Teams. This guidance is well known and well understood by local health partnerships. It was updated and published again on 14 July to reflect COVID legislation and the introduction of Public Health Scotland. To support the publication of the refreshed guidance, officials have developed a position statement that sets out six steps to surveillance and response. To support the publication of the refreshed guidance officials are developing a position statement that sets out six steps to surveillance and response.

On the basis of the evidence summarised above, the assessment is that this criterion has been met.

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