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

Supporting Evidence for the 22 September Measures

October 2020

Scottish Government
Riaghaltas na h-Alba
gov.scot

Note: **This paper sets out evidence and analysis that was available to inform decision making ahead of 22 September. More recent data will be available on the www.gov.scot website and at** www.publichealthscotland.scot.

Introduction

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

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

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

Box 1 below shows the relevant WHO criteria:

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

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

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

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

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

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

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

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

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

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

Supporting evidence for the move into Phase 1 was published on 28 May; for the move into Phase 2 on 19 June; and for Phase 3 on 14 July. Supporting evidence for decisions concerning Phase 3 was also published on 4, 29 August and 25 September.

This current document has been completed by the Scottish Government to inform decisions about timings of changes within Phase 3 as set out on 22 September.

The data on the R value is sourced from Coronavirus (COVID-19): modelling the epidemic in Scotland (Issue No 18) published on 17 September. This sets out Scottish Government modelling of the spread and level of COVID-19 using data from the week up to 10 September 2020 using epidemiological modelling. The latest data on the infectious pool is sourced from Coronavirus (COVID-19): modelling the epidemic in Scotland (Issue No 18) published on 17 September.

The evidence on supplementary measures has been compiled from a range of data sources including the daily data published on the Scottish Government Coronavirus (COVID-19): daily data for Scotland web page and from weekly reports published by Public Health Scotland and National Records of Scotland. This evidence is based on the available published data at 21 September.

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

The data set out in this publication are those that were available ahead of the measures announced on 22 September to inform the relevant decisions (more recent data have been published since then).

Evidence on Phase 4 criteria

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

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

The Chief Medical Officer provides advice on whether this criterion has been met. He has confirmed that his view as expressed at the last review point remains valid and that the Phase 4 criterion has not been met. This judgement reflects both domestic and international data on the progress of the epidemic. Since the last review, there have been increased numbers of local outbreaks and there are indications that the disease activity has increased during this review period and as such, the threat has not receded but increased. The R number is increasing and the number of infectious cases is showing exponential increases, indicating that we are experiencing a resurgence. Key conditions remain to be met that would support a judgement that the disease no longer represents a significant threat to public health, such as the roll-out of an effective vaccine programme and/or development of effective treatments for the virus that significantly reduced public health risk.

The phase criteria in the Route Map have been set to ensure safe progress between phases and confidence in the ensuing re-opening of the economy and broader society. The Phase 3 criteria were judged to have been met at the 9th July review point, enabling the move to Phase 3 thereafter. Meeting those criteria involved suppressing the virus to low levels through a sustained decline in infectious cases and a consistently low R number. Even though the criteria are only necessary to be met to enter Phase 3, it remains important to monitor performance against them, including the broader WHO conditions that form part of the phase criteria, to inform ongoing decision-making on the remaining Phase 3 Route Map changes.

Progress against Phase 3 criteria

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

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

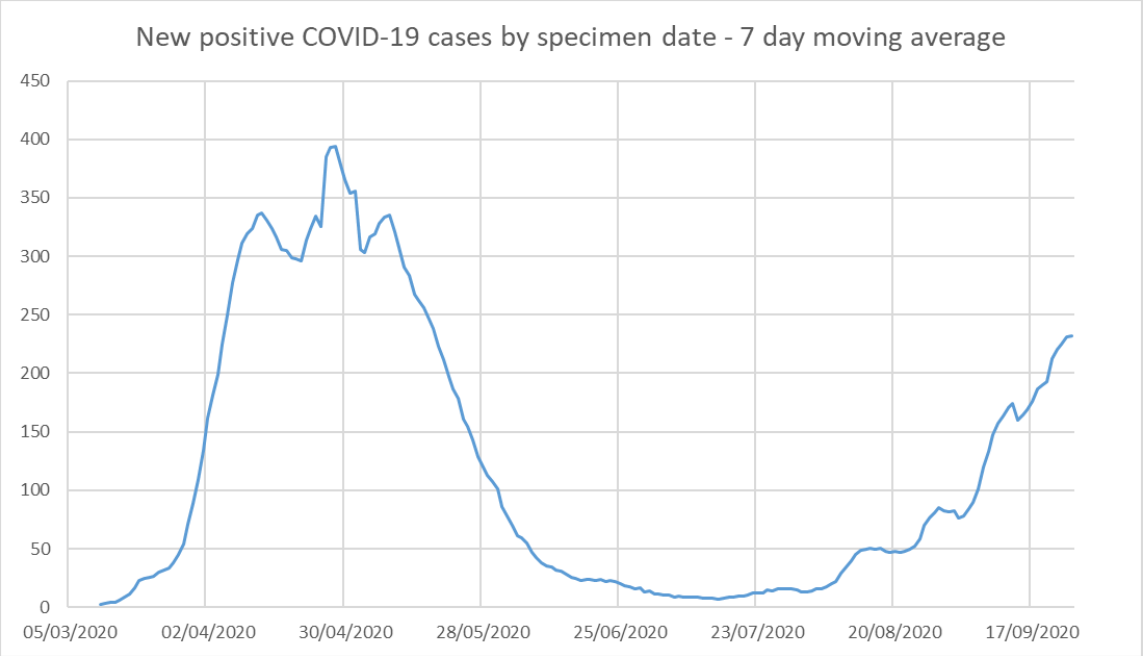
- **R is consistently low**
- **Number of infectious cases is showing a sustained decline**

These criteria are not met. SAGE's consensus view, as of 17 September, was that the value of R in Scotland was between 1.1 and 1.4. The various groups which report to SPI-M use different sources of data in their models (i.e. deaths, hospital admissions, cases) so their success at capturing recent local outbreaks varies from group to group, leading to increased levels of uncertainty at this point in the epidemic, however R in Scotland is now highly likely to be above 1. The SAGE consensus is updated weekly on a Thursday.

In the week up to 14 September, the picture across Scotland was one of a general and widespread increase in the number of new confirmed cases. As a result, no local authority areas recorded "significant" (>6.0, $p > 0.05$) levels of cumulative exceedance.

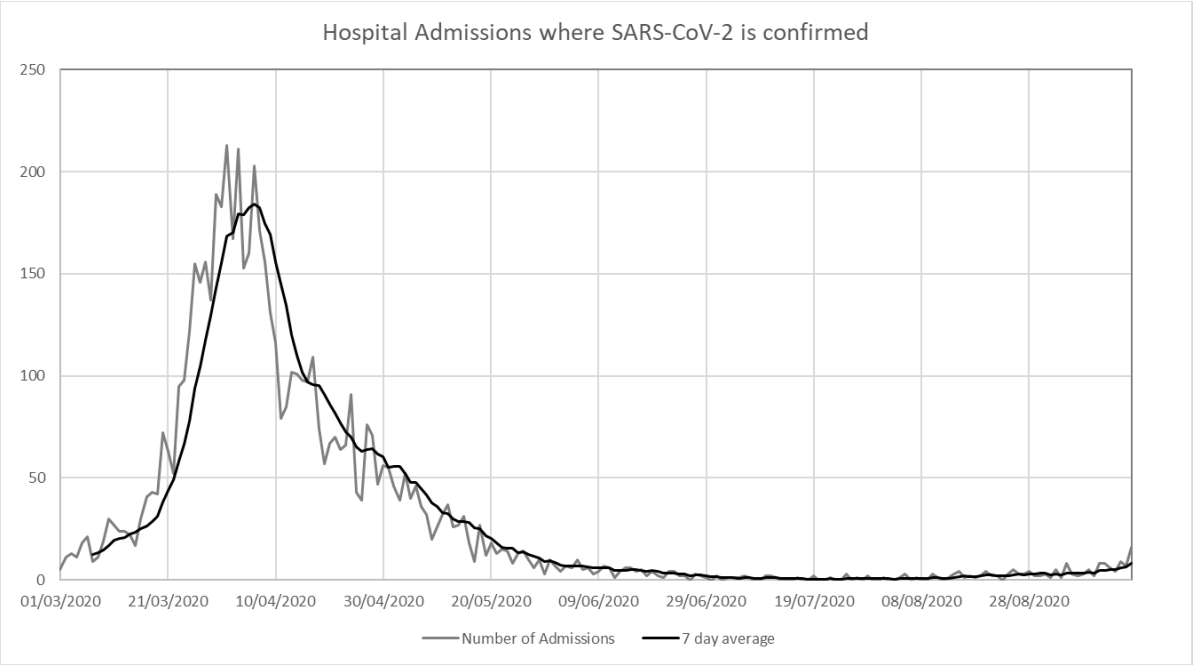
Supplementary measures

The number of new confirmed COVID-19 cases by specimen date showed a sustained decline since peaking in late April 2020, based on the 7 day moving average, up until 9 July, even in the context of increased testing and expanded eligibility. In early July there were fewer than 10 new cases a week. Since then the weekly average number of new cases has increased to 232 on 19 September, with noticeable stepped increases associated with outbreaks, firstly in Grampian and then in Tayside and around Glasgow and surrounding areas.



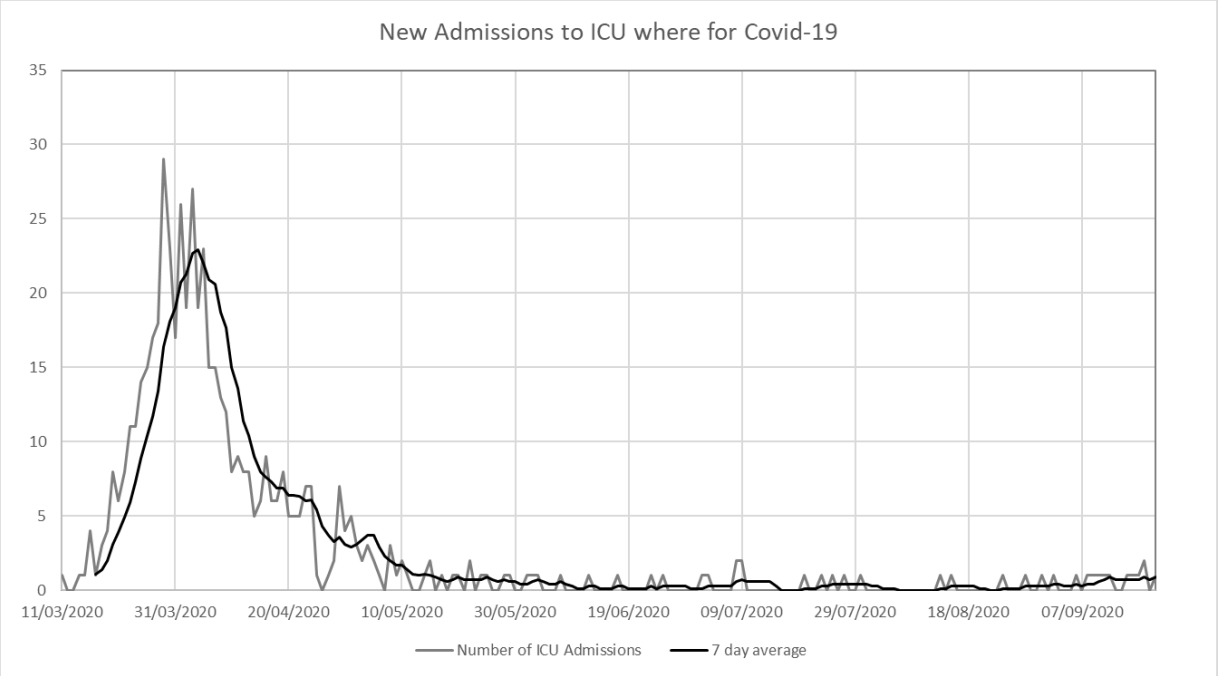
Source: Public Health Scotland, 21 September 2020

The number of hospital admissions per day for those with a positive COVID-19 result showed a sustained decline from 7 April 2020, based on the 7 day moving average, prior to a small increase over the latest four-week period. In the four weeks ending 7 September, there were a total of 71 hospital admissions for patients with confirmed SARS-CoV-2, compared to 19 admissions over the preceding four week period.



Source: COVID-19 Statistical Report, 16 September 2020, Public Health Scotland

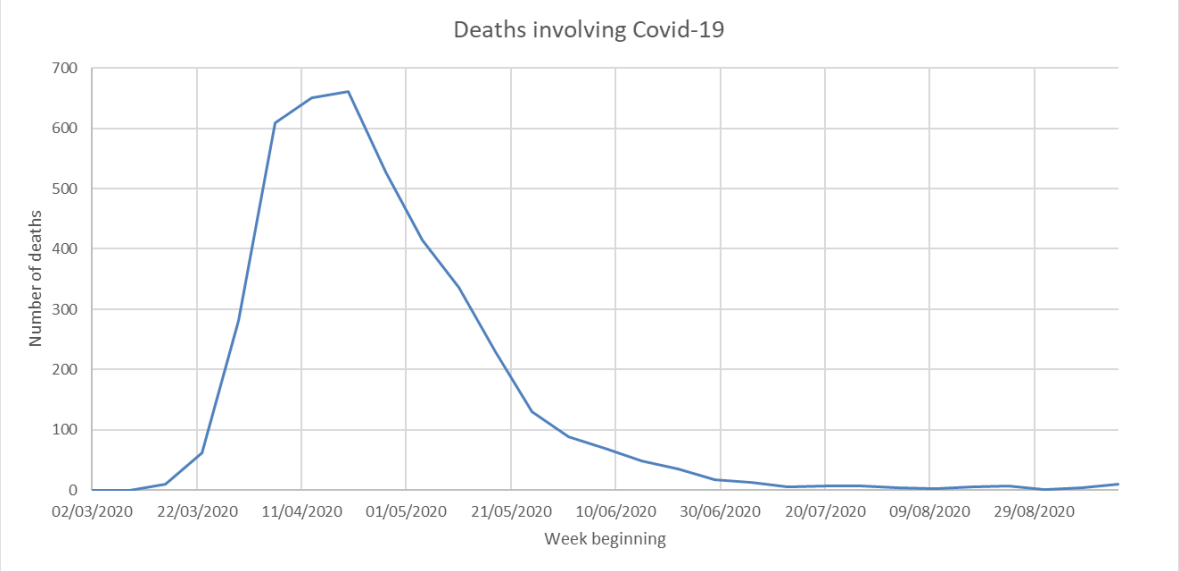
The number of new daily ICU admissions showed a sustained decline from 4 April based on the 7 day moving average, but has shown signs of increasing again recently. In the week ending 13 September, there were 5 confirmed COVID-19 patients admitted to ICU, the same number as in the preceding 3 weeks.



Source: COVID-19 Statistical Report, 16 September 2020, Public Health Scotland

After peaking at 661 in the week ending 26 April (week 17), the number of deaths involving COVID-19 reduced, and is now less than 1% of the peak level.

As of 13 September, there have been a total of 4,236 deaths registered where COVID-19 was mentioned on the death certificate. In the most recent week (7 - 13 Sept), there were 5 deaths where COVID-19 was mentioned on the death certificate.



Source: https://data.gov.scot/coronavirus-covid-19/detail.html#1_direct_health_harms

The proportion of those who have a positive test for COVID-19 out of those who are symptomatic of COVID-19 in community healthcare is small but increasing. There were no swab positives for three weeks, week 27 (29 June to 5 July) to week 29 (13 to 19 July) but 19 positive swabs in the most recent week (7-13 September) which represents 2.7% of swabs.

In conclusion:

A marked increase in case numbers has been observed over recent weeks. Hospital and ICU admissions remain relatively low but are starting to increase.

This is the first time since March that the estimated range on R has been above 1 in Scotland.

On the basis of the evidence summarised above the assessment is that these criteria have not been met at this review point

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

Test & Protect

Test and Protect - the public-facing name for the test, trace, isolate and support (TTIS) strategy and our direct response to criterion 2 – launched on 28 May. This system relies on disease prevalence being low, balanced with high levels of public compliance with public health advice including hand and respiratory hygiene, physical distancing, awareness of symptoms, and self-isolating when required to do so.

The COVID-19 testing strategy for Scotland covers testing for the following reasons:

- whole population testing of anyone with symptoms (Test & Protect);
- proactive case finding by testing contacts and testing in outbreaks;
- protecting the vulnerable and preventing outbreaks in high risk settings by routine testing;
- testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart; and
- surveillance to understand the disease, track prevalence, understand transmission and monitor key sectors.

Our data demonstrates that the system has reached 98% of index cases and 97% of close contacts between 22 June and 20 September. The Protect Scotland proximity tracing app is issuing close contact alerts, potentially speeding up the process and identifying potentially previously unknown contacts.

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 and continuing the vital surveillance work to support our understanding of the disease in Scotland.

We have published guidance about the collection of visitor contact details, to assist Test and Protect, for sectors where there is an increased risk of exposure. We have made it mandatory for food and drink hospitality settings to collect visitor contact details, and to share these with NHS Test and Protect if relevant, to support contact tracing.

In early October we will set out further detail of the financial support we will offer to people on low incomes who are asked to self-isolate.

Local Outbreaks

Managing Public Health Incidents (MPHI) has been updated to reflect the experience of dealing with coronavirus. The Protect Scotland app, which was launched on 10 September, signposts to local guidance, which provides a holistic approach to public communication.

Systems

NHS testing is available in all 14 Health Boards and we will soon activate a series of larger Regional Hubs. We now have active weekday NHS lab capacity of over 10,000 tests a day. In addition, we have access to the UK Government Lighthouse Lab Network (LLN), Scotland receives a population-based share of this capacity, currently approximately 12,000 per day. We are working with the UK Government to continue to build laboratory processing capacity to approximately 65,000 tests between NHS Scotland laboratories and the LLN.

The UK Government has established 6 Regional Testing Centres and a pool of 18 Mobile Testing Units in Scotland. We are also establishing 22 walk-through test sites which will support sampling capacity for areas with low car ownership.

Routine testing of care home staff is being migrated to the NHS laboratories to allow the UK LLN to support other sampling routes.

Testing of symptomatic individuals was expanded to include children under 5 years of age on 22 July.

We are working closely with Public Health Scotland to support NHS Boards to continue to build local capacity, including delivering support at a national level in the form of a National Contact Tracing Centre (NCTC). The NCTC was rolled out across all Boards by 17 July. As case numbers have been increasing, we have increased resourcing for the National Contact Tracing Centre.

Contact Tracing App

The Proximity tracing App named Protect Scotland was launched on 10 September, and has been downloaded by over 20% of the population, In the first 18 days over 1,200 people were advised to self-isolate after being in close contact with someone who has tested positive.

The Scottish Government continues to engage with the Republic of Ireland and Northern Ireland, with a view to Protect Scotland working with their respective proximity apps, with ‘interoperability’ expected in the next couple of weeks, subject to the necessary agreements being in place.

The App produces aggregated and anonymous Scotland-wide metrics that will enable the Scottish Government and Public Health Scotland to better understand the spread of the virus and plan accordingly, in particular:

- The total number of App users
- The total number of instances where an App user has registered a positive test result and has consented to upload the encrypted anonymous random codes that will be used to alert other App users that they have been in close contact with(this is also referred to as 'uploading diagnosis keys')
- The total number of alert notifications triggered (this is also called 'exposure notifications').

Data (valid as at 21 September)

6,851 individuals (7,642 cases) were recorded in the contact tracing software and 34,201 contacts have been traced.

The average number of contacts per positive case was 1.49 initially; this is what we should expect to see during Phase 1 and 2 of lockdown restrictions. This is now 5.0.

A sustained decline in transmission allowed the implementation of a robust system of testing on the basis of expanded capacity. We may be seeing lower than actual levels of symptomatic people booking a test so work is underway to better inform and motivate people to be tested.

Funding

We have confirmed funding of £1.1 billion to address financial pressures arising in response to COVID-19 across the Health & Care sector. This funding ensures the sector will continue to receive the support required to deal with the additional challenges of the pandemic, whilst still delivering the vital health, social care and hospital-based services the public rely on every day.

We will undertake a further substantive funding allocation in January. This will provide the opportunity to better understand the implications of COVID across the sector for the remainder of this financial year and ensure frontline services continue to have the funding they require.

In conclusion:

Test and Protect's contact tracing system has been introduced across all health boards using established and effective contact tracing techniques. As case numbers have risen, we have continued to invest in our National Contact Tracing Centre and Health Boards to ensure staffing can meet demand over the coming period, and ensured mutual aid arrangements are in place between health boards which means that support is in place to meet local surge demand.

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

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

Hospital Associated Infections (HAI)

Since 1 July, Public Health Scotland (PHS) has published weekly validated nosocomial COVID-19 hospital onset data.

At the start of May, the Scottish COVID-19 Nosocomial Advisory Group was established with its main focus on analysing and interpreting existing nosocomial data. Based on their work, recommendations and the updated 4 UK nations IPC guidance, additional measures to reduce in-hospital transmission of COVID-19 have been developed:

- Physical distancing of 2 metres is standard practice in all health and care settings;
- Asymptomatic healthcare staff testing for COVID-19 was expanded from testing all staff working in an area where there is an outbreak of COVID-19 in a non-COVID ward, to include healthcare staff working in specialist oncology wards, long term care of the elderly wards, and long term care wards in mental health facilities.
- On 18 September guidance was issued on extended use of Fluid Resistant (Type IIR) Surgical Masks covering primary care and wider community care and community hospitals.
- The guidance recommends staff providing direct care to individuals should wear a Fluid Resistant (Type IIR) Surgical Mask at all times throughout their shift and non-clinical staff members should also wear a Fluid Resistant (Type IIR) Surgical Mask if they need to enter an area where direct care is undertaken
- It recommends that anyone visiting or attending these settings also wear a face mask/covering.

NHS Boards are integrating infection prevention and control into their remobilisation plans. Health Boards are ensuring the effectiveness of their remobilisation plans regarding additional cleaning, good hand hygiene, ventilation, physical distancing, low, medium and high risk pathways for patients and staff movements and rostering.

Prisons

The Scottish Prison Service (SPS) have taken steps to resume regime activity including the resumption of in-person visits on 28 September. A provision for virtual visits will remain to ensure continued family contact for prisoners.

As of 25 September, there are no confirmed cases of COVID-19 in Scottish prisons and 50 individuals self-isolating across 8 establishments.

Care Homes

The Scottish Government has taken regular and firm action to support care homes across Scotland and to protect the wellbeing of those who work and live there. We have established a Care Homes Clinical and Professional Advisory Group sponsored by the Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) to provide up-to-date clinical and professional advice on the response to COVID-19 in the care home sector.

Since 8 June, the UK Social Care Portal has been available for Scottish staff and care homes. We have access to a weekly maximum of 67,900 tests and this is the primary method by which care homes are testing staff. Staff agencies have also been notified that all staff should be tested prior to deployment into a care home and advised that the UK Government Employer referral portal should be used. Care home staff testing will now be carried out by the NHS. This will ensure quicker turnaround times in for care home staff, reduce false positives and enable timeous action where required.

We are introducing visiting in care homes in a staged way. Further visiting options will be introduced incrementally and subject to scientific advice. Information gathered from the safety huddle tool will provide further data to support future changes or to support delaying of such changes.

On 3 September we published a staged plan for the return of services that contribute to the wellbeing of residents in care homes. The first stage being the resumption of routine health and social care visiting from 7 September in care homes that have been COVID-free for 28 days. Those care homes participating in the care worker testing programme have had relevant risk assessments signed off by the local Director of Public Health. Communal activities within care homes will also resume in the same manner, provided the same conditions are met.

Other Vulnerable Settings

The package of measures to minimise infection applies to all adult care homes. We will strengthen information on other residential settings including adult mental health, learning disability, and secure mental health services. We are putting in place location-specific measures across the mental health inpatient estate to minimise the risk of infection.

In terms of secure mental health services, as part of the NHS they are following all Scottish Government and Public Health Scotland guidance. The Minister for Mental Health wrote to NHS Chief Executives to set out the presumption that all patients being admitted to a secure hospital should have a negative test before admission, unless the patient does not consent to a test, lacks the capacity to consent or it is in the clinical interests of the person to be moved urgently and then only after a full risk assessment.

The COVID-19 Children & Families Collective Leadership Group brings senior leaders together to review data on children, young people and families with vulnerabilities, and to identify issues requiring action as we move through and out of the crisis. A children's residential care group, supported by SG officials including clinical advisors, considers necessary advice to that sector.

We are working with the Office of the Chief Social Work Adviser (OCSWA) and other stakeholders to agree a route map guiding the safe continuation, resumption and response to changing needs for people in the community in receipt of social care services. The route map will be driven by a set of overarching principles, based on human rights and support the moving through different stages of recovery from the pandemic.

Day care and stand-alone residential respite services can now reopen in line with the relevant infection protection and control measures and guidance. Support at home and outdoor activities or children's day care can also continue in line with existing infection prevention and control guidance.

Guidance to support the safe re-opening and delivery of building-based day services for adults was published on the 31 August on the Scottish Government website and guidance on stand-alone residential respite/short break facilities is under development to issue as soon as possible. Ministers wrote to the sector on 23 September to confirm guidance to enable safe reopening of stand-alone residential respite for adults and children.

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

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

Personal Protective Equipment (PPE)

The Scottish Government, in partnership with the NHS/NSS, Scottish Enterprise, the National Manufacturing Institute Scotland and private companies, has increased both the volume of PPE being manufactured in Scotland and the amount being imported to provide PPE for both immediate and future needs.

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

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

Guidance has been produced to ensure that all sectors are aware of the appropriate use of PPE and are using it when required by risk assessment alongside other measures to ensure the safety of staff. The PPE division has developed a PPE Sustainability strategy to ensure the supply of PPE for Phase 3 and longer-term resilience.

Workforce

Steps have been taken to bolster and support the social care workforce. A national online recruitment portal has been developed to support local efforts to enable those with relevant skills and experience to re-join the workforce went live on 29 March.

Emergency Legislation

We have acted quickly to introduce interventions that will protect the progress that we have made so far. The Health Protection (Coronavirus) (Restrictions and Requirements) (Scotland) Regulations 2020 require the mandatory use of face coverings in certain indoor public places, including museums, galleries, community centres and places of worship.

We have brought in new legislative powers to ensure the swiftest intervention if individuals in a care home are being put at risk. The Coronavirus (Scotland) (No. 2) Act 2020 contains powers allowing health boards to issue a direction to a care home during the coronavirus pandemic to take a specific action; ministers to apply for an emergency intervention order in a care home; and puts beyond doubt the powers of health boards and local authorities to voluntarily purchase a care home or (in the case of local authorities only) a care at home service. These powers can be used where there is serious risk to residents' health, life or wellbeing due to Covid-19. and allow the highest risk cases to be addressed urgently.

Care Homes Data

Over the week ending 17 September 37,095 staff were tested. This included 2,161 staff in homes with confirmed COVID -19, and 34,934 staff in homes with no cases of confirmed COVID -19.

As at 23 September, 95 (9%) adult care homes had a current case of suspected COVID-19. This number relates to care homes who notified the Care Inspectorate of at least one suspected case of COVID-19 in the previous 28 days.

There were 9 new positive Covid-19 cases among care home residents for the week of 14-20 September.

National Records of Scotland are the official source of COVID-19 deaths. The most recent publication on 16 September continues to show a steady decrease in the weekly number of deaths in care homes, falling from a peak of 341 at the end of April to 3 deaths from 7 to 13 September.

Cases of infection in hospitals, prisons and care homes have consistently declined since late April to mid-September, although there are some signs of cases starting to increase.

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

Funding

We have confirmed funding of up to £100 million to address immediate sustainability and financial challenges across social care. We have carried out engagement with a range of stakeholders on spend during 2020/21 and we will make a funding allocation to further recognise cost implications. We will continue to work with the sector to understand the funding required to respond to COVID-19, to support remobilisation of services, and to ensure that patient safety remains the top priority at all times.

In conclusion:

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

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

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

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

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

Legislation and Regulation

Scottish Ministers have power under The Health Protection (Coronavirus) (Restrictions and Requirements) (Scotland) Regulations 2020 ("the Regulations"), to issue guidance on measures which should be taken in order to minimise the risk of the incidence and spread of coronavirus. Statutory guidance published on 14 August 2020 has been issued under this regulation. Businesses operating in the hospitality sector are required by law to have regard to this. Failure to have regard to its terms is a matter likely to be taken into account should it become necessary to take enforcement action under The Health Protection (Coronavirus, Restrictions) (Direction by Local Authorities) (Scotland) Regulations 2020.

This regulation permits Local Authority officers to impose prohibitions, requirements or restrictions on a business, so long as they are a proportionate means of achieving the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection by coronavirus in the local authority's area. Statutory Guidance for use of these powers was published on 1 September 2020 and is based on Engage, Explain, Encourage, Enforce (the 4 Es) approach.

Officials continue to work with the wider health and safety community in Scotland, and specifically with Scottish Hazards around extending access to trustworthy information and advice on addressing the COVID-19 threat in the workplace, particularly for workers 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 trades unions in undertaking risk assessments and putting in place means of safe working.

Guidance

We continue to work with industry, trade unions, regulators, local authorities and others, including equality organisations to develop sectoral guidance on safe working. This is in addition to workplace guidance developed by the UK Government and HSE.

We have already published guidance across around 30 sectors and continue to publish and update guidance based on policy changes, the latest public health advice and feedback from regulators. This has included updated guidance:

- for tourism and hospitality sectors to reinforces key health protection measures such as physical distancing requirements, limits on households mixing and providing contact details for test and protect.
- to reflect changes in relation to physical distancing in hospitality, retail and transport,
- to capture the requirement for all pubs, restaurants and cafes to close by 10pm
- to capture the list of indoor public premises where it is mandatory for people to wear face coverings
- asking employers to encourage and support employees to use Protect Scotland app – but not make it a requirement. The proximity app (launched 10 September) is designed to complement existing Test and Protect systems
- to advise against the use of temperature checks as a means of testing employees for COVID-19 due to the low efficacy rate of temperature checking, and
- the publication of additional statutory guidance for the hospitality sector stating for noise control purposes there should be no background music and televisions must be on mute and sub-titled.

Guidance for soft play areas and community centres is currently under development.

Non-essential offices working group

We continue to work with partners including the Scottish Chambers of Commerce and STUC on a plan for a limited and phased return to office working. Since this work started the context with regard COVID-19 has deteriorated. We continue to keep this under review but are clear it will only be able to commence when we deem it is safe to do, given broader progress in tackling the epidemic in Scotland.

Home working and Fair Work

While many workplaces have reopened, we are clear that working from home and working flexibly remain the default.

We have published guidance to support employers and the self-employed with the continuation of homeworking. It has been developed to complement the suite of COVID-19 related guidance on safer workplaces and can be applied across any sector where homeworking is a feasible option for both workers and businesses.

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

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

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

International

Importation of new COVID-19 cases represents one of the greatest threats to continued control of the virus - that is why the Health Protection (Coronavirus) (International Travel) (Scotland) Regulations 2020 regulations continue to be so important. There are two measures within the regulations (unless an exemption applies): the requirement to provide contact details when travelling to Scotland and the requirement to self-isolate for 14 days on arrival to Scotland. Guidance on these regulations is available here.

Review

Scottish Ministers have continued to review the health measures closely over the last three weeks and have assessed that there remains a requirement for these regulations to remain in place. This decision was relayed to the Scottish Parliament on Tuesday 22 September, as Parliament was closed on 21 September, via a Government Initiated Question (GIQ). The next review point is Monday 12 October.

Evidence base

We continue to assess country specific exemptions (often referred to as air bridges or travel corridors) on a weekly basis. The data we use to establish an evidence base for consideration is provided by the UK Government and comes through a Public Health England (PHE) risk assessment (outlining where countries sit within the Red, Amber, Green risk rating) and Joint Biosecurity Centre (JBC) analysis which provides data on the number of cases in the countries. Changes are made with great urgency to ensure public health is not compromised in Scotland. We are not required to wait for the formal review date to make these amendments to the regulations.

The data provided by the JBC and PHE is owned by the UK Government. We continue to urge the UK Government to publish the data transparently and to provide evidence of effective decision making.

Country specific exemptions

On Friday 10 July, the Scottish Government exempted 57 countries and territories (plus 14 UK overseas territories) from the requirement to self-isolate on arrival in Scotland. These countries and territories were deemed to be low or moderate risk, with lower infection rates than Scotland. All arrivals and returnees from exempt countries are still required to provide contact details through the Passenger Locator Form (PLF) and Public Health Scotland use this information from the PLF to contact the individual if they, or someone they have travelled with develops coronavirus symptoms.

If there is clear evidence of risk we will take action to remove a country or territory from the exemption list if necessary to safeguard public health. The decision to remove a country must be made on public health grounds.

Since the previous update, there have been further additions and removals to the exemptions lists. The week beginning the 7 September the Scottish Government removed Hungary and La Réunion from the exemption list on the basis of evidence of a significant rise in cases. The other UK nations also announced the removal of Hungary and La Réunion. In addition they also announced the removal of mainland Portugal and French Polynesia. There was also a four nation agreement to add Sweden to the exemption list. These changes were implemented on 12 September.

Across the four nations there was agreement to remove Slovenia and Guadeloupe and to add Singapore and Thailand to the exemption list on the basis of evidence about changes in rates of the virus. These changes came into force on 19 September. The following week all four nations removed Denmark, Iceland, Slovakia and Curacao from 26 September.

We will continue to closely monitor the situation and if the evidence suggests an exempt country may provide increased risk, we will not hesitate to reinstate quarantine arrangements, as has been the case with several countries. It is clear that the situation can change very quickly and immediate action is likely to continue to be required – there have been times where there has been a divergence in approach across the four UK Governments as they make their own decisions based on the balance the risk of imported transmission in relation to their own virus rates.

Sectoral exemptions

The UK Government announced a number of changes to sectoral exemptions which came into force on 26 September. The Scottish Government will continue to assess the sectoral exemptions and where it is considered that there is a clear basis for an exemption and that the changes would not negatively impact on the rationale behind the regulations or present a risk to public health then we will make changes. Similarly we will continue to review all of the exemptions as part of our ongoing review process and will not hesitate to make changes if evidence suggests that any of the current exemptions pose a risk to public health. We continue to work with partners to ensure that there is appropriate advice and guidance available to sectors who have exemptions from the requirement to self-isolate.

Compliance

Work continues to improve and streamline the Passenger Locator Form which should allow for greater compliance. We are in regular contact with Border Force through weekly updates and with any operational challenges they are experiencing.

Passenger arrivals into Scotland are provided by the Home Office to Public Health Scotland (PHS). Public Health Scotland contacts all individuals via email, who require to self-isolate, on return from a country that is not exempt from quarantine. The National Contact tracing centre subsequently contacts a sample of those individuals. Up to the end of July, the National Centre has been averaging around

600 contacts per week. Up to 13 September 5,509 individuals have been contacted so far, with 4,269 successful contacts made. Scottish Ministers have agreed to provide further resource to Public Health Scotland to enhance capacity for follow up calls offering advice and guidance to people self-isolating on return. Public Health Scotland can also refer concerns they have to Police Scotland for further investigation.

Intra-UK risk

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

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

In the event of a significant local outbreak, Ministers have regulation-making powers under the Coronavirus Act 2020 that would allow Ministers to re-impose lockdown restrictions on a local or regional basis within Scotland if necessary, thus managing the risk of exporting cases from high risk communities. Following an increase in the number of cases in the Aberdeen City Council area, restrictions on travel, indoor gatherings and hospitality were introduced on 5 August. Restrictions were introduced in Glasgow, East Renfrewshire and West Dunbartonshire from 2 September and extended to East Dunbartonshire and Renfrewshire on 7 September.

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

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

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

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

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

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

Informing the Public

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

Ministerial briefings to the public continue. These are generally led by the First Minister supported by medical and scientific advisors, as well as a forum to outline economic and social actions to mitigate the harms caused by the Pandemic. They continue to provide clear and consistent messaging and are followed by Q&A with journalists. They have also been used to launch and direct the public to new publications, information and services to mitigate the harms of Covid-19. YouGov polling (15-17 September) showed that 48% of adults across Scotland claimed to use the First Minister's daily briefings on a regular basis (i.e. at least three times a week) to access information about the current Coronavirus situation[1].

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

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

FACTS protection messaging has been on-going, the latest Test & Protect campaign has promoted the Protect Scotland app and the latest compliance campaign (*Don't give coronavirus to those you love*) launched on September 18 but only ran for a few days before being put on hold to be updated to reflect the restriction changes. . ParentClub activity which provides a range of messaging and support products for parents is also on-going.

These campaigns direct people to the nhsinform.scot, parentclub.scot and gov.scot websites for further information. They are supported by other channels which cover the more nuanced, audience-specific information that is being updated and changed on a regular basis. Through our Partnership Team we also engage regularly with various stakeholders, partners and third sector bodies by providing assets via Stakeholder toolkits or for download on NHSInform.

[1] Sample consisted of c.1000 adults 18+ across Scotland. YouGov apply weighting to the data to match the population profile to adjust for any over/under representations and to maximise consistency from wave to wave.

Advice and Guidance continues to be published on a wide range of issues on the Scottish Government website to support individuals and businesses through this period. Additionally, we continue to share information around Scotland's route map, including supporting evidence for each review.

Data on the pandemic continues to be published on the Scottish Government website daily, and is also available in Open Data format. Public Health Scotland's dashboard is regularly updated with health data, while data on the Four Harms are shared on dedicated dashboard. Findings on modelling the epidemic continue to be shared online as well as reports of research on public attitudes and behaviours.

Next steps:
Marketing and public health campaigns; the First Minister's briefings, and data publication will continue; responding to current needs.

Finding out about public attitudes and beliefs

Intention: To develop a clear understanding of how Covid-19, and the response to it, are impacting different sectors of the public. To gain an understanding of the attitudes and beliefs held by the public at this time.

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

The Marketing and Insight Unit and Covid analytical hub have carried out a range of research, tracking the impact of Covid on communities to support effective action to mitigate the harms of the pandemic. This has included polling to monitor public attitudes, behaviours and some of the harm indicators (trust, loneliness and health). This has involved the production of weekly summaries of trends for wider policy/analysis, and regular summaries published for external audiences, with the most recent summary published on 5 August. Recent findings have indicated that[2]:

- Compliance with rules and guidance has been high, with a large and stable majority of people claiming to following the rules completely or almost completely[3] (81%, September 15-17).
- The virus has impacted on personal and societal wellbeing, with 36% reporting high levels of anxiety[4] (8-10 September), 67% feeling worried about the coronavirus situation (15-17 September) and 46% reporting feeling lonely at least some of the time (8-10 September).

[2] Sample consists of c.1000 adults 18+ across Scotland each week. YouGov apply weighting to the data to match the population profile to adjust for any over/under representations and to maximise consistency from wave to wave.
[3] This includes those giving themselves a score of 6 or 7 at the question: On a scale of 1-7, where 1 is 'Not at all' and 7 is 'Completely', to what extent do you feel you are following the regulations and guidance?
[4] This includes those giving a score of 6-10 at the question: On a scale of 0-10, where 0 is 'not at all' and 10 is 'completely', overall, how anxious did you feel yesterday?

- Trust in Scottish Government advice and guidance is strong, with 73% viewing the Scottish Government as doing a good job to help Scotland deal with recovery following the pandemic (8-10 September) and 73% trusting the Scottish Government to work in Scotland's best interests. (8-10 September).

The Covid hub also published two reports of research, on 17 September. This includes: 'The impact of Covid-19 on Wellbeing in Scotland' and 'The Impact of Covid-19 on Communities, and Priorities for Recovery: Perspectives of Organisations Working in Communities'

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

Next steps:
Policy teams will continue to gather data and information on how Covid is affecting the public and stakeholders throughout our response.

Engaging the public

Intention: To give the public the opportunity to give their opinion on decisions which are being made, or problems which we face.

Policy teams across the organisation continue to engage with stakeholders and members of the public around specific decisions and programmes of work. For instance, the team responsible for shielding policy have used feedback from the shielding community to underpin their approach to informing and engaging with this group. For example, a need for more localised case numbers to help those who were shielding assess risk has been identified through this channel, and data is being developed and designed to meet this need.

Two citizens' assemblies are underway in Scotland. The first, on the future of Scotland, met face to face previously, but reassembled online for the first time on 5th September. In three remaining weekends between 3 October and 5 December, it will consider the future of Scotland in the context of the pandemic. Scotland's Climate Assembly will meet over the autumn 2020 with the context of the Covid-19 pandemic as a major part of the context.

Next steps:
Planning for a second Dialogue Platform public engagement exercise is underway, with an overarching theme around how Scottish Government can help and support people to live with the adjustments required to maintain suppression of the virus (e.g. face covering, physical distancing, Test and Protect). It will run from 5 – 11 October

The public engagement expert advisory group along with a Scottish Government team with expertise from across government are continuing to develop a strategic approach to engagement and participation during the pandemic.

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

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

As Scotland transitions to the next phase of the COVID-19 pandemic, a responsive system of community surveillance for COVID-19 is essential. The national level measures that have become the mainstay of tracking the pandemic need to be supplemented by local active surveillance. Outbreaks need to be carefully monitored, including outbreaks in special settings.

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

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

Alongside this, modelling of the pandemic will also continue and will provide an ability to look at incidence and prevalence and consider whether intervention is required e.g. around re-imposing lockdown restrictions.

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

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

In addition, as part of our approach of openness and transparency, from 2nd October, data on Covid cases for neighbourhoods across Scotland will be made available to the public without risk to individual privacy.

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

- Assessing a forecast of new COVID cases that looks seven days forwards. This is based on travel patterns. We are currently assessing its predictive power for local authority areas and neighbourhoods.
- Undertaking a survey that started on 10 August that asks where people have gone and how many people they have met/spent time with. This uses a standard approach that is used across Europe that translates changes in

people's contacts to likely changes in new cases. This should give good forecasts of new cases for Scotland.

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

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

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

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

Any enquiries regarding this publication should be sent to us at
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St Andrew's House
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ISBN: 978-1-80004-144-8 (web only)

Published by The Scottish Government, October 2020

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS773146 (10/20)