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THIS PAPER IS FOR DECISION

SCN(21)29

RESTRICTED HANDLING

SCOTTISH CABINET

COVID-19: NEXT STEPS

PAPER BY THE DEPUTY FIRST MINISTER AND CABINET SECRETARY
FOR COVID RECOVERY

Purpose

1. This paper invites Cabinet:
 - (a) To consider the developing situation with the epidemic, and the approach we should now take;
 - (b) To agree that at this stage it remains proportionate to maximise interventions as set out below, short of re-imposing restrictions;
 - (c) To agree that all Cabinet Secretaries should continue to engage vigorously and proactively with their sectors to maximise the impact of baseline measures and report back on further progress by close on Thursday to enable consideration of further action at Cabinet on 7 September;
 - (d) To note the heightened communications and marketing material set out in Annex D and seek to reinforce such messages through respective portfolio channels;
 - (e) To note the latest position on vaccinations and the preparation under way to implement rollout rapidly should advice from the Joint Committee on Vaccination and Immunisation (JCVI) widen eligibility of the programme;
 - (f) To note the proposed position on certification;
 - (g) To note the contingency planning for the deployment of targeted restrictions (with options set out at Annex E) should the state of the epidemic deteriorate to such an extent that this would be both necessary, justified and proportionate; and
 - (h) To delegate to the First Minister any relevant final decision-making ahead of her COVID Statement to Parliament on Wednesday afternoon.

Timing

2. This paper will be considered by Cabinet on **Tuesday 31 August**.

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Background

3. Current regulations (in force since 9 August) provide a limited set of measures to suppress the epidemic. We purposefully retained a range of **baseline measures** including certain legal requirements and a range of measures set out in guidance because we knew that vaccination alone was unlikely to prove sufficient, at this stage of the epidemic, to keep the R number below 1 and the virus in check. The measures currently in place are as follows:

- ◆ Face coverings continue to be required to be worn in indoor public places and on public transport.
- ◆ Test & Protect continues to provide wide access to symptomatic and asymptomatic testing and contact-trace positive cases (with increased use of digital solutions to maximise productivity while retaining public health benefits as case numbers rise) – and there is a continued requirement for indoor hospitality and similar venues to collect the contact details of customers.
- ◆ Continued promotion and roll-out of the vaccination programme.
- ◆ Scottish Government continue to work closely with local incident management teams on appropriate outbreak control measures.
- ◆ Scottish Government continue to use travel restrictions, as and when necessary, to restrict the spread of outbreaks and protect against the risk of importation of new variants.
- ◆ Continue to advise home working where possible, recognising that some staff will start to return to offices in line with staff wellbeing discussions and business need.
- ◆ Guidance to assist individuals and businesses to reduce the risk of transmission as much as possible, such as rigorous hygiene, including regular hand washing, promotion of ventilation and keeping a distance from others where appropriate.
- ◆ For a limited period there will be a gateway process through which organisers of outdoor events of more than 5,000 and indoor events of more than 2,000 will have to apply for permission. This will allow Scottish Government and local authorities to be assured of the arrangements in place to reduce risk.

4. Cabinet reviewed these Regulations last week (24 August – *SCN(21)11th Conclusions refers*) and agreed that, while they should be retained unchanged at that point, early consideration should be given to the potential need for and timing of additional restrictions in light of developments in the epidemic.

5. This advice is set against the backdrop of a significant rise in positive COVID cases in Scotland over the past week and the expectation that COVID morbidity and mortality and pressures on the NHS will increase in the near term as a consequence. Were the doubling time observed in the past week of around 7 days to continue then exceeding 10,000 cases per day this week would be plausible; conversion rates to hospitalisation give us a sense of the pressures that this would impose on the NHS and the consequent impact on health outcomes.

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6. We can simplify the future development of the epidemic into two scenarios:
 - i. Cases peak in the near future (e.g. within a fortnight) and subside without the need for further intervention (for example, on account of increasing immunity – through vaccination roll-out and increasing infection-acquired immunity – and through positive behavioural change in response to rising cases).
 - ii. Cases continue to rise in the absence of further intervention until a point where they risk overwhelming the NHS and causing intolerable health harm.
7. While the future course of the epidemic remains uncertain, on balance I judge it is more likely that we are in the second of these scenarios – and it is certainly more prudent to assume so from a COVID health outcomes perspective. In any event, the fact that case numbers exceeded 6,000 (by specimen date) last week means that we are likely to breach the 800 COVID bed threshold within around a fortnight and will need to plan accordingly as there will be displacement of other health needs (separate advice on hospital pressures has been provided).
8. The Strategic Framework update of June set out our revised strategic intent, signalling a shift in focus from suppression of the virus to the lowest possible level, to one in which the wider harms of the epidemic are alleviated, while we recover and rebuild for a better future. This remains our intent.
9. It also highlighted the potential challenges of managing the delta variant while reopening the economy and society and completing our vaccination programme and reiterated the need for continuing caution.
10. Even as vaccines continue to deliver significant protection from the very worst health harms caused by the virus for most people, the risk of severe disease from Covid-19 cannot be eliminated entirely and this risk increases as background prevalence rises, as it is currently doing; we are seeing this reflected in the trend of increasing hospitalisations. We now have solid evidence that the delta variant is significantly more transmissible than previous strains of Covid-19 and increases the risk of hospitalisation compared to the Alpha variant (although this risk is significantly reduced by vaccines). The heightened transmissibility is one driver of the steep increases in cases observed in recent days. While our focus rests across the four harms of Covid-19 we continue to pay close attention to the pressures the virus is causing on our NHS services to ensure that sufficient capacity remains in place to treat all cases appropriately while not causing excessive pressure in the system and to plan for our needs in the longer term.
11. Based on scenario ii, the relevant questions become: how much intervention is required, what types of intervention, and at what stages? These link closely to the legal questions of what would be necessary, justified and proportionate?
12. Guiding the answers to these questions, fundamentally, is the need for the reproduction number (R) to return below one (as it did following the peak in late June/early July) to reduce incidence and then prevalence. As noted above in relation to the first scenario, part of the downward pressure on R that may lead to this would come from increasing immunity – through vaccination and the recent increase in

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infections – and potentially part would also come through behavioural change by the public and organisations in response to rising case numbers. But scenario ii. assumes that this effect is not enough. Further intervention is required on top of these factors. How much further downward pressure is required is a matter of judgment supported by analysis but if the R number is around 1.3-1.4 at present in Scotland and we need it to return to 0.9 then this highlights the scale of adjustment required, taking *all* factors into account.

13. Other interventions include enhancing our **communications and marketing** activity to achieve further positive behavioural change, (including increased uptake of existing areas of asymptomatic testing), closely monitoring the impact of the current self-isolation policy and any amendments that may be required, (signalling an intention on) **certification**, and increasing the impact of **vaccinations**, through increasing take-up and potentially expanding eligibility and providing boosters (the latter both subject to JCVI advice). These interventions will be discussed further below.

14. At this stage I consider that intervening by re-imposing **targeted and proportionate restrictions** should be developed as an option for rapid deployment, should that be judged necessary, but should not be deployed yet given the various harms that this would impose on the economy and broader society, **LPP**

LPP By their targeted nature, such restrictions would be much less than a full-scale, 'circuit breaker' lockdown. We should consider when would be the appropriate time to reimpose such targeted restrictions, should that become necessary and also consider what those restrictions should be, taking all relevant considerations into account. This is also set out below and further supporting analytical and assessment material is available.

Current state of the epidemic and future projections

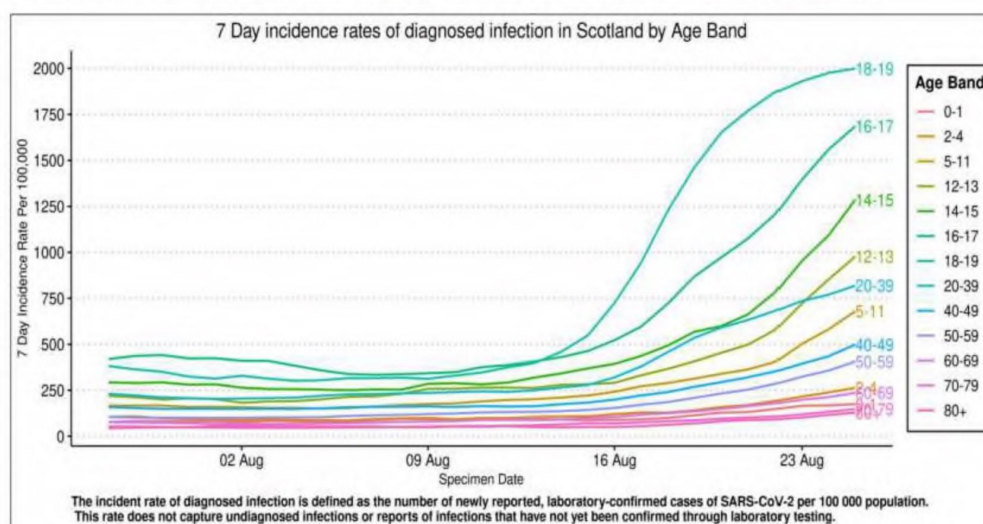
15. The *State of the Epidemic* report is published each Friday. A *Modelling the Epidemic publication* is also produced weekly and reports on other aspects of the evidence base and projections. This cabinet paper is updated with information from the reports of 26 and 27 August and with more recent information on case numbers, rates and trends which has been published since.

- ◆ The latest published estimate of the R number is between 1.0 and 1.3, based on the period up to 23 August. This is an increase in the lower and upper limits from last week and takes the range fully above 1.
- ◆ Daily reported cases **by specimen date** are showing sustained increases comparing week on week figures; daily cases as at 27 August were 5,836 compared to 3,423 a week earlier.
- ◆ 7-day average test positivity **by specimen date** has increased to 13.2% as at 27 August; this has been increasing since 6 August.
- ◆ 7 day case rates continue to escalate to 688 per 100,000 Scotland-wide as at 27 August **by specimen date**, compared to 367 per 100,000 seven days previous (20 August). This national average masks considerable variation by age groupings.

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- ◆ Case rates have increased across all age bands over the last week, other than the 0-1 yr age group. The highest case rates are observed among 16-19 year olds, followed by 12-15 year olds and then 20-39 year olds. The increase in case rates is much more pronounced among the younger age groups as can be seen from the chart at Figure 1 below. This contains data by specimen date up to 27 August.
- ◆ There appears so far to be limited cross-transmission between the younger and older age groups but reasons for this are not fully understood. This pattern may change with further changes in household and social mixing. This matters given what we understand about variation by age in the risk of severe illness and hospitalisation from Covid-19.
- ◆ The Modelling the Epidemic publication 26 August reports that average contacts have increased by 15% in the last two weeks (comparing surveys pertaining to 5th August - 11th August and 19th August - 25th August) with a current level of 4.7 daily contacts.
- ◆ Contacts within the work have increased by approximately 64% compared to two weeks prior. Contacts within the home and other settings (contacts outside of the home, school and work) have remained at similar levels over the same period. Increases across the age groups are largely driven by a rise in contacts within the work setting.

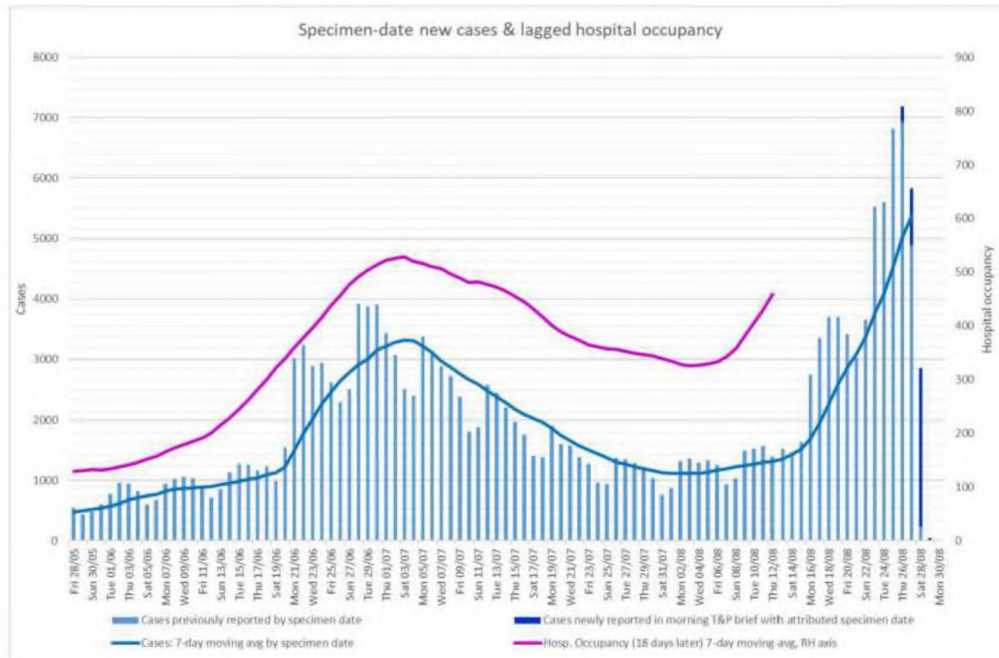
Figure 1: 7 Day incidence rates of diagnosed infection in Scotland by Age Band



16. Figure 2 below charts daily case numbers and the 7-day moving average of case numbers (blue line, left axis) against the 7-day moving average of hospital occupancy (purple line, right axis), the latter lagged by 18 days to take account of the interval between infection and bed occupancy and of average length of stay. This chart provides a broad indication of where bed occupancy (the purple line) is likely to head in the near future given the data that have already been observed for reported cases (the blue line) and given the lag and broad correlation between the two data series.

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Figure 2: Daily case numbers, 7-day moving average case numbers and hospital occupancy



- ◆ The uptick in the moving average of hospital occupancy has been apparent for over a week, reversing the previous downward trend. Covid-19 hospital occupancy as at 30 August is 551 patients.
- ◆ ICU occupancy is also recording steady increases; it will lag case numbers by a similar time interval as hospital occupancy. 7-day moving average ICU admissions (PHS dashboard) have recorded increases since 20 August. Nationally, the number of Covid-19 patients in ICU remain low compared to previous waves, with Boards reporting 52 recently confirmed Covid-19 inpatients and 11 long stay inpatients as at 30 August. The total number of non-Covid patients in ICU is above the pre-pandemic adult ICU baseline of 173, reflecting ongoing broader non-Covid pressures.
- ◆ The vast majority of Boards report operating above 100% of their normal adult ICU capacity. Current non-Covid-19 pressures are significantly more intense than during previous waves of the pandemic.
- ◆ The State of the Epidemic report notes that, nationwide, the latest levels of wastewater Covid-19 RNA have approximately doubled since the previous week. Wastewater Covid-19 RNA concentrations are now approaching the maximum level reached during the peak in July 2021. The rise in wastewater has been greatest in the central belt and the south.
- ◆ The 7-day moving average of daily Covid-confirmed deaths by date of death has been stable over the last month at 3.3 as at 26 August. NRS deaths data continues to report a steady level of deaths where Covid-19 was mentioned on

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the death certificate; in the week to 22 August there were a further 41 deaths, the same figure as the week before. Covid mortality would be expected to lag case numbers and hence any response in death rates to the recent large increases in case numbers cannot be expected until at least early/mid-September.

- ◆ The younger age profile of cases, along with the continuing increases in the proportion of the population who have some protection from the virus (either from vaccination or from previous exposure), are likely to have some effect in reducing the rate of conversion to severe illness and death.

17. Further information on the potential issues facing the NHS is set out at **Annex A**. A read-out of the NIMT on 30 August can be found in **Annex B**.

Modelling the future course of the epidemic

18. As usual, analytical modelling has been used to inform the considerations in this Cabinet Paper (model outputs are available).

19. This modelling creates scenarios to navigate through the uncertainty about the future course of the epidemic. These scenarios are based on assumptions, *inter alia*, about the nature of the virus (and particularly the delta variant), about the effectiveness of the vaccine and about the impact of the non-pharmaceutical interventions (NPIs).

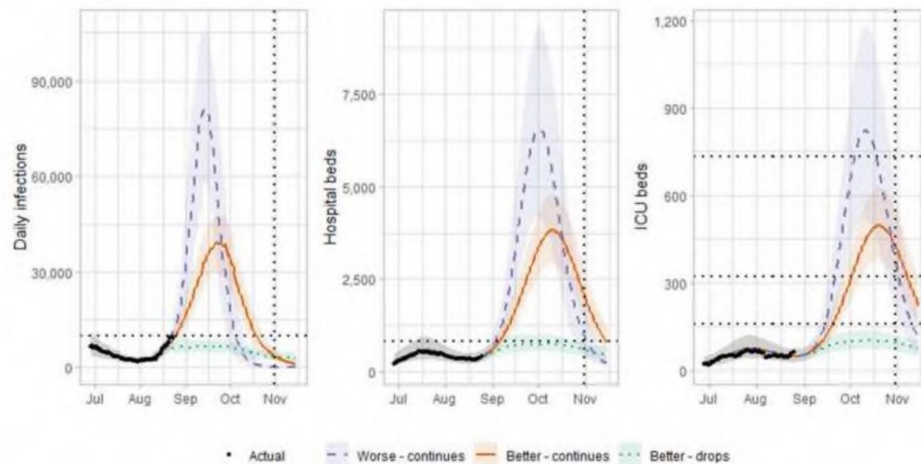
20. Looking forward, without further intervention, the current analysis models three potential scenarios: two scenarios in which incidence and prevalence continue to grow on a sustained basis but at different rates of growth (these are variants of Scenario ii discussed above); and one scenario in which incidence and prevalence fall without further intervention (this is similar to Scenario i discussed above).

21. In the two scenarios in which the epidemic in Scotland continues to grow without intervention, NHS pressures escalate significantly, following the expected lag. COVID deaths also increase. Thresholds, such as 800 hospital beds, would be breached faster and to a greater extent in the worse of these two scenarios. In the scenario in which positive cases fall almost immediately without the need for further intervention, thresholds would not be breached (but if cases did not fall almost immediately then the COVID hospital bed threshold would likely be breached).

22. For each scenario, projections have been developed for three outcomes: future positive *infections* (roughly double daily *reported* cases), and future hospital and ICU occupancy (number of occupied COVID beds). The three scenarios are set out in Figure 3 below (NB these projections are based on no further intervention taking place to stop or reduce the increase in cases – so these are *baselines* from which to consider the impact of further intervention in each scenario):

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Figure 3: Projections for 3 scenarios and 3 outcomes (all without further intervention)



23. On balance the scenarios involving significant growth of the epidemic without intervention appear more likely to transpire based on recent data than the scenario involving a decline in cases without intervention. This is an important conclusion as it points to the need for intervention to avert the health harms that would otherwise occur in these two scenarios. (It is not a self-evident conclusion: no substantive further intervention was required to reduce cases after the late June 'Euros' spike, but schools were already planned to close for the holidays around this time and most of the country was still in Level 2 restrictions.)

24. The modelling then developed a range of further scenarios to consider the impact on the future course of the epidemic of reducing incidence through intervention. This further analysis underlined that acting early and more forcefully and durably to suppress the epidemic would, unsurprisingly, have greater effect than acting later, lighter and for a shorter period. Perhaps the key insight however was to underline the importance of early intervention, which can be more effective than stronger intervention later.

25. This analysis does not necessarily point to the need for restrictions *per se*. But it does point to the need to intervene *enough*, and quickly, to suppress the virus (push R below 1). It could be that intervening without new restrictions turns out to be sufficient, but if other factors including immunity effects and increased compliance with baseline measures are judged likely to be insufficient to reduce cases, then this could invoke the need for further restrictions, at least on a targeted and proportionate basis.

26. As noted this is a judgement call, albeit one that can be informed by analysis – as the uncertainties inherent in the modelling mean that there can be no definitive analytical answer on how much intervention is required nor on how specifically to intervene. Tolerance of risk, consideration of the wider harms involved in imposing restrictions, and public confidence and compliance are all factors to be weighed up in that judgement.

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27. While this analysis indicates that there is merit in acting early, there is more scope than in previous stages of the epidemic to review decisions and adjust them accordingly (e.g. at a subsequent Cabinet meeting), as the vaccination programme has attenuated the deterioration in COVID health outcomes for any given increase in cases.

28. The modelling also raises valid questions about how the impact of COP26 will affect the future course of the epidemic in Scotland (this has not been explicitly modelled yet) and about how long interventions would need to be in place for and what happens when interventions (including restrictions) are lifted – noting the non-linear impacts of restrictions and the increasing risk of legal challenge over time. Consideration about when the NHS would be more or less able to cope with a new spike in infections is also an important factor in this regard.

29. Modelling to explore the impact of a slower return to usual levels of face-to-face contacts involving students (across the scenarios assuming no further restrictions are implemented) suggests this could have a dampening effect on case numbers and hospitalisation in each scenario. Although this impact is relatively modest against the potential increases at this time the impact would reduce pressure on Test and Protect and hospitals

30. The modelling indicates that further intervention is likely now to be required to suppress incidence and prevalence and subsequent pressure on the NHS and public health systems. Although the conversion rate to hospitalisations has changed, large numbers of cases put pressure on Test and Protect, undermining the impact of contact tracing, and on primary care. They also disrupt education and economic activity, and make people who are clinically at higher risk more vulnerable. This underlines the need to at least maximise the effect of current baseline measures to help suppress the virus. Alongside this, advice may (or may not) soon be given by the JCVI that expands the eligibility of the vaccination programme: such an expansion (and/or a further increase in vaccine uptake) would help to suppress the virus but on a slower timetable than other interventions. In addition, people and businesses may adjust their behaviour in response to rising cases and to stronger comms and marketing (see below) which may reduce transmission. We do not know yet whether these combined effects will prove sufficient to start reducing cases, which means that we face a difficult judgement about risk tolerance and the balance of harms before imposing legal restrictions.

Maximising the impact of baseline measures (engagement to support adherence)

31. At Cabinet last week, the First Minister requested that all Cabinet Secretaries engage vigorously with their respective sectors so that they understand both the seriousness of the situation and take their responsibilities in relation to baseline measures seriously. Consequently I convened a meeting of all Cabinet Secretaries on Friday morning to ensure progress.

32. Cabinet Secretaries reported significant engagement with sectors to encourage them to step up their efforts to reduce the spread of the virus. They continue to take proactive steps to promote and reinforce the baseline measures, advisory precautionary measures and sector-specific good practice.

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33. Officials are supporting this proactive engagement, including the use of a core script that is being tailored for sector-specific needs – enabling delivery of a strong, consistent and targeted message. Stakeholder and partner networks are ensuring material is quickly communicated in the most appropriate and impactful way.

34. Most sectors have been broadly supportive of redoubling efforts in this area and supporting stronger communications. Targeted engagement is being deployed across sectors, including a range of urgent meetings being taken forward between Cabinet Secretaries, Ministers and key stakeholders in the sectors within their portfolios. **Annex C** provides more detail on the breadth of additional activity being pursued across portfolio responsibilities.

35. It is clear from the engagement that has already taken place that sectors are working hard to push out messaging that supports adherence to the remaining restrictions and best practice guidance. However, feedback also indicates the increased challenge they face, particularly in areas no longer covered by regulation. As an example, the Cabinet Secretary for Finance and Economy's meeting with the main business organisations in Scotland on Friday morning highlighted that in general most businesses are maintaining many COVID measures but there are always some who will take this to the lowest requirement. In some sectors businesses are finding it difficult to challenge some behaviours as staff are being abused when they do, leading to recruitment and retention issues.

36. Businesses have indicated that there is a need to ensure messaging focuses on individual responsibility as businesses rely on the behaviour of staff and customers. In addition there has not been a wholesale return to offices, although bigger businesses appear to be maintaining more home working than smaller businesses. Businesses are also reporting that they have found it hard to maintain messages around compliance when people are able to socialise freely at events and in their own homes with no mitigations in place.

37. The table below provides a list of options of proposed additional interventions that reinforce the current baseline measures and have the potential to give them greater effect. This is based on portfolio responses received by Monday 30 August. The options being considered below build on early discussions with stakeholders, but we do not yet have business support for all of these ideas, and further work needs to be progressed to explore whether they would be effective if voluntary.

38. Cabinet Secretaries are invited to note the proposed additional interventions and to agree to take forward discussion with their sectors to implement them where possible. Cabinet Secretaries are also requested to update on the progress made on increasing the effectiveness of baseline measures more generally by Thursday 2 September. All changes agreed should be reflected in updated sectoral guidance.

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Table 1: Potential actions to enhance the effectiveness of baseline measures

Visual / audio prompts	<ul style="list-style-type: none"> ◆ Re-introduce a general retail checklist of good practice to refresh messaging – builds on earlier retail checklist / safe workplaces and food retailers risk assessment tools. Can be quickly developed and promoted by Cab Sec letter to retailers this week ◆ Increased signage in all businesses ◆ Increase sanitising stations and different locations in addition to entrances / exits ◆ Increase cleaning of equipment (to highlight that COVID has not gone away) ◆ Encourage event organisers to maximise opportunities at events to emphasise comms for attendees – tannoy, signs etc. ◆ Ask customer facing businesses to have a “COVID safer” member of staff on the door encouraging/enforcing hand sanitising, mask wearing and customer check in. In non-customer facing businesses similarly a member of staff could have a single job to encourage staff to do more COVID safer behaviours
Testing	<ul style="list-style-type: none"> ◆ Strengthening encouragement of event attendees to take lateral flow tests before attending (and voluntary COVID certification if that is announced) ◆ Education institutions are exploring the idea of “test to access” for non-teaching parts of the campus - library and gyms etc ◆ Universities to ensure test kits are provided in all rooms and to consider how it can support students in private tenancies to have a good supplies. In addition, officials to explore setting up pop up vaccination centres at student residences
Education	<ul style="list-style-type: none"> ◆ Webinar on guidance for event organisers with policy officials and clinicians ◆ Work with universities to postpone Freshers’ week and focus on activities involving smaller numbers where distancing can be applied and ventilation enhanced ◆ Ask businesses with outbreaks to share publicly the learnings they have taken from outbreak management process

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Incentives	<ul style="list-style-type: none"> ◆ Encouraging businesses to charge more for hospitality indoors than outdoors – or to encourage vaccine certificates for indoor hospitality ◆ Incentivise take up of vaccinations and testing with students by offering discounts/vouchers for clothes, coffee, food or stationary during welcome week/first week of term (fortnight beginning September 13) ◆ Encourage increased reporting of occurrences where guidance has not been followed by staff in a “near miss” health and safety approach
Enforcement	<ul style="list-style-type: none"> ◆ More public enforcement of existing requirements followed by newspaper articles on this. Also ask LA's to use media and social media to highlight compliance work. Police Scotland confirmed it stands ready to respond appropriately to any calls for service from members of the public or sectors such as retail or public transport about breaches
Marketing	<ul style="list-style-type: none"> ◆ Clearer messaging on the current position with COVID which would speak to customers in different settings i.e. help customers understand risks may be low but not zero ◆ Using individual business leaders on COVID adverts to use some peer challenge ◆ Ask sectors to develop COVID awards to encourage increased competition (displaying certificates to show they have high standards) – similar to the Best Bar None idea ◆ Carry out further analysis of contact tracing data to identify most frequented settings and therefore shape messaging around riskier settings and activities ◆ Carry out analysis of contact tracing data to identify prevalence of positive cases with high numbers of settings visited/contacts and use to illustrate “roulette wheel” ◆ Identify an event/setting with a lower than average number of cases/contacts associated to it and highlight effectiveness of compliance measures ◆ Change wording in notification to people who register a negative LFD test to say “wear a face covering where required” rather than “wear a face covering when recommended” ◆ Ask public figures/influencers who have already expressed a view to provide messages supporting vaccination/testing, e.g. Andy Murray stated more players should be vaccinated

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39. In response to Scotland's current Covid-19 status, a new overarching communications strategy is required to re-engage the public and urgently motivate people to adopt the required behaviours to help bring case numbers down. This tactical campaign requires to be disruptive and bold, in order to connect with the public who have been relentlessly exposed to communications for over 18 months. This bold approach is also more likely to resonate with those who have historically reported lower levels of compliance.

40. This new strategy will encompass a new communications positioning, tagline and celebrity marketing campaign. The campaign, which will likely utilise a well-known Scottish celebrity who will appeal to non-compliant audiences, will launch on Friday 3 September on TV, radio and digital channels.

41. In the immediate term, marketing activity has been upweighted and optimised to help stop the spread, increase vaccination and use of testing. The *Riskometer* campaign has been updated to emphasise the latest position on case numbers and a revised version of the campaign will run from Tuesday 31 August as an interim measure until the new campaign launches at the end of the week. An outline of core and supporting activity can be found in the Communications **Annex D**.

42. Broadcast and online media continue to be key sources of information for the public, especially related to COVID guidelines and baseline measures. Media briefings and broadcast interviews in particular have considerable cut-through, and these will continue to be promoted and supported by News teams. As is routine, clips of future FM statements and live streams of press conferences will be posted to SG social channels.

43. Officials are supporting proactive engagement, including the use of a core script that is being tailored for sector specific needs – enabling delivery of a strong, consistent and targeted message. Stakeholder and partner networks are ensuring material is quickly communicated in the most appropriate and impactful way.

Signalling an intention on certification

44. In order to support adherence, officials have prepared separate advice on domestic certification that has been copied to Cabinet. This should be seen very much as part of the broader response package to address the current situation.

45. This advice includes the option of implementing a mandatory domestic certification scheme in September 2021. A mandatory scheme will require lead-in time to allow businesses to prepare and any cross border limitations (vaccine records) to be ironed out. An implementation date of end September would be preferable for business, but should Ministers wish to implement sooner there is a persuasive argument to align with 12 September – the date by which all adults will have had the opportunity to be fully vaccinated. This could be announced shortly, along with an encouragement for businesses to adopt certification voluntarily in advance of a mandatory scheme coming into force.

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46. Key decisions to be taken are around the settings and thresholds in which certification will apply (nightclubs, live events, hospitality) and whether certification will be on the basis of vaccination only – the approach UKG is taking - or whether we will accept test results from those not fully vaccinated. The former is likely to have a greater impact to incentivise vaccine uptake, the latter would address issues of equity and equality.

47. Further dialogue would be required prior to officials arranging a Parliamentary debate and vote as soon as possible.

Ventilation

48. To support us in advancing our understanding of the role of ventilation in reducing the risk of transmission, we have established a short-life working group, chaired by Professor Tim Sharpe, head of architecture at the University of Strathclyde. The group also comprises sector experts including Professor Catherine Noakes, professor of Environmental Engineering for Buildings at Leeds University. Both are members of the SAGE sub-group looking at ventilation and the role it plays in transmission.

49. The group will meet on Friday 3 September to discuss options and recommendations on how we could support and promote ventilation to various sectors and prioritise the identification of adaptations that will reduce the risk of transmission within indoor premises. This will be a critically important piece of work, ensuring we protect ourselves and those around us as we approach winter.

50. We expect the first set of recommendations to be available from the group by 10 September.

51. Work continues on school and early learning and childcare CO₂ monitoring with large quantities of devices reported as being purchased by authorities. A reporting mechanism is now in place after agreement with Scottish Heads of Property Services (SHoPS) and ADES with first returns due Friday 3 September and then on a fortnightly basis until the October school break. Officials aim to provide Ministers with an update on Monday 6th September on the basis of returns received. This process will track progress on our ambition of having all learning, teaching and play spaces assessed for at least one full day prior to the October break (the minimum period required for mobile monitoring to assess ventilation).

Increasing the impact of vaccination

52. The main areas of vaccination uptake improvement are:

- ◆ Uptake for 16-17s: As of 23 August, 43% of this group have come forward via drops ins and self-registration. The remainder (50,458) will receive a personalised invite letter by Tuesday. We continue to push drops ins and outreach in shopping malls, colleges and around schools.

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- ◆ Second doses for the under 40s: We are stepping up communications for this group including a news release today with starker messaging about risk and numbers in hospital and wider marketing with a call to action “don’t leave the job half done”.
- ◆ University and colleges freshers’ weeks are a key area of pop up and on campus activity for us in the coming weeks.
- ◆ Postcode analysis of areas of lower uptake for young people show this is often in areas of deprivation but mostly in areas of high student accommodation where turnover is high and addresses may be out of date.

53. Options for increasing vaccine uptake include:

- ◆ Extra motivation for 16+: starker messaging (as persuasion method is not working for all); potentially the prospect of being unable to access large events like festivals and nightclubs without vaccination (see above).
- ◆ JCVI advice imminent on third dose for some people who are immunosuppressed, recognising they may not have a strong immune response from 2 doses. Delivery planning is underway.
- ◆ JCVI considering further vaccination of 12 to 15 year olds (broadly and also for other at risk groups) and second doses for 16 to 17 year olds. Delivery planning is underway (see paras 54/55).
- ◆ Exploring further outreach models at pace to specific communities where Data tells us vaccines uptake is below average (see para 56).
- ◆ JCVI advice on booster programme is anticipated early to mid-September. Delivery planning is underway (see paras 57/58).

Vaccination in schools

54. Delivery colleagues are planning a schools based model for delivery to 12-15s if this advice is given by JCVI for universal vaccination for COVID-19. This would be in parallel with the flu delivery to schools. This would be supplemented by a community clinic mop up for children who miss the offer in school linked to isolation, infection, home schooling etc. If this model of going to every high school was commenced, any remaining 16/17s could have a further offer to be done at that same time.

55. Currently all 16 and 17 year olds are eligible and are being vaccinated using a combination of drops ins and self-registration using existing vaccination infrastructure. We are currently at 48% uptake (management information at 30 August). Each remaining young person of this age has been sent a personal scheduled appointment. In addition, we are offering drops ins and outreach in shopping malls, colleges, sporting venues and around the vicinity of schools. Health Boards with colleges and universities are also planning for on campus and near campus drop ins for fresher’s weeks and in the lead up to term time starting, with many young 16/17 year olds accessing colleges and universities.

OFFICIAL-SENSITIVE**Mobilising vaccination units into more places/settings**

56. NHS Boards have transitioned to deploy more mobile units, which the national programme has supported by augmenting additional support via the Scottish Ambulance Service (SAS). Our delivery colleagues are undertaking an urgent audit of the range of these units which are being deployed across Scotland. We are mindful of the need to ensure these are located in areas where we know there is lower than anticipated uptake building on our experience. We anticipate that these will continue to be useful as part of our planning for the forthcoming booster programme.

Further JCVI advice

57. Officials are aware that the JCVI are due to review the latest safety data on the provision of the Pfizer and Moderna vaccines to children and young people later this week. Officials anticipate that the JCVI will then look to provide their recommendation for 12 to 15 year olds after this data has been considered. We expect to have their advice before the end of this week.

58. Given the urgency of the situation, should the JCVI be unable to come to a decision on the mass vaccination of this age group, officials expect the issue to be passed to the 4 nations CMOs for deliberation and decision. However, should Ministers wish to write to the JCVI on the matter, officials will prepare a draft letter for Ministers to consider.

Developing the options for targeted and proportionate restrictions

59. In light of the considerations set out above, I do not propose to introduce additional restrictions or re-impose previous ones at this stage. However, if the measures outlined above do not bring R below one – alongside any existing factors such as immunity and behavioural changes – then targeted restrictions will need to be considered and potentially implemented at pace should the epidemiological position require that. There will of course be a delay from when restrictions are imposed till we see the full effect.

60. Consequently, additional, targeted measures have been identified which could be introduced either as a package or individually, depending on the assessment of what is necessary at the time. These are outlined at **Annex E**. They have been subjected to Four Harms assessment as well as scrutiny by officials, including **LPP**, to ensure proper consideration of issues around engagement of ECHR rights, necessity of the measure, whether the aim is sufficiently important to justify interference with ECHR rights and whether the measure is rationally connected to the overall objective. Other factors such as whether the restrictions apply to children also need to be considered, as well as the impact on government priorities, such as education. This is being addressed individually for each proposed restriction in the Cabinet paper, as well as collectively as a package of measures. These potential restrictions can be prepared so as to be ready for rapid deployment in regulations, should that be deemed necessary and appropriate at a later point.

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61. If targeted restrictions were reintroduced, even on a time-limited basis, then it would raise the issue of financial support for affected businesses – at a time when the SG's budget is under pressure and the UK Government's furlough scheme has been scaled back and is expiring (at end September). The Cabinet Secretary for Finance and the Economy has written to the UKG pressing the case (again) to continue the Job Retention Scheme and the Self-Employment Income Support Scheme beyond 30 September, and to consider introducing flexibility on the cut-off date for entry to furlough scheme so that employers and workers can be confident about the support they would receive if any further action is necessary. See **Annex F** for a summary of economic data.

62. We should continue to look at international comparators and the effectiveness of measures implemented by other countries. **Annex G and H** contains a table of measures currently in place in selected other countries including other UK nations.

Regulations

63. The current statutory requirements are in the Health Protection (Coronavirus) (Requirements) (Scotland) Regulations 2021 which came into force on 9 August. These regulations set out four statutory requirements:

- ◆ A requirement to wear face coverings in some indoor places and on public transport, with some exemptions;
- ◆ Requirements in relation to capacity limits on stadia and live events;
- ◆ A requirement for hospitality and entertainment venues to collect and share information;
- ◆ A requirement for places of worship, businesses and service providers to have regard to guidance on minimising exposure to Covid.

64. Cabinet considered these requirements on Tuesday 24 August and decided that no changes should be made. This fulfilled the statutory obligation to review the regulations by 30 August.

65. If the situation changes and requires that additional restrictions or requirements should be made at this stage, the changes to regulations would be taken forward with **LPP**. If these require to be added urgently, this would aim to be done following the pattern as in previous weeks, with the regulations being made and laid on Thursday and coming into force on Monday 6 September.

Communications

66. Communications will consider a news release and social media around and announcements, whether confirmed in Parliament or at a briefing, and will facilitate bids with ministers, as well as potentially with clinicians if appropriate. Annex D sets out plans on comms and marketing more generally.

OFFICIAL-SENSITIVE**Legal considerations**LPP
**Further decision-making**

70. The Regulations require to be reviewed every 21 days, i.e. the Regulations will require to be reviewed by Monday, 20 September. Notwithstanding this, with the current moving picture, Cabinet will likely wish to consider the current statutory requirements again next week.

71. In the event that targeted restrictions need to be implemented on a contingency basis outside of a standard Cabinet meeting, Cabinet is invited to delegate to the First Minister decisions that are broadly consistent with the approach set out in **Annex E**. Recognising that flexibility may be required, the First Minister will be supported as required by the Gold Group structure of key Ministers. This will include myself, Cabinet Secretary for Health and Social Care, Cabinet Secretary for Finance and the Economy, and other Ministers with an interest in a given decision, with input from the LPP chief advisers and senior lead officials.

72. In the event that the First Minister and Gold Group reach a decision to proceed in a way that is materially different from that set out in the Cabinet Paper, Cabinet will be advised of any such decisions through correspondence and, if the First Minister requests it, at a Cabinet meeting.

Recommendations

73. **Cabinet is invited:**

- (a) **To consider the developing situation with the epidemic, and the approach we should now take;**
- (b) **To agree that at this stage it remains proportionate to maximise interventions as set out below, short of re-imposing restrictions;**

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- (c) To agree that all Cabinet Secretaries should continue to engage vigorously and proactively with their sectors to maximise the impact of baseline measures and report back on further progress by close on Thursday to enable consideration of further action at Cabinet on 7 September;
- (d) To note the heightened communications and marketing material set out in Annex D and seek to reinforce such messages through respective portfolio channels;
- (e) To note the latest position on vaccinations and the preparation under way to implement roll-out rapidly should JCVI advice widen eligibility of the programme;
- (f) To note the proposed position on certification;
- (g) To note the contingency planning for the deployment of targeted restrictions (with options set out at Annex E) should the state of the epidemic deteriorate to such an extent that this would be both necessary, justified and proportionate; and
- (h) To delegate to the First Minister any relevant final decision making ahead of her COVID Statement to Parliament on Wednesday afternoon.

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ANNEX A: NHS PRESSURES – as at 30 August 2021

PRESSURES (Includes Management Information)

- Demand on health and social care has been, and continues to be, significant. For the NHS and for Social Care this is mirroring levels usually only experienced during winter, within an environment of increased demand, reduced assessment and bed/care capacity and reduced workforce availability. Pressures are evident across the whole health and social care system, including significantly increased demand in acute, primary, community and social care, as well as national services such as Test & Protect, NHS24 and SAS
- Capacity issues are also exacerbated by displacement of activity – with acute care impacted by capacity challenges in primary care which has seen increased presentations/admissions in recent weeks, and adult social care which is impacting on delayed discharge.
- 6 mainland boards have general occupancy over 90% with NHS Forth Valley the highest at 96% and flagging pressures. Currently, all mainland boards have postponed non urgent elective activity at some level.
- NHS boards reported 551 patients in hospital 30 August with recently confirmed Covid-19 (including 63 total in ICU). This an increase of 44 from the day before and 195 since last Monday. Most Health Boards are pressured now in terms of Covid-19; 10 boards report Covid-19 occupancy figures that would indicate a change of level to Level 4 if the Levels system was still extant, with another 3 indicating a move to Levels higher than 0.
- ICU pressures are high across the boards, all but two territorial Health Boards report over 100% of their baseline occupancy NHS Dumfries & Galloway and NHS Forth Valley are beyond double capacity. NHS GGC and NHS Lanarkshire are approaching capacity requiring doubling of ICU.
- The most recent modelling suggests planning projections will rise to 659 in 1 week, 1142 in 2 weeks and 1984 in 3 weeks. Disaggregated to a board level, this data suggests that 3 boards (NHS Borders, NHS D&G & NHS Lanarkshire) are at risk of breaking their pro rata share of 800 beds this week, a further 4 boards (NHS Forth Valley, NHS GGC, NHS Highland & NHS Lothian) are risk next week and all but NHS Shetland at risk of breaching this level in the following week.

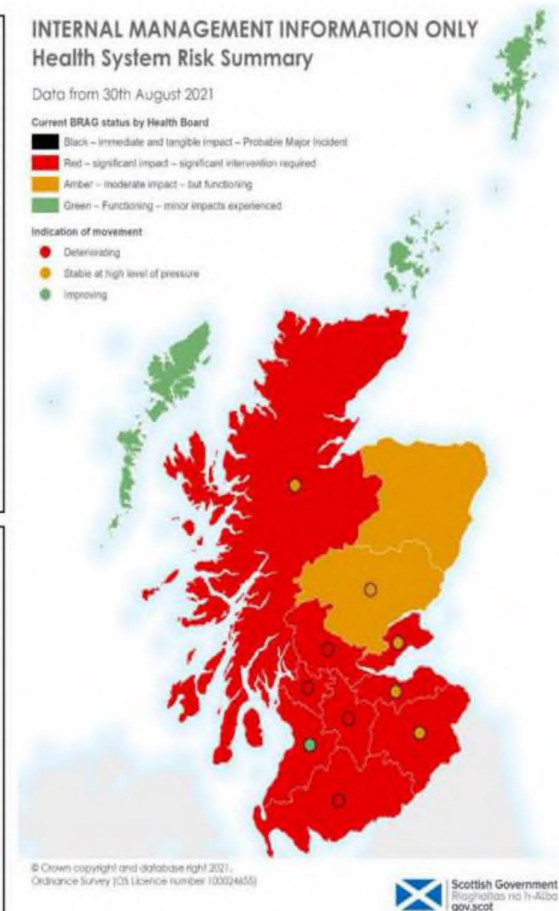
ACTIONS

- As part of our response to current and expected winter pressures, a System Response Group (SRG) has been established at Chief Exec level. The SRG will provide strategic oversight of pressures across the entire system and consider collective responses and actions at a national level. The group combines its situational awareness with Covid19 modelling and using a Whole System Modelling tool to feed scenario-testing sessions to develop and test response options to enable the development of a selection of contingency measures. These measures will be validated by the SRG, underpinned by clinical and ethical decision-making, and supported by clear and focussed messaging.
 - As part of the SRG discussions, quick action is being taken to progress actions to maintain services and protect capacity. Immediate actions already underway are being approached under three key themes:
 - Ensuring people can be supported in the community with appropriate care and treatment – preventing admission and discharge issues.
 - Managing transportation flow into hospital
 - Managing Hospital pressure
- Key areas of focus are workforce, delayed discharge, role of GPs and public messaging. A table top exercise is being undertaken on Tues to test assumptions, review scenarios and evaluate options.
- We are also looking to augment our resilience response structure, including the SRG, and will review service prioritisation options.

INTERNAL MANAGEMENT INFORMATION ONLY
Health System Risk Summary

Data from 30th August 2021

- Current BRAG status by Health Board**
- Black – immediate and tangible impact – Probable Major Incident
 - Red – significant impact – significant intervention required
 - Amber – moderate impact – not functioning
 - Green – Functioning – minor impacts experienced
- Indication of movement**
- Deteriorating
 - Stable at high level of pressure
 - Improving



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ANNEX B - ADVICE FROM THE NATIONAL INCIDENT MANAGEMENT TEAM (IMT)

The following advice is offered following NIMT 30 August

1. UPDATE – Intelligence and surveillance –

- a. **Cases** - The NIMT noted the marked increase in case numbers over the last week days to the highest number of daily cases yet reported (Sunday 29th August 2021). Three day lagged **cumulative seven day incidence by date of specimen** has further increased to 688/100,000 Scotland-wide, compared to 367 seven days ago (20th August). This is **now considerably higher than the peak in July** (425 weekly cases per 100,000 recorded on the 3 July). **This may further increase over the course of the next days** on the basis of provisional data over the last three days. The proportion of new cases reported under the age of 40 remains stable at 68% (but the relative proportions have changed in favour of the youngest age group - 36% and 32% respectively for 0-19 years and 20-39 years respectively).
- b. **Incidents/outbreaks in community settings**. NIMT heard that
 - i. **No single outbreak** - in the main, increase was reported to be a diffuse increase rather than related to a single specific incident or outbreak in most NHS board areas. **There are no additional loci of concern or significant geographical clusterings** in most NHS boards compared to that over the preceding week.
 - ii. **Secondary school age and young adults** – No update was provided to SERG data covered in the last NIMT advice – data to 22/08/21 shows rates are maximal in those 18-19 years closely followed by rates in 20-21 years then rates in 16-17 years. There is some suggestion of a levelling off of rates in those 18-19 years in recent days.
 - iii. **Young men** - There is strengthening evidence of higher rates of detection of PCR positive cases in men age 20-39 years (positivity over the last seven days largely unchanged at 20.1% in men versus 12.1% in women). This is reminiscent of the findings during Scotland's participation in the UEFA Euro2020 Championship – this finding was postulated to centre on increased social mixing of young men around football related gatherings rather than the matches themselves. Unlike the UEFA Euro2020's the recommencement of the SPL and Scottish Leagues does not have a flag within the T&P CMS system to further examine this relationship. NHS boards report activity from coach party travel to and from such football matches across the Central belt and West. The NIMT heard that outwith specific incidents thus far there is no evidence of widespread reporting of significant contribution of MSM nightclubs to this gender specific increased detection.
 - iv. **Pubs, Night clubs weddings** – There was some evidence of increase in cases associated with pubs, night-clubs and weddings by NHS boards. NHS GGC had previously given example each setting accounted for around 5% each respectively of location specific cases over the period 12th to 18th August i.e. an important contribution but a minority of cases for this NHS board but there was no further offer of update on this.
 - v. **Edinburgh Fringe & Festival** – There remains no association with the events held this year in Edinburgh but this is under close observation
- c. **Hospital** – There has been **continued increase in bed occupancy and hospital admissions with SARS-CoV over the last week. Admissions to ITU & HDU have stabilised over recent days following small step increase.** It should be

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remembered that there is a lag between changes to case numbers and reported morbidity due to the natural course of infection so **hospitalised cases and ICU/HDU cases may then yet further increase** given this recent further increase in cases. Hospitals are still operating at a high risk level particularly related to non COVID related illness. **Infection Prevention and Control (IPC) colleagues documented an escalating number of incidents in hospital settings (from 2 to 3 per day to 17 on Friday 27th August) of health care associated COVID-19 cases. IPC reported overcrowding as an issue in some settings. Thus far there has been no significant staff to patient or patient to staff transmission but there has been likely patient to patient transmission. It is however of note that in a number of settings the health care workers identified may have acquired infection or had to self-isolate consequent to socialising either in break time or out-with the work setting – there is some evidence of inappropriate reliance on LFD rather than PCR testing by these staff with knock-on effects for hospital service provision. Interviews indicate that staff have a common misconception that fully vaccinated infection cannot transmit infection to other. Additional evidence from the NHS boards reports similar issues and perceptions within general practice settings in many NHS boards.**

- d. **Deaths** – excess all cause mortality for any cause is low. The number of either reported deaths in those testing COVID positive or excess all-cause mortality remains at relatively low levels and is not causing concern.
- e. **Care Homes** – NIMT reported that the majority of instances of care home setting of cases remained single reports of staff members. There were however instances of care home setting outbreaks characterised by illness which was generally less severe in residents and less likely to result in hospitalisation or death. **Similar intelligence to hospital settings is reported in which staff believe that fully vaccinated individuals cannot transmit infection to other. The rising infection rates in the community is reflected in the increasing number of visitors who are identified as potential sources of infection.** In some outbreaks the anecdotal report of a large proportion of such cases being asymptomatic generated a hypothesis that whilst vaccination may be sufficient to prevent severe disease it may be less effective in preventing transmission. Supportive evidence from international settings for this hypothesis is observed and is being posed to UK colleagues involved in vaccine effectiveness studies to test this hypothesis. **Thus far there is no significant signal within the whole Scottish population from EAVE-II of waning vaccine protection nor signal of sustained significant exceedances in all-cause mortality in those over the age of 65 years but this is being closely monitored.**
- f. **Harm – Impact rather than cases** – The NIMT noted that focussing on these latter three categories rather than cases offered assessment of impact in a well vaccinated population to be assessed unless significant issues arose in concern of the effectiveness of the vaccines in terms of waning effect. **There is an increase in concern today about the trajectory of increase but acknowledgement that there has been no major impact on ICU/HDU or on deaths.** However if cases continue to escalate or yet show significant shift into the older well vaccinated population it is increasingly important that these features, which have a potential impact, are addressed by our modelling colleagues within their projections.

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2. **PH residual issues further to FM announcement of measures beyond level 0 for the period from 9th August 2021.**

- a. **Update - Exemption of HSCW from self isolation & likely change from 2m to 1m within some health care settings** - the NIMT await with anticipation any consideration by CSH of further exemption and the likely social distancing change in some clinical settings.
- a. **Update - Test and Protect** – NIMT heard of the continued work of the TOG and of CO-TIN to ensure that escalation of response was in place to address the increased number of cases now being reported should cases continue to increase. The NIMT noted that there are difficulties in trading off throughput with requests for information and in any further efficiency of offer for the T&P contact tracing staff. It seems possible that we are approaching the maximum number of cases and contacts for the service within the current strategic intent. **Further to the last NIMT a proposal was implemented from Friday 27 August for the further prioritisation of symptomatic individuals for calls and streaming of asymptomatic to self-contact tracing channelling greater numbers to digital channels through the introduction of a new shorter call. This allows gathering of information that would otherwise be in CO3 form amongst the proportion of index cases (currently c 70%) who are not completing the form. This will see HSCW, Prisons and Travel related cases retaining priority for telephone contact tracing with short triage calls with cases otherwise categorised into a request that the caller self-complete a CO3 form. NIMT heard of increasing levels of verbal hostility being experienced by call handlers. NIMT noted and appreciated the intervention by CMO on Twitter yesterday to appeal for these staff to be treated fairly by the population in reducing risk and delivering government policy. A significant question posed to the NIMT was what the role of T&P should be in the future reflecting the current vaccination status of the population and any further development of their role in delivering Public Health Strategy.**
- b. **Update - Communication** – NIMT heard that there appear **some difficulties in consistency of communication re the use of face masks and other measures to protect public/staff** subsequent to the 9th August advice. SG colleagues agreed to work with their communication colleagues and with NHS board/PHS to ensure consistency of messaging.
 - i. **Retail, Hospitality, and Transport** - The NIMT heard of **escalating significant concern in most retail, hospitality and transport environments**; whilst particularly in supermarkets it is evident across the retail, hospitality service and transport sectors that partitioning to offer protection and encouragement on the use of face masks much less evident with little reminder/challenge to what legislation states. NIMT advice was that the refinement to this communication message to roll-back this more permissive approach being observed in retail, hospitality and transport re face masks.
 - ii. **HSCW nights out/social events** -A further risk was raised re the recent increase in cases and whether there was a requirement for communications to be adapted to request that individuals reduce the size of the groups with whom they socially interact – **this is now particularly evident in HSCW in**

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whom night outs for retirement, birthdays etc were seeing service disruption due to requirement for quarantine/testing for close contacts adding to further service pressures. NIMT advice was communication targeted to this group offer to the NHS and extended HSCW groups to avoid these instances was imperative.

- iii. **New - Schools** – NIMT considered whether the schools setting of increased cases required reintroduction of additional measures or reinforcement/restating of what current measures should be. The NIMT heard that there were differences in application of infection control practices within different schools within and potentially between LA's. **On balance the NIMT advice was that Reinforcement/restatement of what advice should be for the school setting was of crucial importance. Advice was that a further concerted communication effort to achieve this was the best way to address.**
 - iv. **Update - Mass gathering e.g. TRANSMT type** – A subgroup considered the implication of the recent increase in cases for PH advice re these mass gatherings with PHS, NHS Board and CMO involvement. This subgroup commended the planning which had already taken place for this Gateway event" and recognised that the final decision for a Go/No go would be the responsibility of the FM.
 - v. **New - COP26** – NIMT heard of the current planning position for the event planned for November 2021 in Glasgow. SG (Angus Macleod) and PHS (Janine Thoullass – COP26 Incident Director) will keep NIMT apprised of developments with an agenda slot for this and on each future NIMT. _
 - vi. **New – University Freshers.** NIMT requested that time be assigned for an update on the planning for University return – next meeting will address this.
- c. **Update - Modelling** – NIMT heard that, activity is tracking above better towards worst case. Increases in case detections over the recent week will be modelled this week to judge the extent of any generated predicted increases in cumulative incidence for some LA's. The net effect of changes in behaviour from relaxation of restrictions and return to school are important considerations in explaining much of the likely increase.
3. **NIMT meeting frequency.** Further to FM statements re the importance of surveillance and intelligence in evaluating the pandemic and the increasing cases detected, meetings will continue twice per week for at least the next two weeks to allow consideration of the impact of the lifting of PH measures.
4. **Winter respiratory pathogens** – NIMT will consider an update to the summary of current laboratory detections of and provisional planning for surveillance this winter around influenza and RSV. NIMT will receive regular updates on developments re this in future meetings. A specific question raised was whether Paediatric ICU was under any pressure from RSV cases - **RSV is however not currently causing issue.**

Covid Co-ordination Directorate
August 2021

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ANNEX C: ENGAGEMENT TO SUPPORT ADHERENCE TO BASELINE MEASURES

The following table summarises engagement and agreed further actions already under way across portfolios.

Portfolio	Sector	Summary of engagement
Finance & Economy	Business Sector	<p>The Cabinet Secretary for Finance and Economy published a news release on Friday directed at businesses which highlights the need for a continued focus on the baseline measures. This will be:</p> <ul style="list-style-type: none"> • Shared by the business orgs with their members (where they agree to do this) • Shared with wider sector bodies • Posted on SG Economy Blog • Promoted via SG and business org social media channels • Promoted via the Economy Hub Covid-19 and Find Business Support weekly newsletters <p>The Cabinet Secretary met with a wide range of business organisations on Friday (27 Aug) to further emphasise the need to focus on baseline measures at this fragile time for cases. Senior officials had already met with business orgs on 19 August and highlighted these messages at that meeting.</p> <p><i>Future engagement plans</i></p> <p>Ministers and officials continue to engage with businesses including through engagements such as:</p> <ul style="list-style-type: none"> • The regular weekly hospitality stakeholder group • Presenting to the British Retail Consortium with over 50 retail members in attendance • Community Wealth Minister promoting to leading retail sector representatives at a Scottish Retail Consortium round table, and a meeting with the Federation of Independent Retailers • Weekly EventScotland ecomms for the events sector since the start of the pandemic setting out updates on restrictions and links to guidance and other relevant info, supported by EventScotland social media comms. This weekend's ecomms set out core lines on compliance. Direct emails to 3000+ events organisations. Twitter 9000+ followers, 7,500+ on Linked-in • Webinar for the events sector on SG guidance – providing opportunity to ask questions of officials and clinicians. Took place in June. Another planned on current position • Regular officials-level governance meetings associated with our programme of support for Manufacturing, Making Scotland's Future. • Use Scottish Financial Enterprise networks to convey messages on compliance and vaccination to members

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		<p>Feedback from recent engagement indicates that:</p> <ul style="list-style-type: none"> • Most businesses haven't removed mitigations. Encouraging others to keep what they have invested in • Large offices are not returning staff (at scale). Need to message small offices to encourage working from home <p>On Trade Union engagement Mr Lochhead met with TUs last week. The main ask was for stronger messaging to businesses regarding their responsibilities and recognition that we cannot become complacent. There was also an ask for emphasise on risk assessments (employers) and individual responsibility</p>
Education and Skills	Education	<p><u>Early Learning and Childcare</u></p> <p>A provider notice will be sent to all childcare providers registered with the Care Inspectorate from the Cabinet Secretary underlining the importance of continued adherence to the risk mitigations in the Covid guidance for ELC settings, childminders and school-aged childcare providers.</p> <p>Enhanced guidance already in place for ELC settings, childminders and school-aged childcare providers - more cautious approach (e.g. physical distancing requirement between adults is at least 1 metre). Guidance is accompanied by a checklist of key mitigations to help settings quickly familiarise themselves with what's expected of them. Changes to guidance are communicated to all registered childcare providers via provider notices issued by the Care Inspectorate and to local authorities via COSLA and Directorate of Education. A 'Public Health Blether' was held for the sector on 19 August to help ensure that the guidance was well understood. This was recorded and shared via our programme update and the Education Scotland website and followed up with a written transcript.</p> <p>Adherence is monitored by the Care Inspectorate and, where necessary, take enforcement action when settings are not complying with the guidance. Fortnightly meetings with the Care Inspectorate to identify if there are any particular compliance issues and how to address these.</p> <p><i>Future engagement plans</i></p> <p>Online training module for staff working in the sector being developed to help understand guidance.</p> <p>We remind parents of their role in reducing risk in settings (through for example adherence to self-isolation requirements) via Parent Club and have produced a standard 'warn and inform' information sheet that settings can issue to parents when there's a positive case in the setting that reminds them to be vigilant and of what to do if their children display symptoms. We will explore options for translating this to improve its accessibility.</p> <p>We will also discuss with sector representatives if and how we can encourage and support staff working in registered childcare settings to take part in the vaccination programme.</p>

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		<p><u>Schools</u></p> <p>The Cabinet Secretary continues to chair weekly CERG meetings, and explicitly raised the importance of schools continuing to implement mitigations effectively at CERG on 26 August. The Group will retain a focus on effective implementation of the guidance in coming weeks. The Cosla-chaired Workforce Issues Group also continues to meet regularly, allowing workforce unions to raise issues of concern around implementation.</p> <p>The Director of Learning wrote to all Directors of Education asking that they work with staff, pupils and parents to ensure they understand the new arrangements as set out in the guidance (particularly those relating to self-isolation policy as the main area of change). Schools are familiar with many of the other mitigations in place and have previously worked well to implement them.</p> <p>Return-to-school communications focused on ensuring continued compliance with mitigations, including regular testing. We worked with Young Scot to develop the messaging for young people, and sent direct mailer packs of communications materials to all secondary schools, as well as paid-for digital marketing on Young Scot's social media channels. We also produced similar digital content for parents/carers.</p> <p><i>Future engagement plans</i></p> <p>Officials are working with COSLA to develop proposals for a joint letter, at Ministerial/senior official level, to all Directors of Education to re-emphasise the importance of careful and consistent implementation of guidance in schools. They will propose a focus on 3 areas of particular importance:</p> <ul style="list-style-type: none"> • contact tracing and the issuing of "warn and inform" letters to lower risk close contacts in the school environment, encouraging adherence to safety measures when there is a positive case in a school community; • promotion of asymptomatic testing, where uptake and reporting figures remain lower than is desirable (although user feedback suggests that many people are testing and not reporting negative results); and • ventilation, where we will emphasise the importance of efforts being made to meet our goal of every school building, and every learning and teaching space, being assessed by CO2 monitoring (fixed or mobile) by the October break. We expect to begin to receive fortnightly updates from local authorities from next Friday. <p>Officials are also giving further thought to wider communications around mitigations in schools, both to ensure awareness and, importantly, to help people understand the rationale for our approach. They are engaging with CMO/DCMO and the National Clinical Director to seek their involvement in direct engagement with workforce unions, parental groups and children and young people in the coming weeks.</p>
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		<p><u><i>Further and Higher Education</i></u></p> <p>Cabinet Secretary wrote to all HE and FE principals to stress the importance of following baseline mitigations. This follows a letter from the Cabinet Secretary to Principals (20 Aug) requesting details on plans they have in place/will be putting in place for the start of the new academic year covering risk management measures and outbreak management as well as other key areas.</p> <p>The Minister for HE, FE, Youth Employment & Training will meet with Principals on 31 August to discuss the responses to the Cab Sec letter from August 20 and will reiterate the messages about the importance of baseline mitigations and adhering to the guidance.</p> <p>Beyond Level 0 guidance was co-produced with the sectors through the Advanced Learning and Science Covid Recovery Group, chaired by the Minister for HE, FE, Youth Employment and Training. Guidance stresses the need to adhere to baseline measures and go further where needed to keep staff and students safe. In addition, universities are promoting the Test Before Travel scheme to their students, and an SG student vaccination campaign has been live since 20 August across social media platforms.</p> <p><u><i>Future engagement plans</i></u></p> <p>Officials are working with the Cabinet Secretary on a visit to a university to encourage vaccination uptake. The Minister for HE, FE, Youth Employment and Training also has a number planned visits to universities and colleges and we will use these as opportunities to encouraging vaccination uptake and testing</p> <p>Officials are continuing to explore how to encourage uptake of vaccination with the Community Learning and Development (CLD) sector. The CLD Standards Council for Scotland is working with South Lanarkshire Council to conduct a focus group of CLD learners (focussing on younger learners) to explore what would work best to encourage them to come forward for vaccination. This is similar to the approach we took with FE/HE students, where NUS conducted research and focus groups with students and we worked with SG Marketing to tailor messaging as appropriate.</p>
Justice and Veterans	Justice	<p>Cabinet Secretary met with Chief Constable, Police Scotland on 29 August. He also British Transport Police on 30 August to discuss BTP's stance and proactivity to date and going forward in relation to interventions around face coverings.</p> <p>Cabinet Secretary meets regularly with leaders of key justice agencies and has also met the Justice Board. Justice agencies including the Police, Crown Office, Fire and Rescue Service, Courts and Prisons have confirmed that they have engaged closely with their trade unions on Covid measures and are encouraging and supporting staff to be vaccinated.</p>

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		<p>In addition to engaging with existing stakeholder group meetings to understand their views and concerns, We have also ensured The Justice Board Covid-sub group are regularly sighted on the SG COVID Sectoral Workplace Guidance and share this with justice, third sector and other organisations. Regular monthly meetings have also continued throughout the pandemic to support informal dialogues with victims and VAWG organisations.</p> <p>Specific sectoral actions include:</p> <ul style="list-style-type: none"> • Police Scotland home working policy extended until the end of the calendar year • 1 metre physical distancing policy retained by Police Scotland and reminder of the requirement for good ventilation, the continuation of enhanced cleaning and hand hygiene measures and that all screens which have been installed, must remain. • reminder issued to all Police Scotland staff and officers of the continued requirement to wear face coverings • mandatory requirement for all Police Scotland staff and officers to undertake a LFT prior to attending any training course and testing for all staff and officers working in C3 and other higher risk environments. • A once-weekly asymptomatic PCR testing pathway for prison-based staff is now running in 13 of 15 prisons across Scotland. HMPs Addiewell and Kilmarnock are expected to commence a testing pathway shortly. An asymptomatic PCR testing pathway for prisoner admissions has commenced in 7 prisons and is expected to go live in remaining prisons by early September. <p><i>Future engagement plans</i></p> <p>Building on a session earlier this month at the Justice COVID-19 Sub-group on COVID compliance, we will re-engage members to reinforce the importance of adhering to baseline measures and guidance. We continue to circulate SG COVID Sectoral Workplace guidance to all members. We are also writing to child contact centres to reinforce the importance of adhering to baseline measures and guidance.</p>
Rural Affairs and Islands	Food & Drink	<p>Officials met with Scotland Food & Drink Partnership Board (covering wide range of trade associations and stakeholders) on 26 Aug to convey key messages.</p> <p>Cab Sec Finance article circulated to Food Sector Resilience Group members on 27 Aug, with invite to cascade to members.</p> <p>Open letter from Cab Sec RAI issued to sector stakeholders, including agriculture, fisheries and aquaculture businesses on 27 August to highlight the measures that businesses can take to help suppress the virus, with follow up social media posted.</p> <p>Scotland Food & Drink newsletter to members on 27 Aug carried message.</p> <p>Cabinet Secretary met with food retail and food-to-go sector on 30 August to push out the message.</p>

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Constitution, External Affairs and Culture	Culture and Major Events	<p>The Cabinet Secretary wrote to the Event Industry Advisory Group on 26 Aug to encourage baseline measures. There is a plan to meet the chair of this group in the next week to reinforce this message.</p> <p><i>Future engagement plans</i></p> <p>Cabinet Secretary meeting Event Industry Advisory Group within the next week and will continue to build on message on importance of compliance. Officials continue to engage with the sector through regular attendance at the EIAG meetings, contributions to weekly ecomms for the sector and regular gateway meetings with flagship events on mitigations for those events.</p> <p>Plans to ask EventScotland to intensify its comms for the sector on compliance.</p> <p>Officials will look to engage providers of creative studios, the Scottish Commercial Music Industry Taskforce and the Creative Industries Leadership Group (CILG) to support dissemination of messaging.</p>
Net Zero, Energy and Transport	Transport	<p>Cabinet Secretary wrote to transport operators and delivery partners reiterating the importance of compliance with baseline measures. Transport Minister has held follow up calls with the main transport providers (ferry, rail, bus and air) to reinforce the Cab Sec letter messages and to agree to stepping up co-ordinated messaging on the importance of compliance with the baseline measures.</p> <p>Actions agreed and being taken forward are:</p> <ul style="list-style-type: none"> co-ordinated communications activities to be stepped up aligned to public health messaging on importance of baseline measures, mandatory requirement for face coverings and around transport users responsibility to comply with Covid-19 measures, not only to keep themselves and each other safe, but to also keep transport staff safe. TS messaging and passenger guidance to be developed to stress that people should be fully prepared when they travel and should have face coverings for boarding and should not be removing before alighting public transport / leaving public transport facilities. operators to take action to reinforce compliance messaging via terminal announcements and also to review pre-travel messaging on websites. further engagement to be taken forward with health and education colleagues on face covering compliance amongst young people. Action to consider how this could be addressed jointly. operators to look at refreshing signage and information for passengers for both content and positioning where it has drifted and lost impact. Exploring potential opportunity for collaboration with Justice colleagues for Police Scotland/BTP to undertake enforcement/education activity in a transport setting.

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		<p>This supports activity already underway, including:</p> <ul style="list-style-type: none"> maintaining and promoting sectoral and broader Safer Workplaces and central guidance with passengers and transport operators to support continued compliance with baseline measures regular engagement meetings with transport operators and other stakeholders – stressing the need for messaging, signage and comms highlighting the need for compliance with legal requirements, including face coverings on public transport, and adhering to guidance regular meetings with Regional Transport Groups (comprising transport operators, local authorities and Regional Transport Partnerships) to reiterate the importance of compliance issuing travel demand management (TDM) key messages fortnightly to transport operators and partners, including to inform communication with customers, passengers and stakeholders about travel and transport choices and behaviours in response to the pandemic <p><i>Future engagement plans</i></p> <p>Plans for a further Q&A session with the National Clinical Director and public transport operators in early autumn to discuss the sector's compliance with the baseline measures and the continued implementation of the enhanced mitigation measures already deployed within the sector.</p> <p>Continued regular engagement meetings with transport operators and other stakeholders as well as maintenance and promotion of sectoral guidance for passengers and transport operators.</p>
	Energy & Environment	<p>Oil and Gas UK and Scottish Renewables produced Covid-19 guidance for their respective sectors, in conjunction with the Scottish Government. Further liaison with these stakeholders will take place to see what further they can do to support adherence to Covid-19 measures.</p> <p>Working with environment and land use public bodies, including the National Parks, on extensive communications campaigns to promote safe and responsible behaviours in the countryside. We will ask these bodies to reinforce safe behaviours and adherence to baseline measures, guidance and regulations.</p>
Health and Social Care	Health and Social Care	<p>Engagement with Health and Social Care sectors has been prioritised given the higher risks associated with the sector. Alongside clear messaging, supporting measures continuing include:</p> <ul style="list-style-type: none"> testing of patients prior to entry for elective care and routine testing of staff Updated and enhanced guidance on physical distancing is also being issued to Health Services, including maintaining a 2 metre physical distance in some settings routine testing of staff and strong vaccination rates in social care settings <p>Further action to support uptake of vaccines in particular will be supported by implementing a mandatory domestic certification scheme (covered separately)</p>

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		The Short Life Working Group on Ventilation is expected to meet within the next week with their first set of recommendations expected mid-September. They will also consider whether Education and learning settings model would be appropriate to deploy in other priority settings and workplaces.
	Sport	<p>Cabinet Secretary has written directly to the main sporting governing bodies (Football, Rugby, Horseracing, and the Leisure and Gym sector) who will in turn be able to remind their members of the guidance which is in place. The letter to UK Active and Community Leisure UK will ensure the information is received by every operator of public sport and leisure facilities across Scotland. Correspondence includes encouraging the use of LFTs.</p> <p>All football clubs are proactively pushing out messaging attendees in advance. Most will have pre purchased tickets or be season ticket holders so comms is targeted to reach the recipients direct. Additional material is published on club websites and also pushed out via email contacts. The clubs are also continuing to stream games online for those who are unable to attend or who are less confident about returning to the stadium setting.</p> <p>A large stewarding presence is on site to encourage compliance with baseline mitigations within stadiums.</p> <p>Officials are liaising with counterparts in devolved nations on shared messaging for travelling fans – for example, SG and NI officials were in discussion on this ahead of the Rangers v Celtic match this weekend.</p>
	Funeral Sector	<p>Cabinet Secretary is writing to the Death Management Advisory Group (DMAG), which is made up of representatives from leading UK funeral sector trade associations to push messages out. DMAG members will in turn write to their respective members reminding them of their legal obligations and requesting that they adhere to guidance.</p> <p><i>Future engagement plans</i></p> <p>Officials have engaged with funeral sector representatives on a weekly/twice weekly basis since the beginning of the pandemic and this level of engagement continues. In addition, officials issue regular blogs to the funeral sector reinforcing the messages delivered at the FM press briefings.</p>
Social Justice, Housing and Local Government	Housing	Engagement continues with stakeholders across the housing sector to promote guidance in place, including the Chairs of the Housing Resilience Groups, our Home Moves in Scotland Working Group and house builders across Scotland.
	Social Security	<p>We work regularly with partners in local authorities and the health and social care in the development of social security benefits in Scotland and remain mindful that pressure on those sectors will change – and impact on their capacity to engage with us - as covid rates change.</p> <p>Social Security Scotland deployed web chat facilities during the pandemic, opening another channel for clients to speak directly to</p>

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		<p>Advisers with any queries about the application or payment of our benefits. We also implemented a document upload facility so that clients can provide evidence to support their applications without having to use traditional methods such as mail or face to face.</p> <p>A limited number of Social Security agency staff have been working in our buildings throughout the pandemic but the majority continue to work from home.</p>
	Public Sector Leadership	<p>Cabinet Secretary and DFM have met COSLA regularly to discuss COVID Recovery, including discussion on how LAs continue to support businesses to comply with baseline measures. Ms Robison and DFM agreed the development of a joint COSLA/SG paper on compliance to COSLA leaders. This was discussed at the COSLA Leaders Group (27th Aug) and leaders agreed the ongoing need for continued strong local and national leadership in support of baseline Covid-19 measures. The paper seeks to establish mutual expectations around national and local leadership in ongoing COVID-19 compliance activity in a beyond Level 0 environment. It discusses core areas of delivery – baseline measures, vaccinations, testing, self-isolation, and outbreak management – and notes and highlights development of a Covid Recovery Strategy for Scotland.</p> <p><i>Future engagement plans</i></p> <ul style="list-style-type: none"> • Cabinet Secretary meeting with COSLA President later this week • COSLA policy teams and our local authority colleagues will continue to work closely in partnership with Scottish Government in order to support delivery of support for people and communities with the agreement of additional specific funding where a requirement can be clearly demonstrated. • A longer term position will be developed jointly to support long term resourcing on Environmental Health Officers (EHOs). There is a strong level of ongoing engagement with EHOs on their role in communicating and supporting adherence with businesses. • Discussions will continue between COSLA and Scottish Government on the opportunity to formally align recovery priorities and oversight of delivery under the Covid Recovery Strategy.
	Faith and belief	<p>Refreshed guidance for Places of Worship was published 27 Aug having with our faith and belief stakeholder group to finalise content.</p> <p>Faith & Belief stakeholders pushed back hard on the continued requirement to wear face coverings in places of worship following FM's announcement on 3 August on the move beyond level 0 and were advised that this was under review.</p> <p><i>Future engagement plans</i></p> <p>Working with private office on arrangements for Ministerial attendance at the weekly faith and belief stakeholder group.</p>
	Third Sector	<p>We have spread the message across our network of 3rd sector stakeholders of the expansion of workplace testing to all orgs with 10 or more employees or volunteers. We have also engaged with NHS NSS</p>

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		<p>and are arranging for them to meet sector intermediaries to discuss the expansion of testing and to gather feedback on any issues or problems which are emerging.</p> <p><i>Future engagement Plans</i></p> <p>Whilst future engagement with the third sector will be taken forward through the relevant portfolios, we are keeping this under review and will use our networks to further reinforce adherence, when appropriate.</p>
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Annex D: COMMUNICATIONS**1. Polling and public audience insights****There is continuing public support for the handling of the pandemic**

Polling conducted by YouGov on 24-25 August shows majority support for the way the restrictions are being handled (55%). However, the proportion who feel the restrictions *are working* decreased to 37%, from 52% (10-11 August).

Polling on 10-11 August, showed that 52% believe that a return to stricter restrictions is inevitable at some point.

There is public concern about the level of cases

57% agree they are worried about the number of cases in Scotland (24-25 August, which was an increase from 41% 10-11 August) and 54% agree they feel worried about the Coronavirus situation in general (24-25 August).

Most support a cautious approach

Two-thirds (67%, 24-25 August) agree that even though restrictions are changing they don't want rush into things. This is consistent with previous weeks. Seven in ten (69%, 24-25 August) said that even though the restrictions have eased they have not yet gone back to doing many of the things they used to do before the pandemic. This is higher for women (74%) than men (64%). People aged 45+ are also more likely than those aged 18-44 to agree (74% vs 62%).

68% report high compliance with the regulations and guidance (rating themselves 6-7, on a scale of 1-7, 24-25/8). This is consistent with recent weeks. 28% report 'complete' compliance (rating themselves 7 out of 7), consistent with two weeks ago.

Evidence from the Scottish Contacts Study indicates a modest increase in contacts post Level 0 – 4.2 to 4.7 (19-25 Aug) and pre-pandemic levels ranged between 10-12.

Return to the workplace

Of the people who are currently working from home or have done so during the pandemic, 13% will return to the workplace and no longer work from home (24-25 Aug). 68% of workers will split their time between the office and home and 14% will continue to work from home and not return to the workplace.

Most support the continuation of control measures, but the perceived importance of face coverings has reduced

70% agree that it is important to keep some measures in place to control further outbreaks (24-25 Aug). This is similar to the level 2 weeks ago (10-11 Aug).

In general, the perceived importance and performance of protective behaviours is high, but it is lowest for ventilation (77% feel 'very/fairly important', 24-25 Aug).

While 93% state they feel they are doing well at wearing a face covering when required (24-25 Aug) the proportion who rate wearing a face covering as 'very important' has decreased from 66% in April to 57% in the last wave of polling (10-11 Aug) and 54% in this wave. The proportions claiming to wear a face covering all or most of the time in hospitality settings or inside/outside schools and nurseries has decreased since June.

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The proportion rating 'staying at least 1 metre apart' as very important (42%) and the proportion of people who say they are doing 'very well' (34%) at this behaviour is at its lowest recorded level (24-25 Aug).

Most would support a system of certification

Just over half (55%, 24-25 Aug) say they would download and use an app that could prove whether they have been vaccinated or had a negative test. 62% would feel more comfortable at a venue or event if there was a certification scheme in place, and 74% say they would be happy to share their vaccination and testing status by using a certificate if it would allow them entry to such a venue (all 24-25 Aug).

Similar to the position in June, there are worries that this system may not be fool-proof and that people may be able to fake their certification (67%, 24-25 Aug).

Asymptomatic testing has increased, but recording of results has not

While general uptake of testing is steadily increasing, albeit gradually, polling research (10-11 August) showed that three in ten (31%) had taken a covid test in the past week, a rise on mid-June (26%) and up considerably from end of April (16%). There was an increase in both LFD (from 68% mid-June to 74%) and PCR (from 25% mid-June to 31%) testing.

However, an increased proportion had not recorded their last LFD result online, with many of these not aware of the need / importance. Three in five (60%) of those taking a LFD test recorded their result online, down from 68% at the end of May. A quarter of those who didn't record their result online were unaware of this requirement, while 20% didn't think it was important and 20% forgot.

2. Communication priorities

The core priorities for communications are to:

- ◆ encourage public compliance of key behaviours to help reduce transmission of the virus and help bring the R number to below one.
- ◆ increase the use of regular testing and reinforce the need for immediate self-isolation if symptomatic or asked to by the NHS.
- ◆ drive uptake of the vaccine by targeting those under 40, hesitant audiences and key geographical areas with low utilisation.

3. Communication actions to interrupt the upwards trajectory

The number of Covid-19 cases is increasing. There is an urgent need to consider the role that marketing and news media can play to further encourage the public to adopt more of the protective measures to reduce the spread quickly over the coming weeks to interrupt the upwards trajectory.

All current communications activity has been reviewed to identify areas that can be upweighted and optimised to help stop the spread of the virus and to increase vaccination and use of testing.

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3: 1 Compliance – stopping transmission

3: 1 From 3 September the intention is to have a new communications strategy, positioning with associated tagline and marketing campaign. The marketing campaign will be celebrity led and will run across TV, radio and digital channels. Creative proposals will be presented for Ministerial approval by midday on Monday 30 August, if not before, as requested by the Deputy First Minister.

3: 2 In the interim, the Riskometer campaign activity will be updated where possible to emphasise the latest position on case numbers. A new version of the latest Jason Leitch 'three pillars' campaign will run from Tuesday 31 August (for reference below). This overarching communication brings together safety behaviours, vaccination and testing and will run nationally on TV, radio and digital channels.

<https://app.frame.io/reviews/8502b7df-41ad-42a1-b8e7-21bb0591bd5e/a60490f5-fa3e-4632-8f31-b606a4b9b71a?version=c998c83f-6e3f-41b4-a793-887e78f0053e>



3:3 In addition, a social sharing campaign to leverage social connections activity can be executed along the lines of 'I'm playing my part to help stop the surge'. This can be done quickly and cost effectively:

(i) **Sharing vaccine status across social media** Design a social media 'badge' that's easy to share, showing how many doses of the vaccine a person has had, along with a message similar to *'I've played my part to stop the surge so we can live more freely'*.

(ii) **Encouraging meeting outside** Design a message for people to instantly share, communicating the fact that they're meeting more people outside more as case numbers are rising, helping keep both themselves and their friends / family safe.

(iii) **Sharing recording of test result** - As soon as a person has recorded a test result, allow people to click directly through to being able to upload a social post mentioning that they have just completed a test and uploaded the result.

4. Testing

4: 1 Currently, a national TV, radio and digital campaign is running that focuses on Symptomatic Testing & Isolation (SIST), including digital and radio assets to remind the public of the importance of recording a home test result. This is currently running at medium weight level until 5 September.

4: 2 To help combat confusion around self-isolation, a digital execution is active which outlines that even if you are fully vaccinated, if you are identified as a close contact, you must self-isolate immediately and book a PCR test. Once you receive the

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results of this test you will be given guidance on what to do next. This is planned to run until 5 September.

4: 3 A campaign to support Asymptomatic Testing is currently running until 12 September which will be replaced by a new campaign from 13 – 30 September. We recommend upweighting the Asymptomatic Testing activity and including a reminder to record test results. By using digital activity we will remind those that have used relevant online search terms (testing / test kits) to share their result.

4: 4 Incentivise asymptomatic testing for younger audiences. We know that the younger age group respond well to incentives and most carry a social conscious. We could consider an incentive based campaign such as the options below:

For every test taken and registered in Scotland, The Scottish Government will (do one of the following would be proposed/selected):

- ◆ Donate money to a developing country for the provision of one test (similar to <https://www.expedia.com/lp/b/return-to-travel>).
- ◆ Donate money to mental health charity (in partnership with Breathing Space)
- ◆ Donate money to support low income families who have been negatively impacted by the pandemic (in partnership with CAS?).
- ◆ Donate to the Scottish Afghanistan Refugee Fund (which could be set up) to support vulnerable families as they arrive.
- ◆ Key message: Regular twice weekly testing is good for you, for Scotland and now for those most in need.

4:5 The new communication tagline and call to action will be added to this activity when available.

5. Vaccination uptake

5: 1 Mop up Activity - Plans are currently in development to deliver further targeted communications to those as yet unvaccinated (first dose) or still to have their second dose.

First Dose - Targeting those aged under 40. Upweighting in Aberdeen, Edinburgh, Glasgow and Dundee as based on PHS data these locations are still under 90% for those 18+ who have had at least one dose. Lanarkshire will be targeted with this activity also.

We will reactivate campaign assets which address the most common reasons for not being vaccinated. Local advertising will promote where people can access list of local drop in clinics. New digital executions will be developed to reinforce that 6 in 10 of those unvaccinated and admitted to hospital with COVID-19 are under 40. This activity will be delivered through Facebook/Instagram/Twitter which are key social channels for this audience.

Depending on airtime availability, live reads by radio presenters in Aberdeen, Dundee, Edinburgh and Glasgow will be secured to let the public know where the drop in centres are located.

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Second Dose - Targeting those individuals who have not taken up their second dose with a letter from the CMO. The tone would be more personal than the current operational letter. Content will thank them for getting first dose, highlight the importance of second dose for full protection and address some of the barriers which they might have (side effects from dose 1, subsequently positive Covid result, missed appointment etc.).

5:2 Vaccine Passports – Domestic Certification - Creative work is currently being developed for an advertising campaign targeting 18 to 50 year olds across Scotland, communicating the need for proof of vaccination as an entry requirement for specific venues where there's the greatest chance of the virus spreading. Main message: *Get proof of Covid vaccination status before attending a venue where required.*

From 4 September, a downloadable PDF will become available, enabling covid status to be emailed directly to a citizen. Later in September, the 'Covid Status App' will launch, providing a convenient way of accessing certification. The campaign is being designed to flexibly accommodate either of these Call To Action messages and can swiftly adapt when the Covid Status App is launched.

Polling highlights that a certification scheme generally makes people feel more comfortable attending a venue or event (62% agreement)¹. 74% say they would be happy to share their vaccination and testing status by using a certificate if it would allow them entry to a venue². As seen in June, many worry that the vaccine certification system is not foolproof (67%).³ Implementation of domestic certification is likely to deliver an increase in those aged 18-39 who, to date, have not been vaccinated but now decide to receive a Covid-19 vaccine.

5: 3 Vaccination of Young People 12-15 - Work is underway to support uptake with dedicated marketing activity should vaccination of this age group go ahead.

Scotland specific polling by YouGov for Scottish Government (10-11 August), found that 46% of parents of 12-17s were likely to support their children in this age group receiving the vaccine (if / when made available), down from 62% when this was last measured at the end of June.

Qualitative insight gathering research in Scotland with 12-15 young people and their parents / carers indicated that this audience are generally receptive to getting the vaccine but want to know why it is needed for their age group and the benefits versus the risks (JRS for Scottish Government Communications, June 2021).

In terms of barriers for parents/ carers of this age group, IPSOS Mori research⁴ indicates that these most frequently given include:

- Worry about any long term effects on their health (51%)
- Worry about the side effects on children (48%)
- I don't know if the vaccines have been tested for children (36%).

¹ COVID-19 - Coronavirus Polling, YouGov Survey Results – Week 74, 27th August 2021

² COVID-19 - Coronavirus Polling, YouGov Survey Results – Week 74, 27th August 2021

³ COVID-19 - Coronavirus Polling, YouGov Survey Results – Week 74, 27th August 2021

⁴ [3 in 4 Britons support offering children the vaccine | Ipsos MORI](#)

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Communications activity would be able to include facts that address these barriers and offer reassurance.

5: 4 Pop-up vaccination centres - In addition to radio and digital activity signposting local drop in centres to 18 / 19 years and above, territorial health board communications to assess have been developed and ongoing assistance is being provided for signage at drop in centres. This will help amplify the efforts of these centres and capture people in the vicinity eligible for vaccination.

6. News

6: 1 Broadcast and online media continue to be key sources of information for the public, especially related to Covid guidelines and baseline measures. Media briefings and broadcast interviews in particular have considerable cut through, and these will continue to be promoted and supported. Clips of future FM statements and live streams of press conferences will be, as is routine, be posted to SG social channels.

6: 2 There are a number of News activities scheduled in the coming days, which will support the drive to promote individual personal responsibility, and the importance of following the baseline measures. This includes a health related visit by the First Minister on Monday and a Covid update to parliament on Wednesday. Broadcast media opportunities will be emphasised and, where possible, interview bids will be supported including those with clinicians.

7. Digital

Social media activity has been increased and a specific weekend content plan for compliance was executed. This included increased posting of marketing content organically on the main SG social media channels and a re-share of recent infographics with a focus on 'continuing to be careful'. This activity will continue and support any new marketing material.

8. Budgets

A submission will be provided to Ministers with all proposed activity and outlined budgets for approval. Additional budget will be required to run new and additional activity, but this will be outlined in full within the submission.

OFFICIAL-SENSITIVE**Annex E: OPTIONS FOR TARGETED, TEMPORARY RESTRICTIONS**

1. As set out in the body of this paper it may become necessary to introduce protective measures to reduce R to a manageable level and protect NHS services. It should be noted that the measures outlined in this annex when added to the four statutory measures already in regulations would not likely be enough on their own to reduce R sufficiently, however when combined with other public health interventions such as vaccinations, testing and self-isolation it is hoped that this will be sufficient to control the current upward trend, while balancing the 4 harms of COVID.

2. We know that the number of contacts has increased by up to 50% in some age groups and this creates a significant upward pressure on R, as each contact represents a possible point of transmission. The combination of high prevalence with increased contacts are major factors behind the current exponential growth. Therefore the set of restrictions which may be proposed focuses on reducing the number of non-essential contacts and reducing the risk of transmission during interactions.

Working from Home

3. We know that a significant proportion of the population are now returning to the workplace. This will further increase the number of contacts a person will have as well as the ancillary risks of increasingly busy public transport services (creating even more contacts). Returning to the workplace may also have behavioural impacts, as it may suggest to some that life has returned to normal and the risk has passed and therefore this may affect the number of contacts outside the workplace too. However the economic and wellbeing benefits of returning to workplaces are significant. This is not just true for the workers themselves but the many elements of city centre economy that benefit from the lunchtime or post work trade.

4. While the current guidance continues to advocate working from home, anecdotal evidence suggests that the default is now moving more towards a return to offices, and feedback from stakeholders indicates that this is particularly the case for smaller businesses. It may be that a stronger measure is needed in the short term, this could be:

- ◆ Strong messaging saying that working from home should be the default; or
- ◆ Statutory guidance for employers to facilitate working from home where possible

Physical distancing

5. Physical distancing, particularly when combined with face coverings, remains a key mitigation in reducing the risk of transmission. However it represents a significant interference with businesses (because it reduces capacities) and individual rights.

6. Removing the need for physical distancing in indoor public spaces was the top priority ask from many sectors as it is seen as a significant barrier to commercial viability. Given the economic impact of reducing capacities through physical distancing requirements, if it were reintroduced it may be necessary to consider the provision of business support again.

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7. Any reintroduction of physical distancing would be met with strong resistance and potential legal challenge. Sectors would contrast the position with that of UKG.

8. On the basis of the above it may be appropriate to consider reintroduction of physical distancing of 1m in indoor public places in regulation. Should you wish to pursue this it would be implemented as before in that it would only apply to over 12s. However it would be worth considering the following possible changes from the previous physical distancing position:

- ◆ Should further and higher education be excluded to allow for in person teaching in order to mitigate disruption to education?
- ◆ Should public transport be included in the regulations (was previously guidance only). This would address risks on cross country service and boost compliance but could have a negative impact on availability of critical transport services?

9. Further advice on these issues could be provided should Cabinet wish to pursue them.

Socialising Limits

10. There are a number of options to reduce the average number of contacts a person has:

- ◆ Re-introduce the level 0 gathering numbers. This option would work best in conjunction with a requirement to physically distance by 1m between groups of 10 people from 4 households in indoor public places
- ◆ Communications recommending that the public limit non-essential contacts over the course of a week to less than 10. This would be a shift from the previous position which was largely interpreted as a limitation on the number of people you could meet at one time
- ◆ Guidance advising the public to avoid meeting in each other's homes

11. These options are not mutually exclusive and could be combined, if proportionate, to increase their impact. A return to restricting gathering numbers, particularly if combined with physical distancing is likely to have a significant impact on life events as well as hospitality and entertainment settings.

Stadia and events

12. Currently capacity at large events is restricted in regulation as follows unless the relevant Local Authority has granted an exemption to allow larger numbers based on consideration on the mitigations in place

- ◆ Outdoor up to a maximum of 5,000
- ◆ Indoor up to a maximum of 2,000

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13. Local Authorities have raised concerns about the resource implications of the exemptions process and indicated that unless specifically required to by regulations or Scottish Government guidance they would allow full capacities providing the appropriate mitigations were in place. This has resulted in full capacities at all 6 major stadiums as well as 50,000 attending TRNSMT which was approved through the major events gateway.

14. Due to the high levels of prevalence and the risks associated with large events – particularly indoors – it may be appropriate to limit attendance at events for a short period. Given the position of Local Authorities, it may be that the best way to achieve this would be a hard cap on attendance numbers rather than an exemptions process, as currently exists.

15. Should physical distancing be retained indoors as discussed above that would effectively limit capacities indoors to around 50%. If that option were not pursued an option would be to reduce capacities at large events (over 5000 outdoors or 2000 indoors) to 75%. We would be clear through guidance that this capacity constraint should not be achieved through closure of a particular section of a stadium and instead should be used to increase spacing between groups or to further sub divide sections.

16. Should physical distancing and/or capacity restraints be reintroduced this may result in further high profile cancellations of events and possible legal challenge. In considering the proportionality of a cap on planned events, consideration will need to be given to compensation for lost revenue.

Hospitality

17. The measures considered above regarding socialising limits and physical distancing would have the effect of limiting capacity in indoor hospitality and entertainment settings (with associated economic impacts). In addition further measures could be reinstated to further reduce transmission risks:

- ◆ Table service. In order to reduce the risks of crowding at bar areas, the requirement for table service could be reintroduced
- ◆ Dwell times. Evidence suggests that excessive consumption of alcohol has a negative impact on adherence to protective measures. Limitations on dwell times limit opportunities for drinking to excess but can result in “pub crawls”
- ◆ Closing at 11pm. As above this would limit opportunities for excessive drinking and will help address the pub crawl risk associated with dwell times discussed above

18. These options are not mutually exclusive.

19. It is likely that if these measures were re-imposed alongside a physical distancing requirement this would be interpreted by the industry as a return to level 2 restrictions and would be met with significant resistance from the sector. Again, consideration will need to be given to financial support to mitigate the risk of successful legal challenge.

OFFICIAL-SENSITIVE**Nightclubs**

20. Nightclubs continue to be a high risk environment, particularly due to the high rates of prevalence and lower vaccination rates within the demographic attending nightclubs. The least restrictive measure to address this would be domestic certification which is subject to separate advice. However it may not be possible to fully introduce a certification requirement until the end of September and it may be that mitigating actions need to be taken before that date.

21. The risks outlined above in the context of hospitality such as crowding at bars and the adherence impacts of excessive drinking apply in nightclubs, and are possibly even more acute in this setting. Given the limited trading hours for nightclubs, dwell times and 11pm closing would not be appropriate however the requirement for table service would also need to apply in nightclubs.

22. Many nightclubs will not have sufficient table seating to provide a table service meaning that this requirement may make the sector unviable. It may therefore be more advantageous to the sector to require them to close by law to enable them to access more financial support.

23. As this sector has only just reopened after a long period of closure and has previously indicated a willingness to pursue a judicial review, a legal challenge in this area seems almost inevitable if the sector is required to close again.

Domestic Certification

24. Separate advice has been provided on domestic certification. If or when that was reduced it could replace the measures outlined above in hospitality, nightclubs, stadia and events. This would depend on when this could be fully implemented and the measures outlined above could provide an interim option, if considered necessary.

Business support

25. The previous business restriction grant was £1,400 or £2,100 (depending on rateable value) if the business can remain open but is specifically required to modify its operations by law. This could be reintroduced to offset the Harm 4 impacts of physical distancing but would need to be considered in the context of the current budgetary constraints.

26. Should events be constrained it is likely that refunds would need to be issued for tickets that have already been sold, based on full capacities. The cost of this is likely to far exceed the business restriction grant. Unlike when events were cancelled as a result of lockdown, insurance may not cover these losses as the event is still proceeding. There is a risk that event organisers would attempt to hold Government liable for these losses, which could prove time consuming and costly.

27. Should Nightclubs be closed, additional compensation could be payable. The previous temporary closure grant was £2,000 or £3,000 (depending on rateable value) if a business is required to close by law.

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Table E1: Summary of potential targeted measures

Sector	Medium impact option	High impact option
Working from home	Go back to a position of working from home as default	Statutory guidance for employers, supported by legislation, to facilitate working from home where possible
Physical distancing		Re-introduce 1m distancing in indoor public places, including public transport Option: exclude Further and Higher education settings
Socialising limits	Comms to encourage people to limit the number of contacts they meet over the course of a week Option to <u>advise</u> against meeting in other people's homes until cases have subsided.	Reintroduce level 0 gathering rules: - 10 people from 4 households in indoor public places - 8 from 4 in indoor private places - 15 from 15 in outdoor public places
Stadia and events	Limit to 75% capacity for indoor events over 2000 and outdoor events over 5000. No exemption process	Indoor events constrained by 1m physical distancing requirements (around 50% capacity) Outdoor events over 5000 limited to 75% capacity
Hospitality	Reinstate table service requirement	Reinstate table service requirement plus 2-hour dwell times, 11pm closure
Nightclubs	Table service requirement would likely make the sector non-viable	Close Nightclubs

OFFICIAL-SENSITIVE**Annex F: Overview – Summary of Economic Data to 31st August 2021**

This month's economic brief provides an update on data up to the end of August. The impacts of the easing of restrictions, and the move to level zero that came into effect in Scotland on 19 July, are beginning to be seen in the leading indicators, although it is still too soon for the impact to be seen in GDP.

The latest GDP data for June show further growth in Scotland, for a fifth consecutive month, with overall GDP growth of 0.9% over the month. For the third month in a row, the strongest contribution to growth was from accommodation and food services while there was further growth from non-food retail which continued to benefit from the easing of restrictions.

Overall, Scotland's GDP is now 2.1% below its pre-pandemic level in February 2020 and is at its highest level since the start of the pandemic. The recent strong growth in consumer facing sectors has supported this recovery, although sectors such as accommodation and food and arts, culture and recreation remain furthest below their pre-pandemic levels of output.

Business surveys for July and into the start of August continue to signal recovery continuing, though at a more stable and moderate pace than the sharp pick up we saw at the end of the first quarter of 2021 as the Stay at Home order was lifted. Despite the continuing recovery, businesses are increasingly reporting specific challenges including supply chain and staff shortages, and this is reflected in upward price pressure for both goods and staff. The Bank of England and other forecasters have increased their forecast for inflation, which is now expected to reach 4% at the end of this year. This increase is still expected to be temporary, as demand increases stabilize and supply chains recover as restrictions ease. However, the upward revisions to inflation forecasts highlight the risk that inflation could be more persistent, particularly if pressure on wages and input costs begin to be passed further down the supply chain, or if supply constraints, such as those seen in the transportation industry, persist.

As the economy has reopened, there has been a fall in retail sales, particularly in food stores, as activity has returned to hospitality industry as restrictions have eased. Despite the fall in retail sales in July, they remain higher than pre-pandemic levels, but this continues to be driven by higher online sales, with visits to retail and recreation still on average 6% below pre-pandemic levels. Household savings remain elevated, suggesting that consumers remain cautious about spending.

As we enter the final month of the furlough scheme, labour market indicators continue to improve, with the number of jobs on furlough falling at its fastest rate since May. In July, while both indicators remained weaker than their pre-pandemic levels, the number of payrolled employees in Scotland rose to its highest level since March 2020 while the claimant count has continued to fall to its lowest level over the same period. The latest UK data also show increased growth in payrolled employees aged 18-24 in July, as employment in accommodation and food services increased.

Looking ahead, the outlook remains uncertain, as Covid-19 cases have increased again following the further easing of restrictions in August. There continue to be risks to recovery, particularly as fiscal support comes to an end, with the ending of the furlough scheme, the temporary changes to Universal Credit, and the 5% VAT rate for hospitality at the end of September. Overall, however, business and consumer sentiment remains positive about the outlook for the economy.

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Annex G: Selected International Comparators

Issue	Ireland ⁵	France ⁶	Israel ⁷	USA (CDC) ⁸
Face covering	<p>Must be worn on public transport, in indoor and healthcare settings.</p> <p>Also required when staying 2 metres apart from people is difficult, when visiting anyone who is more at risk from COVID-19, and in places where lots of people gather.</p>	<p>Must wear a mask in indoor public places. Masks not required in places where a "health pass" is required.</p> <p>Only needed outdoors where social distancing is not possible.</p> <p>Local authorities may require masks in other places.</p>	<p>Israel reintroduced the requirement to wear masks indoors.</p> <p>Masks not required outside unless in large gatherings.</p>	<p>Required on public transport, and in healthcare settings regardless of vaccination status.</p> <p>Anyone aged 2+ and not vaccinated should wear a mask indoors.</p> <p>Recommended universal indoor masking for all school staff, students, and visitors regardless of vaccination status.</p> <p>Masks not needed in outdoor settings, but recommended in crowded settings in areas with high numbers of COVID-19 cases.</p>
Vaccination	Vaccinations eligible for those aged 12 and over.	Vaccinations eligible for those aged 12 and over.	<p>Vaccinations eligible for those aged 12 and over.</p> <p>Third doses available to those aged 30+, and people in specific roles (healthcare, teachers).</p>	<p>Vaccinations eligible for those aged 12 and over.</p> <p>From 20 September, booster programme will commence.</p>
Self-isolation	A person must self-isolate (stay in their room) if they have symptoms, test positive,	A person must self-isolate for 10 days if they test positive, if they still have a temperature after 10 days	A person must self-isolate for 14 days from the date of last contact with the confirmed coronavirus	If a person is fully vaccinated and is in close contact with someone who has COVID-19, they should get tested 3-5

⁵ [COVID-19 \(coronavirus\) - HSE.ie / gov.ie](https://www.gov.ie/en/covid-19/coronavirus/) - EU Digital COVID Certificate ([www.gov.ie](https://www.gov.ie/en/covid-19/coronavirus/))

⁶ [Info Coronavirus Covid-19 | Gouvernement.fr](https://www.gouvernement.fr/info-coronavirus)

⁷ [Ministry of Health-Coronavirus \(www.gov.il\)](https://www.gov.il/en/ministry-of-health-coronavirus), ICJU Reports 'Global Dashboard' 11 Aug & International Trends 37

⁸ [Coronavirus Disease 2019 \(COVID-19\) | CDC](https://www.cdc.gov/coronavirus/2019-ncov/)

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	<p>are awaiting a test appointment or results, arrived from a high risk country, or are a close contact.</p> <p>A person must restrict their movements (stay at home) for 10 days if they are a close contact, live with someone who has symptoms, or arrived from a different country (excl. green and orange regions of NI).</p>	<p>isolation (additional 48 hours will then be required).</p> <p>If a person is a close contact they must self-isolate for 7 days from the last time they were in contact with the positive (even if they have a negative test result. Isolation period increases to 17 days if they live with the close contact.</p> <p>If a person is fully vaccinated and have a negative test result, they do not have to self-isolate any further.</p>	<p>case or from the time of arrival in Israel.</p> <p>Isolation can be shortened if the results of two coronavirus tests are negative.</p>	<p>days after exposure, even if they don't have symptoms. They should also wear a mask indoors in public for 14 days following exposure or until their test result is negative. They should isolate for 10 days if they test positive.</p>
Physical distancing	<p>Keep at least 2 metres (6.5 feet) away from people you do not live with.</p>	<p>People should remain a distance of at least 2 metres.</p>		<p>Unvaccinated people should keep 6 feet from sick members of their household, and 6 feet from people out with their household when outdoors.</p>
Working from home	<p>Work from home is still the advice for most people.</p>	<p>Organisations are putting in place minimum levels of days of working from home.</p> <p>Workers in the public sector must work from home two days a week until the end of August.</p>		
Certification	<p>A HSE Vaccination Card or a Digital Covid Certificate (DCC) is needed to access indoor hospitality.</p>	<p>"Health pass" mandatory to access leisure and culture venues, events bigger than 50 people, hospitality and healthcare settings, and public transport.</p> <p>From 30/9 the pass will be mandatory for 12-17 year olds.</p>	<p>On 10 August, "Green Pass" extended to cover most indoor public venues and events over 50 people indoors and 100 people outdoors.</p>	<p>There is no official vaccine passport authorized for use in the USA.</p>

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Annex G: 4-NATIONS SUMMARY OF KEY MEASURES AT 30 AUGUST 2021

	UK GOVERNMENT	WELSH GOVERNMENT	NI EXECUTIVE
Stage of Easing	Step 4 (of 4) to complete strategy entered on 19 Jul	Alert Level 0 entered on 7 Aug. Updated 27 Aug.	Most recent review 12 Aug. Next review 1 Sept.
Vax status (as reported on 30 Aug)	One dose: 40,268,327 Both doses: 35,651,208 Total doses: 75,919,535 Uptake first dose: 88.1% Uptake both doses: 78%	One dose: 2,349,268 Both doses: 2,174,937 Total doses: 4,524,205 Uptake first dose: 90.1% Uptake both doses: 83.4%	One dose: 1,282,410 Both doses: 1,158,349 Total doses: 2,440,759 Uptake first dose: 85.5% Uptake both doses: 77.2%
Physical Distancing	GUIDANCE But still required at border control/health settings or to maintain infection prevention in vulnerable locations eg prisons, homeless hotels	GUIDANCE. Distancing recommended to public as protective measure and to businesses within a required Coronavirus risk assessment.	REGULATION 1m indoor distancing for restaurants, workplaces, retail, events and public transport if possible Not required for outdoor activities.
Gathering rules	GUIDANCE No caps on numbers. Guidance on minimising number of social contacts	GUIDANCE No number limits, including in private homes, public places and at events	REGULATION Limit 10/3 in a home (15/3 for households above 10). No limits in private gardens. Overnight stays allowed
Stadia and events	GUIDANCE Risk assessment required for transmission of COVID with guidance published on priority actions for reducing risk and managing locations	GUIDANCE No number limits; Coronavirus risk assessment required with measures to minimise risk of transmission	REGULATION Concert venues/theatres open but with ticketing in advance, allocated seating and 1m distancing. Volume restrictions lifted on music but dancing not permitted
Life events	GUIDANCE Specific guidance on ceremonies/celebrations with recommendation on distancing, fresh air, protecting the vulnerable and singing/music/performances	GUIDANCE No longer number limits for all indoor events including weddings, civil partnerships and funerals. Reliance on risk assessment process	REGULATION Tables limit 10 (no household limit, no top-table limit), live music at ambient levels permitted but no dancing. Numbers at indoor events determined by a risk assessment
Hospitality	GUIDANCE Guidance to hospitality industry on reducing risk for guests and employees – ventilation, cleaning, testing, PPE, reducing contact	GUIDANCE Employers must complete COVID risk assessment and minimise risk of transmission. No regulation for face coverings in hospitality settings	GUIDANCE Lifting on 16 Aug of the limit on 6 seated at tables. Regulation on use of face coverings indoors but not for eating and drinking at table
Nightclubs and SEV	GUIDANCE No restrictions, but guidance on risk, and “recommendation and expectation” of face-covering use	GUIDANCE Nightclubs and SEV reopened at Alert Level 0	REGULATION Nightclubs currently remain closed

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Working from home	GUIDANCE No requirement to continue working from home. Employers can start to plan a return to workplaces	GUIDANCE Individuals encouraged to continue to work from home wherever possible	GUIDANCE Work from home wherever possible. Employers should take every step possible to facilitate this; risk assessment mandatory
Self-isolation and self-quarantine	REGULATION Policy to “retain proportionate TTI in line with international comparators”. Fully vaccinated exempt from isolation if close contacts and from self-quarantine if returning from Amber countries or from EU27, EFTA countries, EU microstate countries, and USA	REGULATION Self-isolation to remain a requirement for those who test positive or show symptoms of COVID. Fully vaccinated exempt from isolation if close contacts and from self-quarantine if returning from Amber countries or from EU27, EFTA countries, EU microstate countries, and USA	REGULATION Testing and isolation required for those with symptoms and for self-isolation after a positive test. Fully vaccinated exempt from isolation if close contacts and from self-quarantine if returning from Amber countries or from EU27, EFTA countries, EU microstate countries, and USA
Face coverings	GUIDANCE Wearing is “expected and recommended” for contact with people outside household and in enclosed and crowded spaces, but no regulation	REGULATION Required in indoor public places including public transport, in shops and when accessing healthcare, but not in hospitality. Use in workplaces in accordance with risk assessment	REGULATION Required in hospitality when not at a table, for public transport, in public areas of civil services or other offices Not required in places of worship during the service/ceremony
Ventilation	GUIDANCE Recommendation to meet in well-ventilated area – outdoors, or with windows open. Use of CO2 monitors encouraged to identify poorly-ventilated areas	GUIDANCE Meeting in well-ventilated places one of a number of protective measures recommended to the public, and also to employers/organisers completing the necessary risk assessment	GUIDANCE Good ventilation a recommended risk mitigation in guidance to households and businesses
Domestic certification	INTENDED REGULATION Domestic certification not currently required for entry to any location but UKG has indicated that full vaccination, demonstrated on the NHS COVID app, will be required for entry to nightclubs and other locations where large crowds gather by the end of September. Final confirmation of locations still to be made. Testing unlikely to be accepted as alternative to vaccination.	NO CURRENT INTENT FOR REGULATION Currently no plans to mandate the use of certification as a condition of entry to any setting. But infrastructure in development and COVID pass will be available for wider use if businesses choose to use the system	NO CURRENT INTENT FOR REGULATION Currently not intending to introduce domestic certification and addressing similar concerns to rest of UK on equity, IT infrastructure and feasibility of implementation

OFFICIAL-SENSITIVE**Annex H: ECHR FUNDAMENTAL RIGHTS**

Article 2 – right to life – everyone’s right to life will be protected by law. This article carries with it positive obligations on the part of the state

Article 5 – right not to be deprived of liberty and security – everyone has the right to liberty and security of person and no-one shall be deprived of that right except in certain cases and in accordance with law. This is an absolute right.

(This right does not encompass movement restrictions (which are covered by a separate protocol to which the UK has not signed up). Movement restrictions may impact on civil and political rights. Article 5 rights could be engaged if the court system is severely impacted with delays in bringing accused before courts etc.)

Article 6 right to a fair trial – in the determination of civil rights and obligations or of any criminal charge everyone has the right to a fair and public hearing within a reasonable time before an independent and impartial tribunal established by law.

(Article 6 rights could be engaged if exemptions to the gatherings provisions did not recognise the necessity of court and tribunal proceedings continuing. Article 6 rights could be engaged due to delays within the system caused by shutting down courts, tribunals or staffing issues.)

Article 7 – no punishment without law – no-one shall be held guilty of any criminal offence on account of any act or omission which did not constitute a criminal offence when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time when the offence was committed.

(This article could be engaged if guidance was being elevated to the status of legally binding obligations and enforcement action taken accordingly.)

Article 8 right to private and family life – everyone has the right to private and family life and respect for his home and correspondence. This is a qualified right – it can be interfered with in accordance with law and where to do so is necessary in a democratic society (amongst others) for the protection of health or morals.

(This right is engaged by the socialising restrictions (gatherings) both the public and private restrictions, the enforcement provisions and powers of entry, collection of and sharing of data, face coverings amongst others.)

Article 9 – freedom of thought, conscience and religion - everyone has the right to freedom of thought, conscience and religion, this includes freedom, either alone or in community with others either in public or in private to manifest his religion or belief, in worship, teaching, practice or observance. This is a qualified right and is subject to only such limitations as are prescribed by law and are necessary in a democratic society (amongst others) for the protection of health or morals.

(This right is engaged by the restrictions on places of worship and those on gatherings.)

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Article 10 – freedom of expression – everyone has the right to freedom of expression – links to article 11

Article 11 – freedom of assembly and association – everyone has the right to freedom of peaceful assembly and to freedom of association with others, including the right to form and join trade unions. This is a qualified right and can be restricted in accordance with law where restrictions are necessary in a democratic society (amongst others) for the protection of health or morals .

(This right will be engaged by the gatherings restrictions, restrictions on demonstrations, picketing, etc., and potentially by the closure of premises)

Article 12 – right to marry – men and women of marriageable age have the right to marry and found a family, according to national laws governing the exercise of the right.

(This right is engaged by the closure of places of worship and the gatherings restrictions.)

Article 14 – prohibition of discrimination – no discrimination in the enjoyment of the rights and freedoms set out in the Convention on any grounds such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.