

STRATEGIC APPROACH TO ESCALATION

1. This note sets out recommendations for fulfilling the commitment the First Minister gave to Parliament on 22 September 2020 (*Official Report*, columns 19 and 24):

"[W]e will publish soon an overall strategic approach to escalation in areas with particularly high rates of transmission [...] that will move us from a route map that applies countrywide into something that allows us to flex, on a much more transparent basis, depending on rates of transmission."
2. **A strategy should set out Ministers' intended approach to decisions to escalate restrictions further, and ease them, for parts of the country as well as the whole of Scotland**, including to ensure that restrictions are applied only where and for so long as that is justified, necessary and proportionate.
3. Within Phase 3, as throughout the route-map, Test & Protect, contact tracing and locally-led incident management are crucial to suppressing the virus. **A strategic approach to escalation should complement and support, not replace, this public health infrastructure.**
4. A strategic approach should be **based on evidence, analysis and advice on what is needed to secure the conditions for achieving the strategic intent now shared by all Four Nations** of "suppressing the virus to the lowest possible level and keeping it there".
5. A published strategy should **offer clarity and transparency about the measures Ministers may introduce or release and the evidence and criteria they will take into account in making decisions**, while preserving the ability for local incident management to operate effectively, and for Ministers to exercise judgment and discretion.
6. While the SG's COVID-19 route-map is defined in phases, **the strategic approach to escalation should be defined in terms of levels of protection**. Several other jurisdictions operate a levels-based escalation strategy, among them Ireland and New Zealand. This note is informed by discussions with officials in the those governments. (The former confirmed that their approach to suppressing the virus is in turn informed by studying Scotland's approach.)
7. **None of the Four Nations has yet adopted a levels-based strategy.** The UKG is considering doing so, but has not yet committed itself.
8. A bespoke approach to regional and national restrictions, as applied so far in Scotland, allows a tailored response to local conditions. As the number of outbreaks becomes more challenging, however, **a levels-based approach has a number of advantages.**
 - a. It allows **packages of measures to be shaped and assessed in advance**, making it more possible to secure the best available mitigation of harms.
 - b. **Guidance, regulations, and communications materials can also be prepared in advance**, allowing faster implementation, clearer communications and fewer unintended consequences or in-flight corrections as interventions are designed under pressure (as recently experienced, for example, on self-catering accommodation).
 - c. It **reduces complexity in decision-making**, and associated demands on the energy, attention and time of decision-makers and advisers, especially if introducing and maintaining packages of restrictions for multiple parts of Scotland simultaneously, alongside local and national incident management.
 - d. It **gives a basis for communication, engagement and planning**, for organisations and individuals, as the SG's *Framework for Decision-Making* and route-map have done over the summer. Officials in New Zealand say this has also worked well there for a levels-based strategy: reducing surprise and uncertainty has made it easier for individuals and businesses to accept the possibility of higher levels of restriction, monitor trends in key

data, and plan ahead. This can itself alleviate some of the harm 3 (societal) and harm 4 (economic) impacts.

- e. It **improves transparency** by making it possible to set out clearly how and when Ministers take or review decisions, again as for the route-map.
- 9. A published strategy could replace the route-map, but **we recommend framing protection levels as strengthening the route-map** in order to suppress local outbreaks and prevent sustained community transmission, all within “the long Phase 3”. This maintains a sense of overall strategic direction towards Phase 4, in which the virus is no longer a threat to public health, and in turn may help give people the hope and motivation to “stick with it [...] to keep the fight against this virus where we need it to be” (First Minister, *Official Report*, 22 September 2020, col.21).

Protection levels

- 10. The accompanying slides set out two approaches to a levels-based escalation strategy. These serve to illustrate **what a levels-based strategy would look like in practice**. These remain illustrative rather than definitive, and the detail is discussed further in a separate note on “Further Measures.”
- 11. In both illustrations, **the baseline is Phase 3 of the route-map, and level 1 is the restrictions now in place**. In each, the highest level is a full “lockdown.” It would also be possible to take Phase 4 as the baseline, in effect adding an extra level underneath those illustrated. This acknowledges that Phase 3 itself retains a number of restrictions or protections, and might help emphasise that the aim is to return to the normality only possible in Phase 4, when the virus is no longer a threat to public health. We have not illustrated that approach in the slides, but intend to test it in developing this material further, including through graphic design.
- 12. The first illustration has three protection levels above the Phase 3 baseline; the second has four. Fewer levels keeps things simpler; more levels provides a more graduated response. Ireland has five levels, or a baseline plus four (pdf graphic); New Zealand has four – a baseline plus three – and introduced a “level 2.5” for Auckland; the UKG proposal (not yet published) has three.
- 13. The number of levels is a matter of judgement. Too many hinders communication; too few risks unnecessary harm. With a smaller number of broadly defined levels, what is necessary to suppress the virus may also (for example) unnecessarily close thousands of businesses operating safely, or prevent safe access to healthcare and other services for those vulnerable and in need. Clinical advisers prefer three levels above the Phase 3 baseline. Others see a case for four or more, including to bring out the aim of returning to levels lower than those in place up to 22 September.
- 14. We have adopted **four levels above the Phase 3 baseline** for the purpose of illustrating this approach and making recommendations. We recommend that Ministers consider this decision alongside decisions on further measures.

Data and decision-making

- 15. Consideration of escalation or easing, for part or all of Scotland, should be **recommended by the National Incident Management Team, or requested by Ministers**. Decisions should be taken on the basis of “four-harms” advice from SG chief advisers and lead officials. Ministers should be willing to respond to requests from partner organisations and stakeholders for consideration of changes, and should keep the packages within levels under review.
- 16. As noted above, decisions on changes of level should be for Ministers. Where escalation is in prospect, we recommend **engagement with local authority leaders and other delivery partners**, facilitated through SGoRR(M), and **publication of the evidence and rationale for**

changes, consistent with the First Minister's commitment to flexing measures "on a much more transparent basis".

17. Analysts have developed thresholds for considering changing levels, based on data such as new positive cases per 100,000, percentage positivity and hospital admissions. Some of these data are already regularly published. We recommend that **a published strategy should indicate the data Ministers will take into account in reaching decisions on protection levels** and that, for transparency, **these data should themselves be regularly published**.
18. As previously discussed, **"triggers" within a strategic approach should lead to consideration, not automatic changes**. It would therefore be better to adopt threshold levels, and/or a watchlist approach, so that trends in data focus attention rather than triggering change.
19. Drawing on Irish experience, **we recommend against publishing threshold levels or "trigger points"**, since this creates an expectation of automatic consequences if thresholds are crossed.
20. Instead, **a publication should set out clearly when and by whom decisions will be made, and how this decision-taking will be made transparent and accountable**. We will provide further advice on these points along with a draft publication.
21. **Decisions on changes of level should also take into account the demand on public health infrastructure** such as Test & Protect. If necessary, a higher level of protection should be used to safeguard the effective functioning of public health infrastructure.
22. The default position should be that **levels apply to local authority areas**. It would be possible to **tailor both the geographic extent and the measures applied** to suit local circumstances, though there is a trade-off between tailoring and clarity. Remembering that different parts of the country could be at different levels simultaneously, **extensive tailoring or multiple exceptions could quickly become hard to communicate, and confusing**.
23. **The approach to compliance should be to engage, explain, encourage and (only then) enforce**, as Police Scotland advocate; and in line with Professor Stephen Reicher's description of the First Minister's approach: "treat the public as a partner, not a problem." Experience in New Zealand and Ireland suggests this is particularly important in relation to policing "border issues" such as movement into and out of restricted areas.
24. **Decisions on escalation and easing of levels should be reviewed weekly**, as for decisions on self-isolation for international travellers. Any longer runs the risk of unnecessary delay in applying or removing restrictions, and associated harm; any shorter is impracticable. Decisions or recommendations could be delegated to a small group of Ministers.

Next steps

25. We **recommend** that Ministers adopt and publish a levels-based strategic approach.
26. Subject to Ministers' views on the points made here about the design of such an approach, **we propose the next step should be a worked-up draft publication**, to a length, style and format consistent with the regular route-map updates. The timescale for this work is considered further in the associated note on further measures.
27. This note has been prepared by officials responsible for SG's COVID-19 framework for decision-making and route-map, with input and comments from the chief advisers and other officials across SG, to the extent possible in the limited time available. It is for discussion with Ministers on Monday 28 September. Chief advisers and lead officials will be on that call to support the discussion, and are available to brief Ministers beforehand.

27 September 2020.