COVID-19: Framework for Decision Making Scotland's route map through and out of the crisis

Supporting Evidence for moving to Phase 2

June 2020

Scottish Government
Riaghaltas na h-Alba
gov.scot

Introduction

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

The criteria for moving into Phase 2 are:

- R is consistently below 1 and the number of infectious cases is showing a sustained decline.
- WHO six criteria for easing restrictions must be met.
- Any signs of resurgence are closely monitored as part of enhanced community surveillance.

Box 1 below shows the relevant WHO criteria:

Box1: World Health Organisation: Six key criteria for easing restrictions

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

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

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

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

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

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

To progress from Lockdown to Phase 1 we needed to see evidence of transmission being controlled. We published the supporting evidence for moving to Phase 1 on 28 May.

A further assessment of this evidence has been completed by the Scottish Government to inform decisions about moving to Phase 2.

The data on the R value and infectious pool is sourced from *Coronavirus (COVID-19): modelling the epidemic in Scotland (Issue No 5)* published on 18 June. This sets out

Scottish Government modelling of the spread and level of Covid-19 using data from the week up to the 12 June 2020 using epidemiological modelling.

The evidence on supplementary measures has been compiled from a range of data sources including the daily data published on the Scottish Government Coronavirus web page and from weekly reports published by Public Health Scotland and National Records of Scotland. This evidence is based on the latest available data on Wednesday 17 June.

Evidence of progress against each of the Phase criteria is set out below. A decision to move into Phase 2 was taken on the basis of the information summarised here.

Evidence on Phase criteria

- ***R is consistently below 1***
- ***Number of infectious cases is showing a sustained decline***
- ***WHO criterion 1: Evidence shows that COVID-19 transmission is controlled***

The route-map sets out in a summary form what we would expect to see in order to move to Phases 2 and 3 based on the R value and the number of infectious people declining. WHO criterion 1 requires evidence that COVID-19 transmission is controlled. Given the overlap we have grouped reporting on these three criteria.

The R value for COVID-19 in Scotland is currently estimated by SAGE to be between 0.6 and 0.8. Scottish Government analysis, using the Imperial College modelling code, is in agreement with this assessment, and suggests it has been below the critical threshold of 1.0 since 23 March.

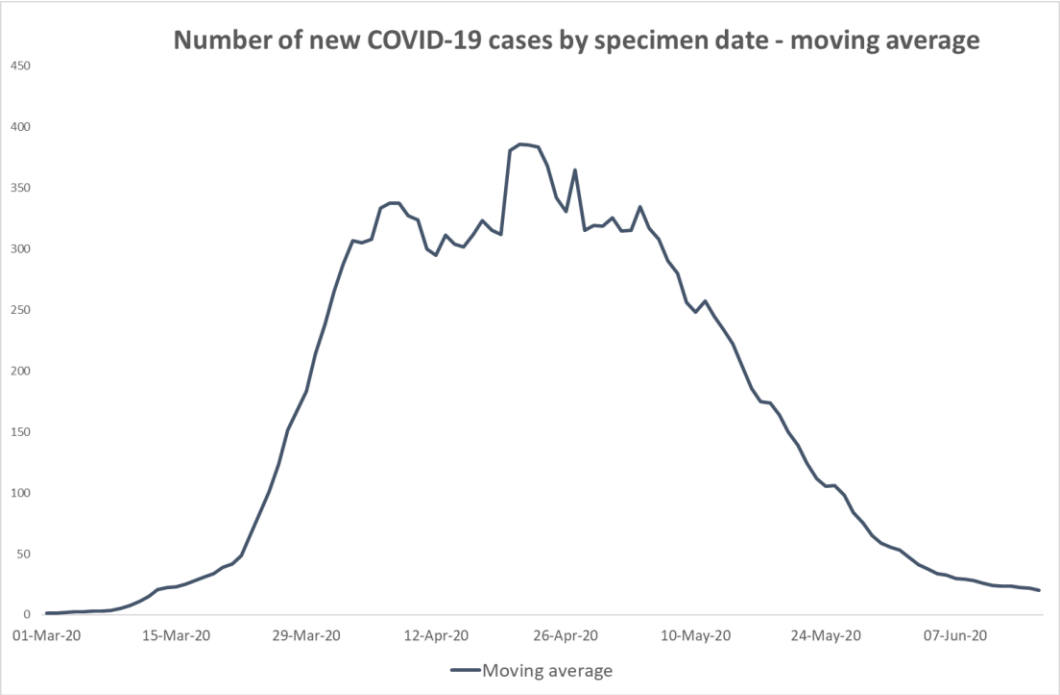
Scottish Government epidemiological modelling also estimates that 230 new infections occurred in Scotland on 12 June – a 99% decline from the peak of 21,500 on 23 March. Daily new cases need to be seen in the context of numbers of people in Scotland who are infectious. This is the crucial number as these are the people who can transmit infection to others. Many of those who are infectious (approximately 80%) will have few symptoms and may not realise they are infected but are potential transmitters of the virus. SG modelling estimates the most likely number of infectious people in Scotland on 12 June to be 2,900 (within a range of between 1,800 and 4,300 people who could transmit the infection on to others). This is the eleventh week in a row there has been a decline in this number.

Further modelled information, including short and medium term forecasts of hospital bed and intensive care requirements, along with the above R-value and infectious cases data will be published in a weekly update every Thursday. Because it takes time for infected people to develop symptoms, need hospitalisation, and either die or recover, we will not fully see the effect of moving to phase 1 in our modelling until late June or early July.

Supplementary Measures

Confirmed COVID-19 cases in Scotland by day

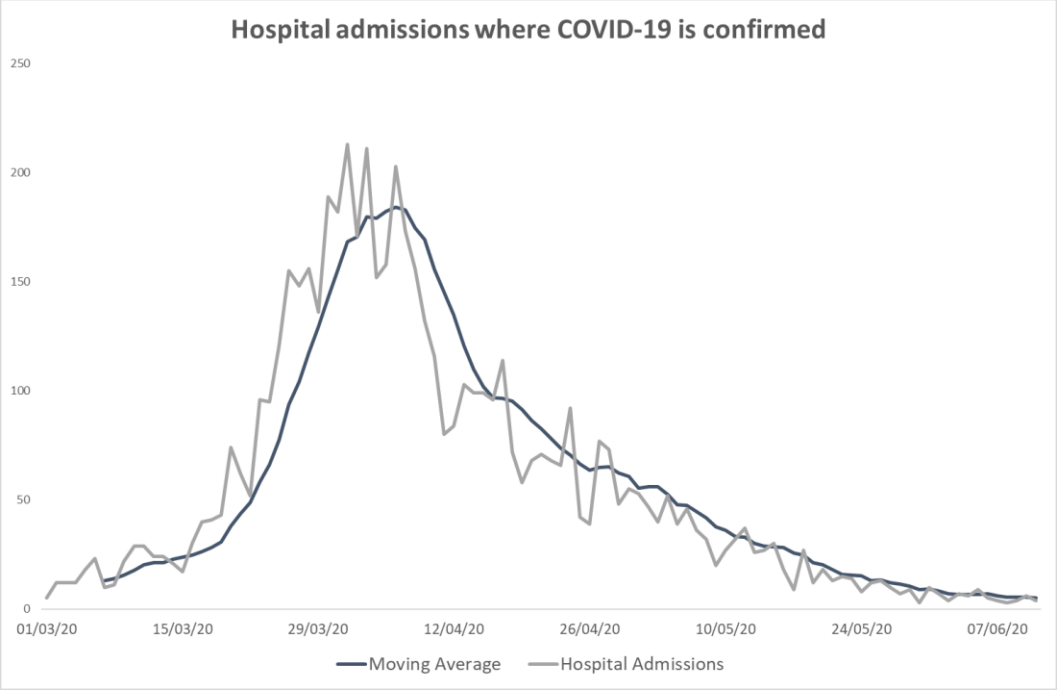
The number of confirmed COVID-19 cases by specimen date has shown a sustained decline since peaking in late April 2020, based on the 7 day moving average. This is in the context of increased testing and expanded eligibility. This is data published daily on the Public Health Scotland Covid-19 data dashboard and now includes confirmed cases where people have been tested through the UK Government (UKG) testing programme as well as those through NHS Scotland labs.



Source: Public Health Scotland
https://www.publichealthscotland.scot/our-areas-of-work/sharing-our-data-and-intelligence/coronavirus-covid-19-data/

Hospital admissions by day where COVID-19 is confirmed

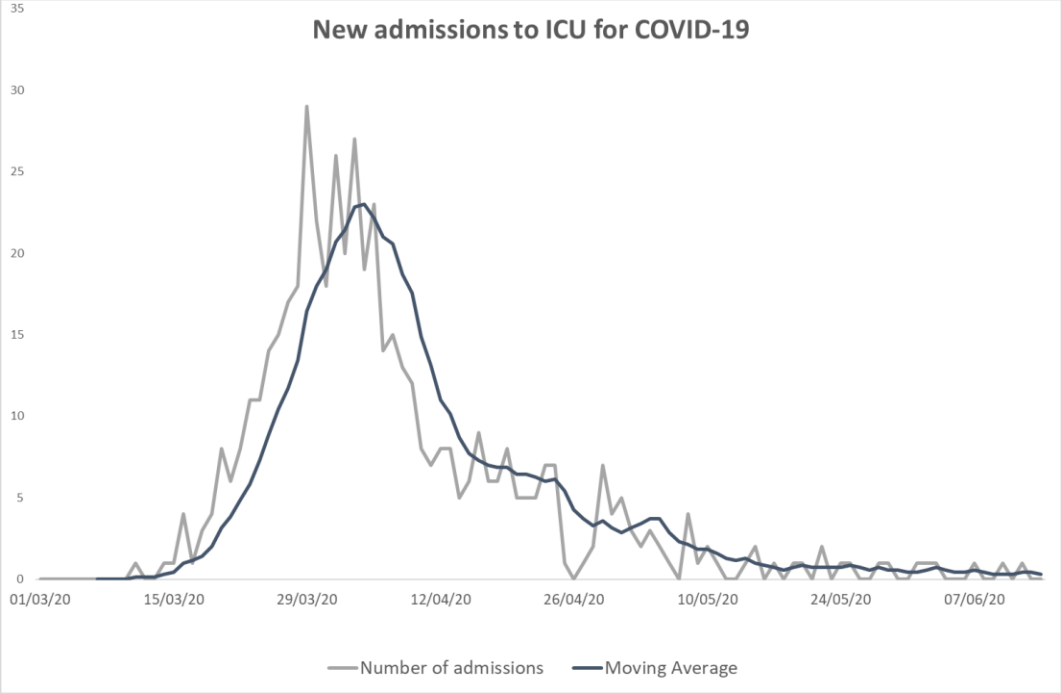
The number of hospital admissions per day for those with a positive COVID-19 result has also shown a sustained decline since 7 April 2020, based on the 7 day moving average. In the latest week, to 11 June, an average of 5 patients were admitted to hospital each day with confirmed COVID-19.



Source: Public Health Scotland
https://www.publichealthscotland.scot/our-areas-of-work/sharing-our-data-and-intelligence/coronavirus-covid-19-data/
Note: analysis of COVID-19 admissions cross-references ECOSS lab data with hospital admission records from acute hospitals. Only confirmed COVID-19 cases recorded on ECOSS have been included in the hospital admissions figure.

ICU admissions by day of admission to Unit for those where COVID-19 is confirmed

The number of new daily ICU admissions has shown a sustained decline since 4 April based on the 7 day moving average. Between 1 June and 14 June 6 patients were admitted to ICU where COVID-19 was confirmed before discharge.

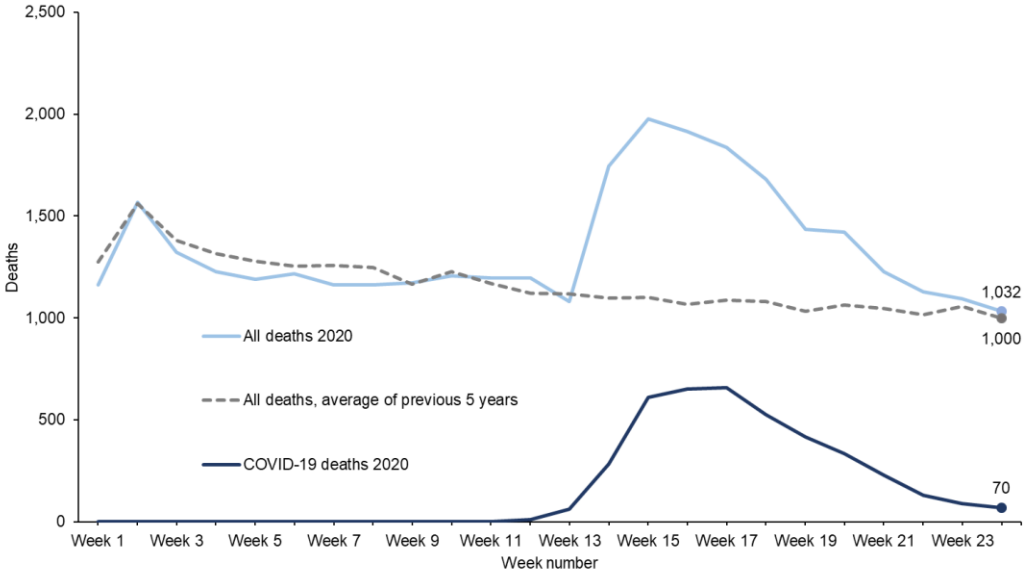


Source: Public Health Scotland
https://www.publichealthscotland.scot/our-areas-of-work/sharing-our-data-and-intelligence/coronavirus-covid-19-data/

Deaths by week of registration Scotland to June 14 2020

There has been a sustained decline in the number of weekly deaths among confirmed and probable cases. The number of deaths peaked in Week 17 (20 April to 26 April 2020). The next update will be on Wednesday 24 June.

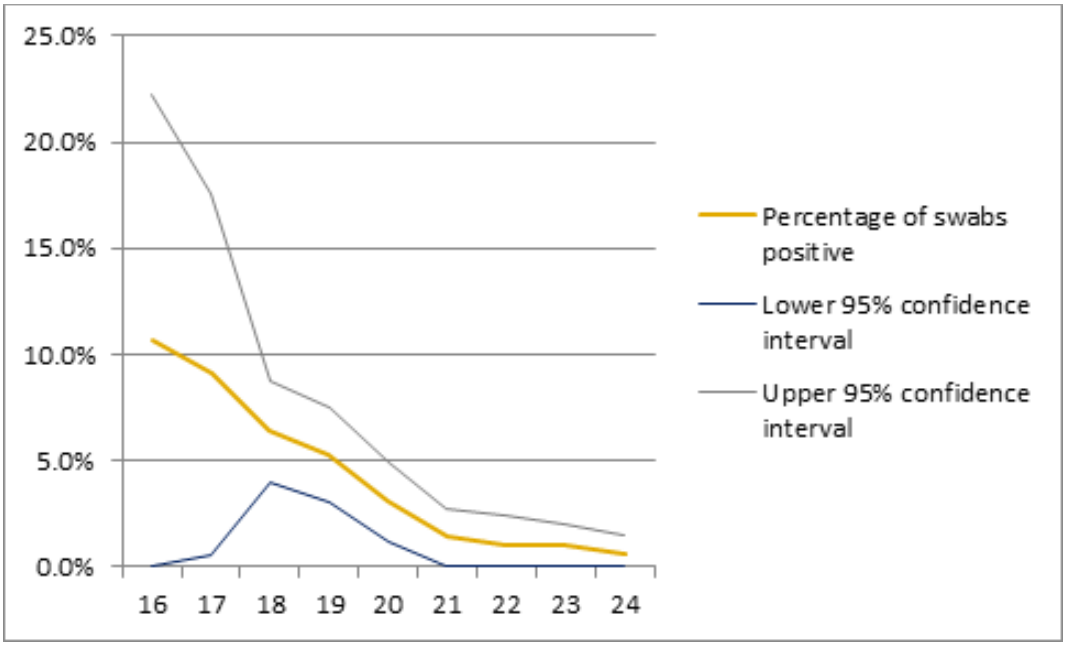
Figure 5: Deaths by week of registration, Scotland, 2020



Source: National Records of Scotland
https://www.nrscotland.gov.uk/covid19stats

Test result for those who have symptoms in community % by week

The proportion of those have a positive test for Covid-19 out of those who are symptomatic of Covid-19 in community healthcare has seen a steadily decreasing trend since week 16 (13 to 19 April). This data runs up to Sunday 14 June. The weekly swab positivity rate is now 0.6%, and has been 1.0% or lower for 3 weeks.



Source: Enhanced Surveillance data, Public Health Scotland
Note: Confidence intervals wide in the pilot phase of weeks 16 and 17 due to small numbers

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

Test and Protect

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

Test and Protect was introduced across all Health Boards from Thursday 28 May, at which point over 2,000 staff from the NHS Boards across Scotland were available. As of 3 June, 822 staff started contact tracing, with a further 1185 ready to be deployed on demand. A further 150 staff from Public Health Scotland and National Services Scotland are in place to establish the nationally co-ordinated team. All health boards now have access and are using the digital tools to support contact tracing.

Test and Protect relies on disease prevalence being low, as well as high levels of public compliance with public health advice including hand and respiratory hygiene, physical distancing and awareness of symptoms.

The fewer close contacts each confirmed case has, the more straightforward contact tracing will be, and the less likely it will be that disease transmission has occurred. As part of Test & Protect, Public Health Scotland is publishing initial national data on the number of index cases and contacts traced, with the first dataset published on 10 June. In weeks to come the intention is to publish further detailed, regional data too.

Policy Interventions

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

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

Systems

Since the start of the outbreak we have significantly increased our testing capacity –our current normal weekday capacity is now more than 28,500 and we continue to work with colleagues to increase this capacity. General access to testing for those outside the NHS and social care system is via the drive through and mobile units which use the Glasgow Lighthouse Lab, which accounts for around half of Scotland's capacity and usage is determined by public demand for tests.

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

Support

We have introduced new reporting processes for boards which will give us more robust data on testing for key workers and staff, hospital and care home testing, which will help inform local and national planning and allow us to see where there are gaps.

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

Health Boards and NHS National Services are working hard to manage demand across different geographies and maximise daily capacity. This includes using real time data to allow variances in capacity and demand to be managed. We are also working with NHS Boards and health care partners on restarting health care services meaning that capacity is required for additional testing as a result.

The Route Map states that "we will provide information to the public about increases in transmission and significant clusters of cases." Senior Medical Officers (SMOs) have been asked to advise the clinical view on public sharing of information on outbreaks as an expanded Test and Protect approach is implemented.

The Digital Health & Care Institute (DHI) has developed a tool that is configured to integrate with the existing data infrastructure in Scotland and support local teams to make contact tracing less resource intensive. The tool will allow local teams to input contact details directly into the contact tracing digital infrastructure, and to use this to record that contacts have been traced. All Boards received the tools by 28 May.

During June this tool will be enhanced to make it available to people who have tested positive so that they can assist the contact tracing teams by recording details of their contacts. We also recognise that not everyone in Scotland will want, or be able, to use digital technology in this way, and so we are working to ensure that telephone support will be available for everyone who needs it.

Data

Between 28 May and 14 June, 992 cases (positive test results) were identified for Test & Protect, from which 1,239 contacts have been traced. 891 cases have completed contact tracing. This means about 1.25 contacts per person have been traced.

The number of contacts traced per person is below early estimates of the number of contacts a person has. This could be due to:

- The definition of a contact for the purpose of Test & Protect is different to the definition used in the preceding literature used to develop the planning models;
- Given that lockdown measures remain in place, index cases are naturally meeting fewer people;
- Those engaging with the system are not fully reporting all contacts.

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

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

Long term care facilities can be high risk for severe Covid outbreaks due to their congregate nature and often vulnerable populations. Minimizing risks within these settings has been a core component of our response.

Hospital Acquired Infections (HAI)

Scotland is the only UK country that has identified HAI clusters where they are not expected, that is within non-COVID areas. Where we suspect that Covid-19 was contracted after admission to hospital (rather than in the community), those cases are also reported in our figures. UK COVID-19 Infection, Prevention and Control (IPC) guidance has been widely implemented within NHS Boards and supplemented with various webinars, aide memoires and posters to support IPC practice for frontline stakeholders.

This cluster data is reported to SG on a daily basis. The reporting system on Antimicrobial Resistance and Healthcare Acquired Infection (ARHAI) asks that Boards report point prevalence data around active clusters on a daily basis – this include patient numbers (suspected/confirmed), staff numbers, control measures and investigations and number of death. This data is self-reported and therefore unvalidated. A validation exercise using the agreed UK/ECDC definitions is currently underway between HPS and NHS Boards to ascertain how many of these cases are HAI and how many are community associated.

Children's Services

We have established a children's residential care group which brings together children's homes, secure care and residential schools. This group is considering what environmental, care and staffing changes need to be put in place and how they respond to Test and Protect policy. The group is supported by SG officials and relevant staff from the Chief Social Work Adviser (CSWA), Chief Nursing Officer (CNO) and Health Protection Scotland (HPS) and will report to the Care Homes Oversight Board.

Prisons

New powers have been put in place through the Coronavirus (Scotland) Act 2020 for the early release of a specific class of prisoners held in Scottish prisons. A controlled early release scheme was then undertaken in order to provide the Scottish Prison Service with additional operational capacity. This allowed for a greater use of single cell occupancy, keeping prison staff and the people in their care safe. A total of 348 people have been released from prison in the course of this scheme.

Operational measures taken by prison and health staff in Scotland have been effective in reducing the spread of COVID-19 across the prison estate. As at week ending 9 June, there were no confirmed positive cases of COVID-19 in Scottish prisons and just 10 individuals self-isolating across 5 establishments.

Care homes

Since the beginning of March, we have taken regular and firm action to support care homes across Scotland and protect the wellbeing of those who work and live there.

Clinical and practical guidance for care homes was first published on 13 March and has been kept updated, most recently on 15 May, to reflect developing circumstances. We have established a Care Homes Clinical and Professional Advisory Group led by the Chief Medical Officer (CMO) and CNO to provide up-to-date advice on the response to COVID-19 in the care home sector.

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

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

Personal Protective Equipment (PPE)

From the outset, we have helped care homes access PPE in spite of the immense pressure that global supply chains are under. Since 19 March, a dedicated helpline has delivered emergency PPE directly to social care providers. We have also established local PPE hubs, allowing care homes to collect 'preventative' equipment or have it delivered onwards to them. Hubs' stocks have grown over time to meet increased demand. To date, more than 53 million items of PPE for social care, including care homes, have been distributed from the national stock to over 1,000 locations across Scotland.

Funding

We have confirmed an initial £50 million allocated to health boards to route to integration authorities to strengthen resilience. We have also assured local authorities that additional costs arising from COVID-19 will be met by the Scottish Government, aligned to local plans already in place.

Workforce

Steps have been taken to bolster and support the social care workforce, through a mix of new recruits, returnees or redeployment. The Scottish Social Services Council recruitment portal went live on 29 March. And, as of 2 June, 253 individuals have been matched into roles. This complements extensive work on the ground to deploy local health and social care staff to support care homes at this time.

Testing

Reflecting increasing capacity, we have progressively expanded the availability of testing for both residents and staff, establishing a sick pay fund for those care workers who test positive and go off work. Since 21 April Covid-19 patients discharged from hospital to a care home should be given 2 negative tests before discharge; and other new admissions to care homes should be tested and isolated for 14 days.

Since 1 May enhanced outbreak investigations have been taking place in all care homes where there are confirmed cases of COVID-19 with all residents and staff offered testing, whether they are symptomatic or not. Where staff may still be working between homes run by the same operator, testing will also take place in any linked homes following an outbreak in one. There is also sample testing in care homes where there are no cases.

From 25 May we have begun to offer care home staff testing, regardless of whether they have symptoms or if there is an ongoing outbreak in their care home. This is being done on a weekly basis. The Cabinet Secretary for Health and Sport wrote to NHS Boards to direct them to implement this with immediate effect and all boards now have plans in place to implement this action.

We are working with Health Boards and Local Authorities to support them in delivering this increased testing regime, including through the establishment of a process for deploying mobile testing units and enabling care homes and Health and Social Care Partnerships to access the UK Government Social Care Testing Portal which is now available.

Emergency legislation

We have brought in new legislative powers to ensure the swiftest intervention if care home residents are being put at risk. The Coronavirus (Scotland) (No. 2) Act 2020 contains powers allowing direct ministerial interventions in the ownership, management and operation of care homes and care home services. These powers can be used where there is an anticipated risk to residents' health, and allow the highest risk cases to be addressed urgently. These additional measures reflect our commitment to working with all stakeholders to take action, adapt and improve the system as new information comes to light.

Data

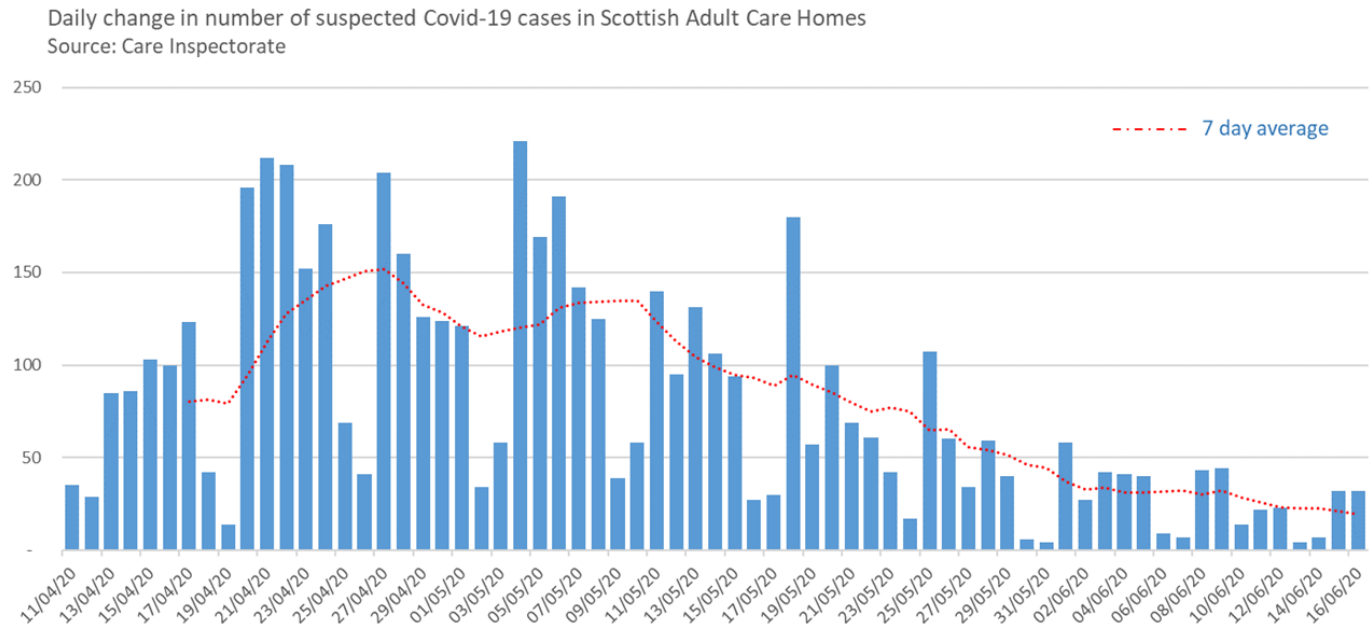
Data from both Public Health Scotland and Health Boards on testing in care homes shows that over the week commencing 8th June:

- 477 care home staff tests were carried out through NHS labs, bringing the total to 22,544.
- At least 7,920 individual care home staff were tested. This includes staff tested via the NHS Care Portal who are not captured in number of NHS lab tests above. [1]

- [1] Note this is based on new weekly data reported by NHS Boards and does not yet include all care homes.)

- 2,342 care home resident tests were carried out, bringing the total through NHS labs to 17,394. This includes tests on care home residents in hospital.[2]

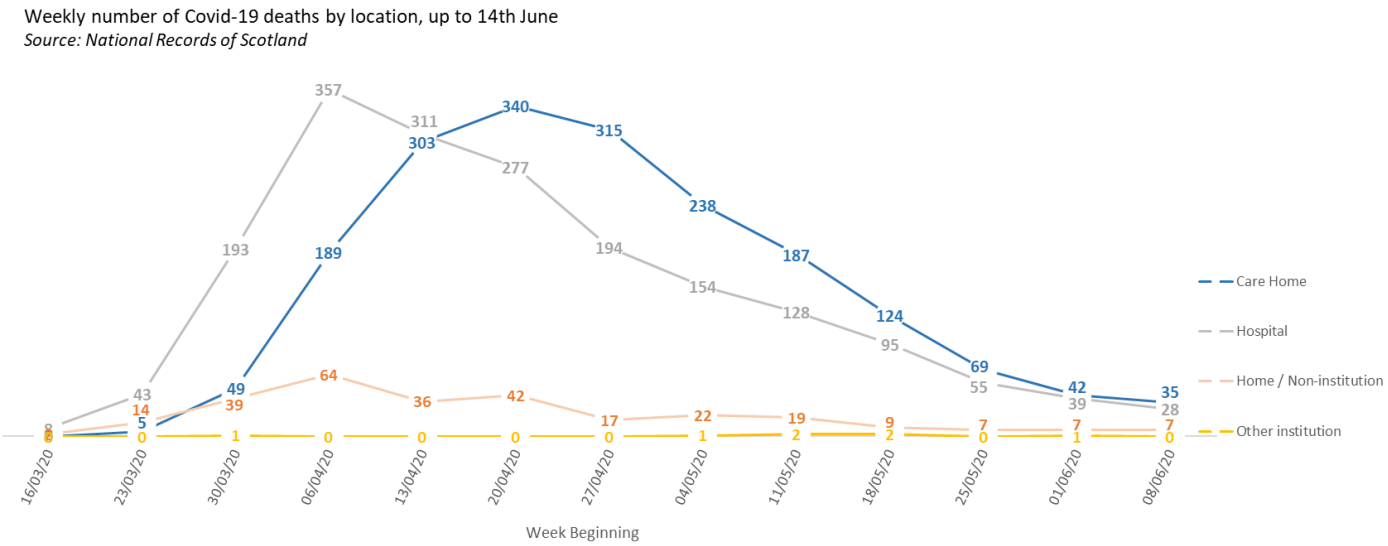
- At least 1,776 individual residents in care homes were tested, based on data reported by NHS Boards[1].



NRS figures for care home deaths

National Records of Scotland are the official source of Covid-19 deaths. The most recent publication on 17 June shows a steady decrease in the weekly number of deaths in care homes, falling from a peak of 340 at the end of April to 35 deaths from 8 – 14 June.

- [2] Source: Public Health Scotland, released as management information, Note:Care home residents in hospital may be tested several times during their hospital stay, and prior to discharge.



As at 17 June 351 (33%) adult care homes had a current case of suspected COVID-19. This number relates to care homes who have notified the Care Inspectorate of at least one suspected case of COVID-19, and have not subsequently notified they no longer have any cases.

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

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

Application of robust testing measures will ensure that infections are not being moved around the care system, and that staff are routinely tested to ensure their health and wellbeing.

We will take further action to address nosocomial infection in healthcare settings that is comprehensive and system wide and that delivers sustainably and at pace; and ensure for care homes full compliance with the testing policy in place. We will strengthen information on other residential settings including adult mental health, learning disability and forensic services. We are putting in place comprehensive and location-specific measures across the mental health inpatient estate to minimise the risk of infection. Patient safety is an absolute priority in mental health inpatient settings

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

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

- successful measures to suppress the virus;
- guidance that promotes fair and safe workplaces and sectors; and
- the right structures for workplace regulation.

Legislation and Regulation

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

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

Officials are working with the wider health and safety community in Scotland, and specifically with Healthy Working Lives and Scottish Hazards around extending access to trustworthy information and advice on addressing the COVID-19 threat in the workplace, particularly for SMEs and for employees with concerns.

The Scottish Government has issued a joint statement with HSE, local authorities and Police Scotland that sets out the importance of safe working, of the role of the regulators and the importance of engaging the workforce and union health and safety representatives in undertaking risk assessments and putting in place means of safe working. For workplaces without union representation union health and safety representatives will be available upon request to support the development of workplace risk assessments.

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

Guidance

We have been working with business and industry organisations, trades unions and regulators to develop sectoral guidance on safe working. This is in addition to workplace and public health guidance which has been developed by the UK Government, HSE and Public Health Scotland.

There are many examples of good practice which are being shared within and across sectors, particularly from essential businesses who have been operating throughout lockdown.

Guidance is being prioritised to support the phasing set out in our Route-Map. We have already produced guidance for retail, manufacturing, construction, forestry and environmental management, food and drink, transport, waste and recycling and parts of agriculture. Further guidance is in development for a range of other sectors, including creative arts, energy, finance, technology, house moving, culture, call/contact centres, labs and research, tourism and hospitality.

Details of guidance and statements on regulation can be found at:
https://www.gov.scot/publications/coronavirus-covid-19-phase-1-returning-to-work/

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

International

As the community transmission of COVID-19 decreases in Scotland, the importance of managing the risk of imported cases increases. The Scottish Government has worked with UKG and the other Devolved Administrations (Northern Ireland Executive and Welsh Government) to introduce public health measures at the UK border to address this risk.

The Scottish Government has been supportive of such measures from the outset and has consistently highlighted the importance of implementing them on a four nation basis as far as possible. These measures were introduced to all individuals arriving in the UK from Monday 8 June. With the reduction in domestic transmission rates and the continuing requirement to keep the R number under 1, the risks to public health from imported transmission remain significant.

Regulations

The Health Protection (Coronavirus) (International Travel) (Scotland) Regulations 2020 came into force on Monday 8 June.

Under the regulations, anyone who arrives in Scotland from outwith the Common Travel Area (or who has been outwith the CTA in the last 14 days) is required to comply with the following measures;

- They need to provide their journey and contact details when travelling to the UK by completing a passenger locator form.
- They are not allowed to leave the place they are staying for the first 14 days after their arrival in the UK except in very limited situations (known as 'self-isolating')

The regulations apply to people regardless of whether they are residents of Scotland or visitors. The regulations laid in the four nations attempt to align as much as possible. However, there are some differences contained within the Scottish Government regulations, including differences in the enforcement of the measures; the exemptions list and the self-isolation requirements. The Scottish Government coronavirus website provides guidance on how these measures apply to arrivals in Scotland.

Duties are also placed on transport operators to provide passengers with information, both before booking and throughout the passenger journey, by the Health Protection (Coronavirus, Public Health Information for Passengers Travelling to Scotland) Regulations 2020.

Passenger journey

An individual arriving in Scotland from abroad must state where their accommodation is on the passenger locator form and travel straight to that accommodation, preferably by private transport. They must self-isolate for 14 days and only leave that accommodation in limited specified circumstances. If they live with others who have not been out of the country in the previous 14 days they should - as per the regulations unless subject to a specified list of exemptions - minimise their contact with them and, if they require help buying groceries, other

shopping or picking up medication they should, where possible, ask friends or relatives or order a delivery.

In aviation there is currently minimal passenger demand, although we are beginning to see some airlines slightly increase the number of flights they are operating – we are currently seeing 200 passengers a day arriving from international locations into Scottish airports. We are also seeing relatively high initial compliance rates with 70-80% of passengers completing the information requirement before travel, and the remainder doing so at Border Control. The introduction of these public health measures is expected to limit the volume of international travel to and from the UK, reducing the risk of imported transmission. As we move towards the traditional holiday period a removal of the border public health measures could result in a significant increase in traffic.

In terms of the internal border (including the Common Travel Area) there are currently a relatively low number of cases in Ireland (9 positive cases on 9 June) and deaths (38 over the seven days to 9 June). This points to the effectiveness of the prevention methods in Ireland. Similar measures for international arrivals have been deployed in Ireland. On arrival into Ireland all passengers are required (by law) to submit a COVID passenger locator form, which may be used by the health authorities in order to verify passenger location in the country. Failure to complete the form can result in a €2500 fine. The Irish Government requests that everyone arriving in Ireland should self-isolate in a 14 day quarantine, but it is not at, this stage, a legally enforceable requirement.

The combination of the border health control measures in place in the UK and Ireland and the data on infections in Ireland lead us to assess that the risk of importing cases from outside the UK is being effectively managed.

Intra-UK

In the event that a community with high risk of transmission developed within the UK, there is the possible risk of exporting or importing cases to and from that community, whether in Scotland or in the other countries of the UK. Guidance currently in place in Scotland suggests only local travel (broadly within 5 miles) for recreation. Additionally, the regulations provide that a person who carries on a business of providing holiday accommodation (including self-catering accommodation) must cease to carry out that business unless certain exemptions apply. These restrictions will have the effect of limiting to some degree long distance travel within and to and from Scotland throughout the duration of Phases 1 and 2, thus limiting to some extent transmission between communities.

A practical approach to managing transmission to and from communities with high rates of transmission in the UK could be to rely on systems for instituting local lockdowns being developed in each country. In the event of a significant local outbreak in Scotland, Ministers have Regulation-making powers under the Coronavirus Act 2020 that would allow the re-imposition of lockdown restrictions on a local or regional basis within Scotland if necessary, thus managing the risk of exporting cases from high risk communities to other parts of Scotland or the UK. A similar approach in other countries of the UK could manage the risk of exporting cases from high risk communities there and the UK Government is looking at this as part of the Joint Bio-Security Centre arrangements in England. The variation in infection rates across communities within the UK at this review point is not sufficient to cause significant immediate concern.

As Scotland transitions to the next phase of the COVID-19 pandemic, we are developing a responsive system of community surveillance for COVID-19 direct and indirect impacts at national, regional and local level. This approach will utilise a range of existing data sources and build on the existing community of expertise across Scotland.

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

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

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

The transition can only be managed effectively if members of the public are engaged and willing to support the measures being implemented. Understanding how, why and the context within which people respond will help us to anticipate unintended scenarios and initiate mitigation measures. That should lead to the development of measures that are according to WHO "better informed, situated, accepted and thus more effective". The voices of individuals and communities are therefore an essential resource during the transition.

Informing the Public

Daily Ministerial briefings, generally led by the First Minister and supported by medical and scientific advisors have provided clear and consistent messaging. These have been followed by Q&A with journalists. The briefing has also been used to launch and direct the public to new publications and engagement opportunities using its significant reach.

Marketing campaigns have also been developed and deployed to increase awareness of vital public health information and support for those who need it - for instance for domestic abuse, mental health and managing finances. Messages have evolved as restrictions have lifted, reflecting the importance of messaging based on the most current scientific evidence and values to support compliance.

Paid-for-media campaigns have targeted a number of different demographics with specific messaging, including the general population; at risk audiences (adults 70+, adults at increased risk of Covid complications); victims of domestic abuse; BAME communities; renters; those with financial worries as a result of Covid; young people and parents.

Advice and Guidance has been published on a wide range of issues on the Scottish Government website to support individuals and businesses through this period.

A number of documents have been published as part of the *Framework for Decision Making* series. These outline the approach and principles that will guide us, and the Route Map we will follow as we make decisions about transitioning out of the lockdown arrangements.

Data on the pandemic have been published on the Scottish Government website daily, and are also available in Open Data format. Findings in modelling the epidemic have also been shared online.

Measures from YouGov polling are used to sense check that Scottish Government communications are trusted, clear and helpful; and opinion on the clarity and helpfulness of Scottish Government communications remains very positive

Finding out about the public

Marketing activity has been developed following qualitative insight gathering among different audiences in Scotland. Creative work has been co-created and tested in qualitative research for effectiveness ahead of production. Impact of paid-for-media campaigns has been tracked, to ensure that marketing campaigns have been effective.

The COVID hub has carried out a range of polling and survey work, tracking the impact of Covid on communities to support effective action to mitigate the harms of the pandemic – this includes polling to monitor public attitudes and behaviours to understand

i) compliance with rules and guidance
ii) impact of the virus on personal and societal wellbeing,
iii) trust in government handling of Covid-19
iv) monitoring of some of the harm indicators on trust, loneliness and health.

A weekly summary of the trends is produced and a monthly summary is published for external audiences. In combination with this a survey of stakeholders was commissioned to understand the broader societal impact of Covid on wellbeing. The results are helping us contextualise some of the polling findings and get a more rounded sense of societal impact.

Policy areas across the Scottish Government have worked with partners and stakeholders to understand the impact of Covid-19 on their work. The Covid-19 and Ethnicity Expert Reference Group has been established to assess and understand impacts for Minority ethnic groups in Scotland. For example the team has collated published evidence of 'lived experience' gathered independently of government.

Policy teams have engaged in discussions with stakeholders to understand the impact of Covid on different communities. Much of this will be reflected in the Route Map Equalities Impact Assessment (EQIA) to be published next week. Stakeholders have also shared research conducted by their own organisations into the impact of the pandemic, allowing further insight into the experiences of a range of communities.

We will continue to gather data on how Covid is affecting the public throughout our response. Additionally, more qualitative research will be carried out to supplement the quantitative data we are already gathering.

Engaging the public

An online public engagement exercise was launched on 5th May and was live until 11th May. In this time, we received more than 4000 ideas and almost 18000 comments relating to the Framework for Decision Making. In total, 11,692 respondents registered for this exercise, of whom 3,274 submitted ideas. All comments and ideas published can be viewed on the platform and a full overview of the engagement exercise has been published online.

Outputs from the Dialogue exercise directly fed into the development of the Route Map publication, published on May 21st, and tailored reports were distributed to policy teams on a number of topics. Insights from the exercise, alongside topic-specific stakeholder engagement work are informing the implementation of the Route Map phases.

Policy teams have taken part in conversations with the public and representative stakeholders in order to engage on specific decisions or issues. For example, Housing and Social Justice officials, have engaged with people with lived experience of homelessness to help inform the recovery plan for this area. This type of engagement will continue as lockdown restrictions are eased.

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

As Scotland transitions to the next phase of the COVID-19 pandemic, community surveillance for COVID-19 is critical. The national level measures that have become the mainstay of tracking the pandemic will be supplemented by local active surveillance.

We expect to see less community transmission, followed by clusters of cases, then more sporadic cases. The situation will be carefully monitored. Data from Test and Protect will contribute to active surveillance. This includes demonstrating that most new cases are translating into index cases and establishing that high proportions of contacts are traced quickly.

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

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-83960-839-1 (web only)

Published by The Scottish Government, June 2020

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS742166 (06/20)