

Broader Health Impacts (“harm 2”)

15. Arrangements are already in place to mitigate the impact of restrictions on wider health and care, and to remobilise NHS and other care services. Two of the five key indicators considered as part of the levels review process reflect broader health impacts, in their consideration of forecast levels of hospital and Intensive Care Unit (ICU) admissions, allowing assessment of the risk that NHS services become overwhelmed by rising numbers of cases of COVID-19. While that remains a concern and must continue to be kept under close review, sufficient reserve capacity is in place at this review point to mitigate the forecast impacts of the virus on harm 2.

16. The NHS indicators for beds and ICU are predicated on capacity to the end of the calendar year. Forecasts for the busiest time of the year, January and February, currently show that COVID-available capacity reduces by about 1,000 beds as the NHS deals with additional medical admissions. This requires us to monitor forecast COVID-19 pressure closely for the early part of 2021. The winter planning projections have been updated, indicating that at maximum 830 hospital beds will be needed for COVID-19 related cases over January and February, and around 75-80 ICU beds, due to downturns in admissions following the festive period. This falls within NHS capacity limits.

Societal Impacts (“harm 3”)

17. The harm caused by the virus to wider society, beyond harms 1 and 2, is substantial. This is particularly felt as a consequence of measures to reduce social contact. While these are necessary in order to reduce transmission of the virus, they increase isolation and anxiety. These impacts are not equally felt across society, and fall particularly on those who live alone, or whose lives are already subject to stress as a result of socio-economic and other inequalities. These impacts were taken into account in designing the measures which make up the levels approach; and in the *Strategic Framework* we committed to a range of actions to address inequalities, to prioritise protection and support for disadvantaged and vulnerable groups, and to keep schools and childcare safely open.

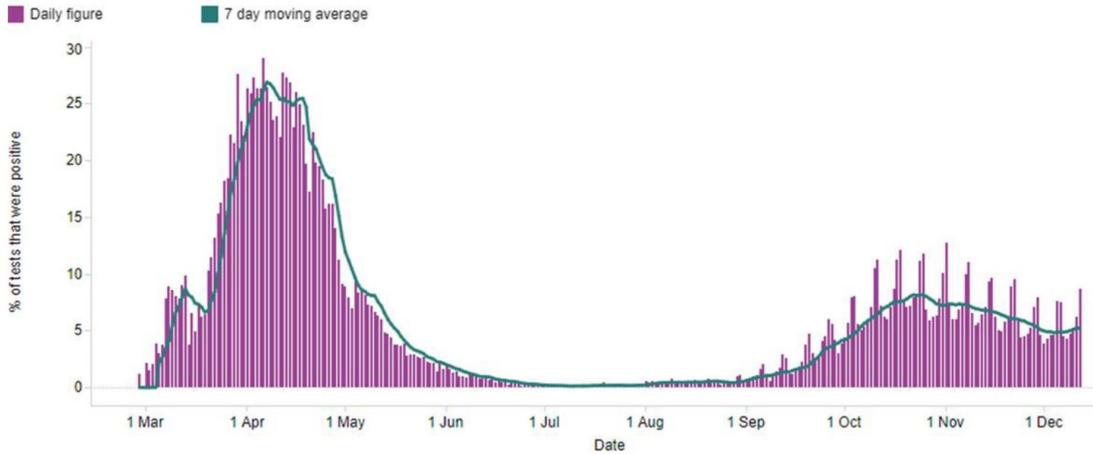
18. However, regardless of our efforts to mitigate social harms, we recognise that for many people isolation and loneliness are a daily occurrence, with 56% of 18-44 year olds feeling lonely at least some of the time (YouGov, 17-18 Nov), a figure that is slowly rising. Happiness levels are slowly falling, although anxiety is fairly stable. As people spend longer in higher levels, they risk becoming more cut off from family, friends and community; and they may become more nervous about resuming a wider range of activities. For those experiencing them, isolation and loneliness are a particular issue at Christmas even in ordinary times. That is likely to be even more the case this year, including for those who are deciding whether to make use of the easings of restrictions from 23-27 December, or to follow advice not to do so.

19. Against that background, and to mitigate against the compounding effects of seasonal increases in the cost of living and the potential of a no-deal exit from the EU, on 30 November the First Minister announced a Winter Plan for Social Protection. Considerable progress has been made in delivering this package, and on Friday 11 December, COSLA Leaders agreed to distribution of additional resource to

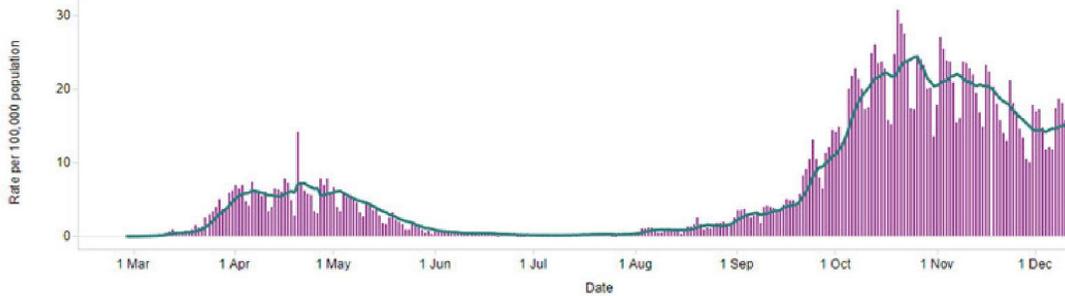
ANNEX A : TRENDS IN NATIONAL INDICATORS

Updated with data published at 14:00 on 13 December 2020 on the [PHS Daily Dashboard](#).

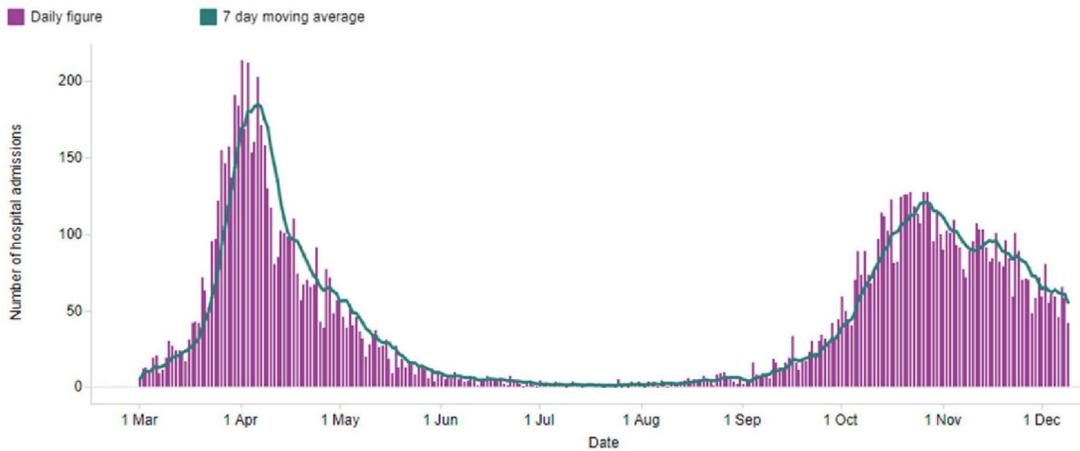
Percentage of tests that were positive by specimen date in Scotland



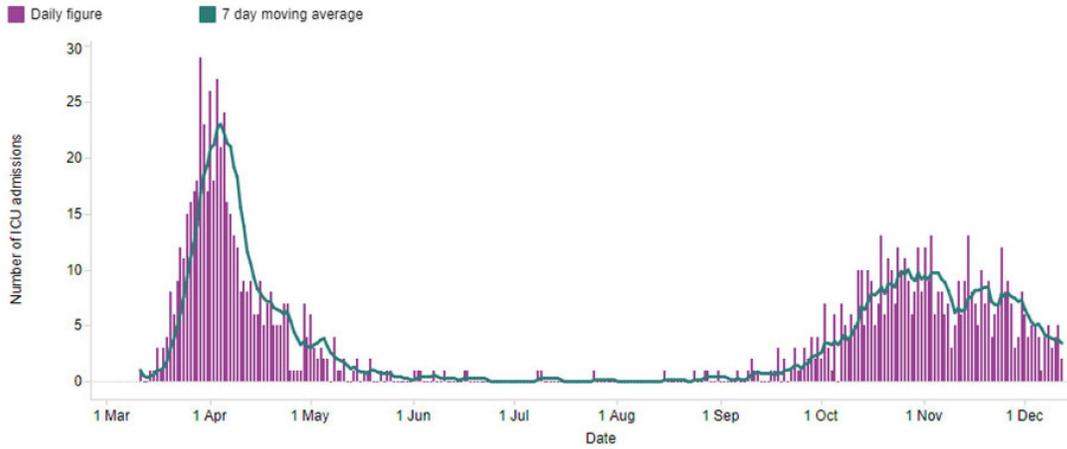
Rate of positive cases per 100,000 population by specimen date in Scotland



Hospital admissions by admission date in Scotland



ICU admissions by admission date in Scotland



Deaths (Covid confirmed) by date of death in Scotland

