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COVID-19

# Scotland's Strategic Framework Update



February 2021

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We've been on a long and difficult journey since COVID-19 was first detected in Scotland around this time a year ago. Though we have suffered tragic losses in lives and livelihoods over these long months, our collective effort, resilience and sacrifice have also saved thousands of lives. We have pulled together in a spirit of solidarity and adapted to new ways of living to fight this deadly virus and to keep our country going.

Since the publication of [our original Strategic Framework](#) in October 2020, there have been two highly significant developments: one positive; one negative.

Firstly, a new, much more transmissible and potentially more harmful variant of the virus (known as B1.1.7 or the 'UK' or 'Kent' variant) was detected and has now come to be the predominant strain of the virus in Scotland. It played a major role in the sharp deterioration in the pandemic observed in December, placing the NHS under extreme pressure, and has had fundamental implications for the way that we need to manage the epidemic. The detection of this new variant was significant in and of itself - but it also served as a warning that the emergence of other new variants in the months ahead could be one of our biggest challenges.

Secondly, we began the rapid roll-out of our vaccination programme, which we believe will reduce illness and deaths from COVID and also, ultimately, when a high proportion of our population has been vaccinated, let us return to a more normal way of living.

The evidence now shows that the additional restrictions imposed since Boxing Day are helping to reduce COVID case numbers, which should progressively ease the extreme pressure on our health and social care services. However, this is only happening thanks to people adhering to these protective measures. So, for the time being, we must all continue to be patient and to stick with it.

Our vaccination programme is making very good progress. Indeed at one point recently we were delivering the fastest roll-out of vaccines in Europe.

However, with a long way still to go - and unanswered questions remaining about the impact the vaccines will have on transmission of the virus (although the initial indications are very encouraging) - we must be careful not to ease restrictions too quickly. If we do move too quickly, transmission could quickly rise and that would lead again to significant mortality and morbidity and risk overwhelming our NHS.



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On the other hand, we know that we cannot continue in lockdown indefinitely, or even until the point – possibly still some months away – when the entire adult population has been vaccinated.

So we must plot our emergence from lockdown now, while recognising that our immediate room for manoeuvre remains very limited – and that presents us with some very difficult choices.

It is within this context that we are updating this *Strategic Framework*. Our aim continues to be to suppress the virus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible.

It is important to be clear that the aim of maximum suppression is not some ideological goal. We know from experience that it is when the virus is allowed to circulate at relatively high levels within the community that the risk of it accelerating out of control is at its highest. And community transmission also increases the risks of the virus mutating and new variants emerging. So, while there can be no guarantees, a strategy of maximum suppression now is our best hope of avoiding a third wave and a further lockdown.

So, in order to protect the progress we have made so far, our reopening of society and the economy will be cautious and gradual and informed by the latest evidence and data, not by dates. If we open up too quickly to meet arbitrary dates, we risk setting our progress back.







I understand that people, organisations and businesses want certainty for the future.

But to set dates that are too definite now would be irresponsible. There are far too many uncertainties such as the impacts of both new variants and of vaccinations.

However what we can and must do is; firstly, explain the measures that will be needed to suppress the virus, and how the tools we have to hand – adherence to protective measures including FACTS, vaccination roll-out, expansion of our testing programme and stronger border measures – can all work together in the most effective way to restore, on a phased basis, greater normality to our everyday lives.

Secondly, we can start to set out what we need to see in the data for that phased return to normality to begin and then make progress.



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Thirdly, we can be open about the choices and trade-offs that will need to be made. “What matters most?” is a question we will require to ask ourselves regularly as we move through the next few months.

For example, I believe there is already a broad consensus, which I firmly support, that the education and well-being of our children are paramount and should be prioritised above all else when easing restrictions. This means that adults will have to be prepared to live with some restrictions for longer in order to enable the safe return of children to school.

However, for adults too, there is a need to prioritise. We know that opening up care homes visiting is vital – and will publish guidance to enable that to happen in a careful and safe way from early March.

Getting to see our loved ones is something we all want. So our next priority is likely to be allowing more mixing between different households, initially outdoors.

And on the economy, we want to start opening up when it is safe to do so – but it won’t be possible to do everything at once, so again prioritisation will be necessary. It is likely, here, that some elements of non-essential retail will start to reopen first.







For any of this to happen, though, we need to see case numbers fall further. This document – drawing on World Health Organisation (WHO) advice – sets out the broad indicators that will guide our decisions. But, just as was the case when we introduced the levels system, we must recognise that this will never be an exact science – judgment will be necessary.

Getting the data to where it needs to be, and keeping it there, depends on us using all the tools at our disposal to maximum effect and this document sets out how we will seek to do that.

The mass vaccination programme is the largest, the most ambitious and undoubtedly the most significant logistical operation in Scotland’s post-war history. We should be proud of the progress we’ve made targeting those most at risk from the effects of COVID-19. I would like to thank all those who have accepted an invitation to come forward and be vaccinated so far, and all those involved in the vaccination roll-out programme. You are helping to protect your families, friends and communities.

It is also critically important to reduce the risk of new cases and strains coming into Scotland from elsewhere, which is all the more essential as the virus mutates. Therefore, restricting travel continues to be a regrettable but vital part of our overall strategy.



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Throughout the coming months, Test and Protect will continue to run and help combat COVID-19: learning, developing and improving as we go. It will remain important for everyone who is asked to self-isolate to do so, to protect friends and family and also society more generally.

And where we place necessary but regrettable restrictions on citizens and businesses to help protect against the spread of the virus, it will be vital that we all continue to comply.

In being open and transparent about the challenges ahead I can say with a reasonable degree of certainty that some protective measures, such as physical distancing and face coverings, are likely to be necessary for some months yet, including for those who have been vaccinated.


Of course, for as long as there are restrictions on our way of life, the Scottish Government must and will use the resources available within our devolved powers to provide support, and where necessary we will press the UK Government to use its reserved powers to do the same.

I hope this update provides some further clarity on the way ahead. I can never thank people across the country enough for continuing to make significant sacrifices and for doing all of the things necessary to keep ourselves, our loved ones and Scotland safe.

And I am extremely grateful, as I'm sure we all are, for the continued efforts of our NHS, social care and other key workers.

COVID-19 is a cruel disease. Too many have lost their lives to it – and the impact it has on all of us is severe – but we must be determined to emerge from this crisis as a stronger and fairer society, building on the common purpose, sense of community and good practice that has been so evident within our COVID response.

Though difficult and trying days still lie ahead, better times are now in sight. Let's stick with it and build a better future, together.



**Rt Hon Nicola Sturgeon MSP**  
First Minister of Scotland  
23 February 2021



## 2. Summary

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Our strategic intent remains to:

*Suppress the virus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible.*

We have six main tools for achieving this:

- The quickest practical roll-out of our **vaccination programme**
- The most effective use of **Test and Protect**
- Applying proportionate **protective measures (rules and guidance)** to suppress transmission of the virus
- Effective **measures to manage the risk of importation** of the virus
- Supporting individuals, businesses and organisations **to adhere to protective measures**
- Providing **care and support to mitigate the harms of the crisis**

All six of these need to be used together and it will take commitment from all of us to make them work effectively.

Due to the concerted efforts of people across Scotland, under the current restrictions case numbers are falling and the current published R number is between 0.7 – 0.9. In time, we hope that vaccination will also have a significant impact







in reducing transmission and allow us to live much more normally. However, despite remarkable progress, it is still early days for our vaccination programme and the challenge in the weeks and months ahead is to be able to ease restrictions safely before the vaccination programme has reached its full extent. That is why we are continually striving to maximise the effectiveness of all the tools available to us to both suppress the virus and alleviate its broader harms.

We have strengthened restrictions on international travel and quarantine for people arriving in Scotland from outside the Common Travel Area. We will continue to liaise with the UK Government and the other Devolved Administrations in the hope of being able to adopt a common Four Nations approach to this issue.

We are also continuing to expand our testing capacity. Between them, NHS Scotland and the UK Government laboratories now have the capacity to process 80,000 tests a day for Scotland. We are using this capacity to provide additional testing for people in key public services and critical infrastructure.

We are also expanding the use of targeted community testing – where we make COVID tests available to people who do not have symptoms of the virus. This is especially useful in areas of high or stubborn prevalence.



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The new variants of coronavirus that we are dealing with pose a significant challenge. In particular, the increased transmissibility of the now dominant B1.1.7 variant makes it far harder to open up activities and settings while keeping the R number below one and the virus suppressed. Consequently, we expect that opening up after this current lockdown will be more gradual and more cautious than was the case last summer: this reflects the reality that we are no longer dealing with exactly the same virus.

This update to our *Strategic Framework* highlights our early priorities for gradually easing measures when the epidemiological conditions allow us to do so safely. We are deliberately setting conditions for easing, rather than giving fixed dates, to reflect the ongoing uncertainties with the epidemic. However by outlining our early priorities and a suggested sequencing of easing, initially on a national basis and in due course with a return to geographically varied levels, we hope that people, businesses and other organisations can better understand the likely path back to something much closer to normality. The diagram below sets out how we intend to proceed, illustrated through a series of stages.

The Scottish Government has always made it clear that we will prioritise education and a phased return for Early Learning and Childcare (ELC) and schools. That has already started and we hope that more young people will be able to return to school later in March.

However, achieving that, together with the opening up of care home visiting, means that any further easing of restrictions before mid-March is highly unlikely. Indeed, we envisage that the current requirement to stay at home, unless you have a reasonable excuse for leaving, will be in place until at least early April so that we can create sufficient headroom to get more young people back to school.

The timing of any changes will be driven by evidence and data, not predetermined dates. It is also important that we leave enough time between reviews to see the impact of changes made.











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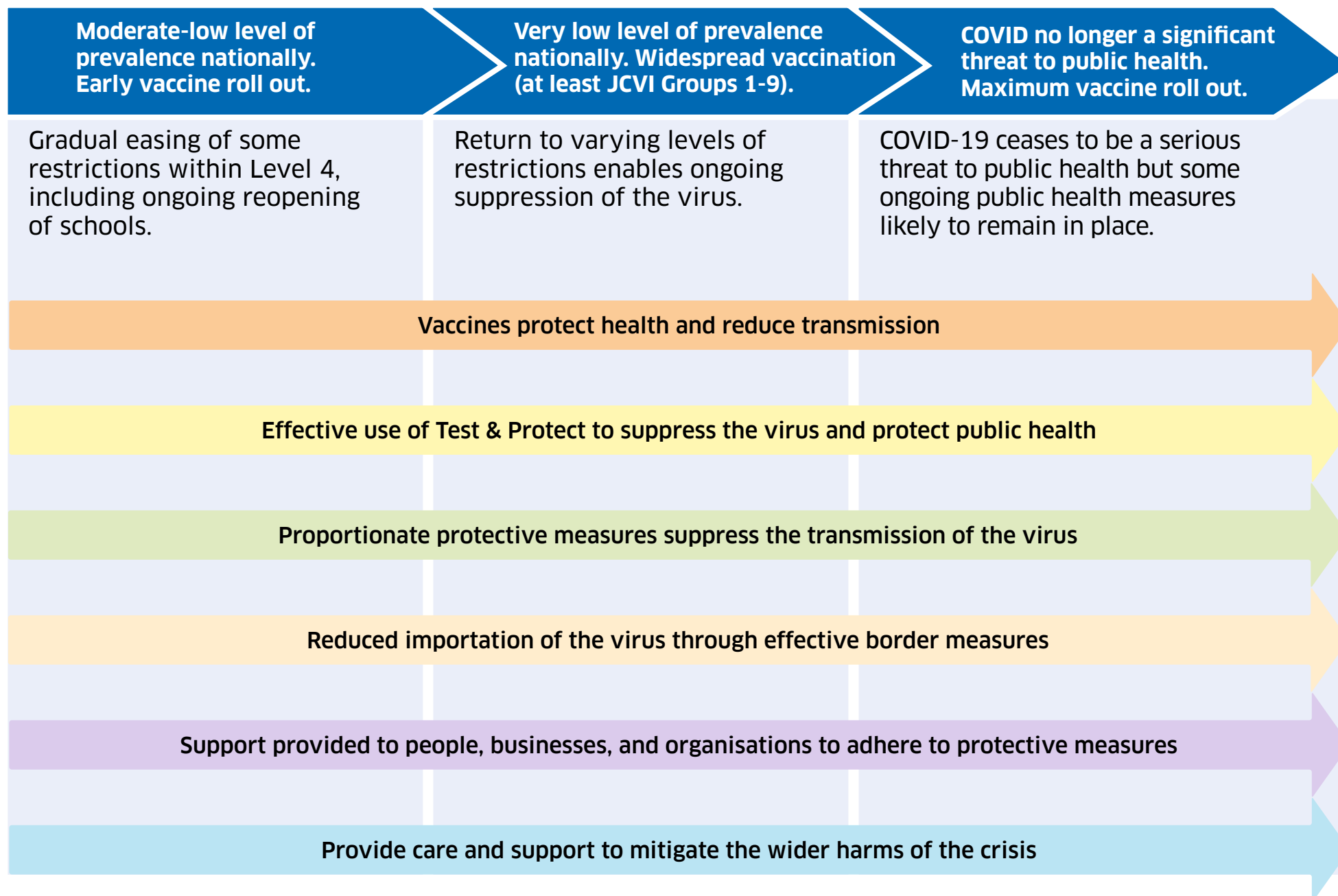
However, if we manage to keep R below 1 as schools return and have room to ease further, we will start with a gradual easing of the current Level 4 lockdown restrictions where they apply. To ensure that we undertake this easing process safely, we will make use of the six conditions set out by the World Health Organisation.

In due course, we then expect to move back to a geographically differentiated levels approach until the virus is no longer a significant threat to public health in Scotland. Because vaccination roll-out will be important for reducing transmission as well as protecting health, our current plan is that we must have offered the vaccine to at least all of the JCVI 1-9 priority groups before it will be safe to return to fully variable levels across Scotland.

As we take these steps, continued testing, roll-out of the vaccine, border measures and support to people and businesses to help them adhere to protective measures will be key. We will strive to ensure these tools are as effective as they can be to suppress this deadly virus. This will work best if we all play our part.









Figure 1: Phasing of the Strategic Framework



[www.gov.scot/coronavirus](https://www.gov.scot/coronavirus) to ensure you are viewing the most up-to-date information and guidance about coronavirus.








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The process of gradual easing of protective measures has begun with the return of early learning and childcare, children in Primary 1, 2 and 3, and secondary school pupils in the senior phase who have to be in school for essential practical work. We are also enabling a small increase in the provision available for vulnerable children – specifically those with the most significant additional support needs – where schools believe that this is essential. We will be monitoring the impact of these changes very carefully as any change could push the R number back above 1, in which case we would have to respond with appropriate measures. We have also announced some opening up of care homes from early March to facilitate meaningful contact between relatives/friends and residents.

Following this initial easing, when we are confident that it is safe to do so, we are planning for the ongoing reopening of schools to all children and young people, as well as a cautious, progressive lifting of some of the additional restrictions beyond education in Level 4. These include: reopening places of worship with restricted numbers; allowing 12-17 year olds to take part in outdoor group non-contact sport; easing socialising rules to allow meetings between more than two people from two households outside the home; and opening of child contact centres. Before each new set of easing of restrictions, we will check that it is safe to proceed further. In particular, we will use the six conditions for safe easing set out by the WHO. There is likely to be a gap of at least three weeks between sets of easings while we assess the impacts of earlier changes.

As we continue to roll out the vaccination to priority groups and enhance testing, we will maintain protective measures and border controls will remain in place to limit the spread of the virus and particularly to prevent new variants entering the country. This includes the need for arrivals from overseas to quarantine in specific locations.



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Following the reopening of schools and the other limited easings within Level 4, as the state of the epidemic permits, we expect to return to a situation where the level of restrictions is variable across different parts of the country, depending on the levels of the virus and consistent with our strategic intent to suppress the virus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible. Before returning to variable Levels across Scotland, we will make sure that it is safe to do so. In particular, we intend that at least the first 9 JCVI priority groups should have been offered the vaccine. That will be important not only for their protection, but because we expect this vaccination roll-out to help to reduce transmission, giving us the headroom to ease restrictions safely. The effects of vaccination on transmission remain uncertain, so we will continue to keep the required vaccine coverage under review.

More generally, this process of easing restrictions and allocating areas to levels will be informed by data to give us confidence that it is safe to make changes. We want to be confident that there will be no resurgence of the epidemic or overwhelming of the NHS. This conditionality is key, given ongoing uncertainties both about the status of the epidemic and the impacts of making any changes to restrictions. As a result of this data-driven approach, we will generally seek to avoid announcing forward schedules of dates

beyond those required for short-term planning purposes. We also intend to re-align some of the indicators that inform judgements about allocating areas to levels in light of current WHO guidance, to ensure that we can safely open up while continuing to suppress the virus, including the new variants.

Ultimately we want to progress to the stage where, although COVID-19 is unlikely to have disappeared entirely, it stops having such a disruptive impact on our daily lives and is no longer considered a serious threat to public health. This stage is Phase 4 from our original [Route Map](#) and remains our goal. However, to get to this stage, a strategy of maximum suppression is essential.

As a society, we are likely to have to live with COVID as a permanent feature. It will not have been eradicated, and we will always have to be vigilant because of the risk of new variants, or further outbreaks.

But if we suppress the virus as far as we can - as close to elimination as possible - we will get life back to something much closer to normality.



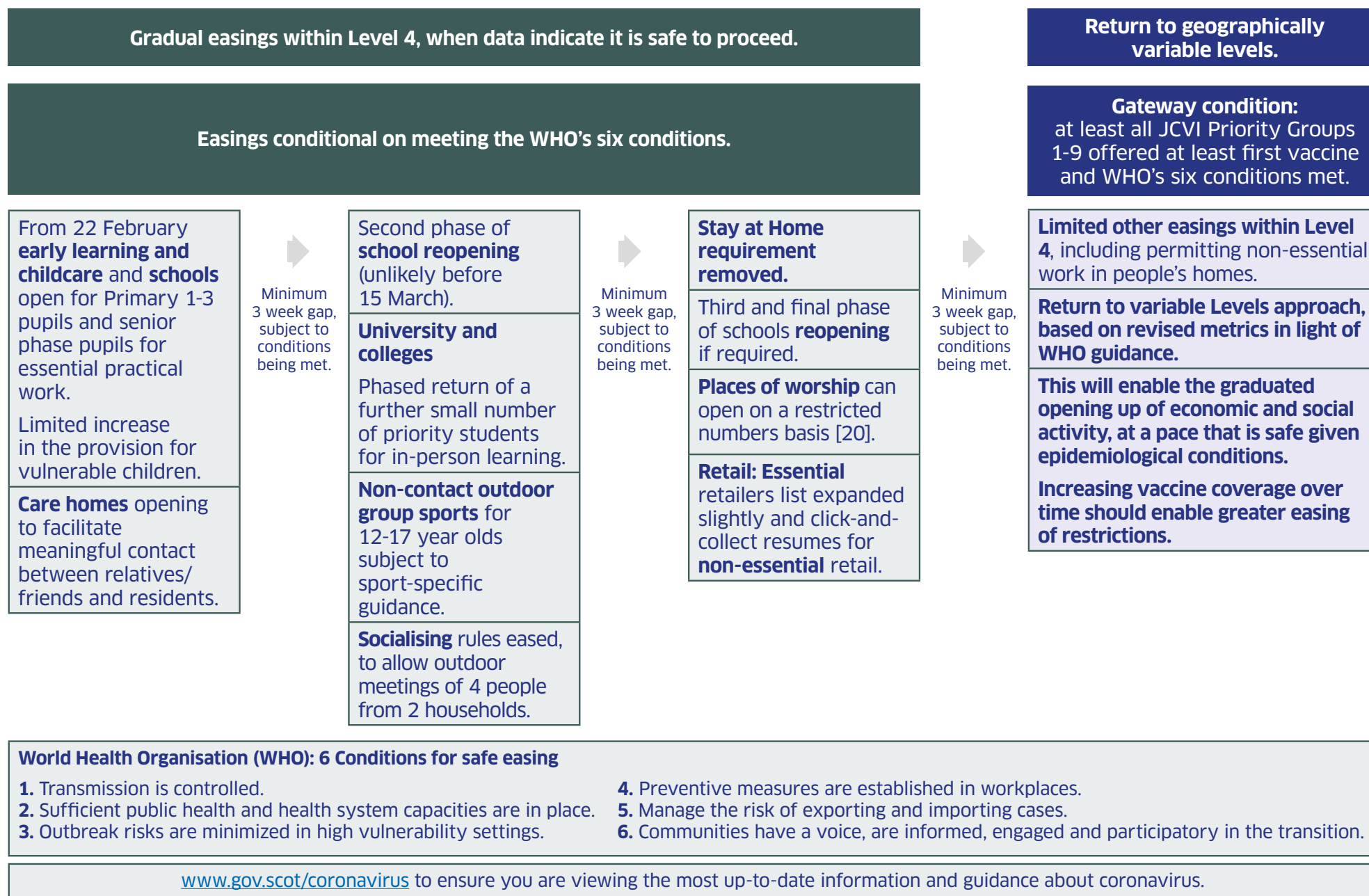
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At every stage in our management of the epidemic, we will recognise the wider harms that the virus brings, to people, their communities and to businesses. We will continue to support people and businesses by providing clear guidance, access to information and advice and financial assistance where required and we will redouble our efforts in working with employers, trade unions, Local Authorities, the third sector and others to make workplaces and public spaces safe. The UK Government also needs to play its part, with continued support through the furlough scheme, which this strategy assumes will continue beyond 1 April. Without adequate support for businesses and workers, we cannot mitigate the worst economic harms.

This updated *Strategic Framework* has been informed through engagement with Parliament and also by the views of business organisations, trade unions, third sector bodies and others. It sets out a targeted and coordinated approach which brings together the many measures required for us to take our next steps forward. The following pages set out our phased approach to easing restrictions and the key actions within each element of this *Strategic Framework*.



**Figure 2: SCOTLAND'S COVID-19: STRATEGIC FRAMEWORK - PLANNED EASING OF RESTRICTIONS**



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### The quickest practical roll-out of vaccinations

We are:

- continuing the roll-out of our vaccination programme at pace, in line with advice from the Joint Committee on Vaccination and Immunisation (JCVI).
- prioritising a second dose for our most vulnerable and moving on to vaccinating Cohort 6 - all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality and unpaid carers. We will move quickly to bring forward Cohorts 7, 8 and 9 in line with our Vaccine Deployment Plan.
- taking a strategic approach to how under-50s will be vaccinated, potentially on a Four Nations basis.
- progressing work to encourage high uptake amongst all these groups, building on the strong support for vaccination shown by older age groups.
- working to ensure vaccine uptake amongst hard-to-reach groups.
- continuing to issue clear public health messaging around the benefits of vaccination.
- developing plans for on-going seasonal vaccination, if required.
- maintaining and developing robust surveillance of emerging variants/mutations and the likely effectiveness of vaccines against them.
- monitoring data in relation to the vaccinated population over time, to consider immune responses and the potential for re-infection.
- maintaining reliable vaccine supply chains and developing mechanisms for delivering large-scale vaccination programmes in future.
- contributing to the World Health Organisation Safer Vaccination Programme which is examining the technical details, ethical and equality issues, and privacy standards of vaccine certification.
- keeping vaccines under review as more clinical and scientific information on new variants emerges.



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### Most effective use of testing and contact tracing

We are:

- increasing accessibility of testing, by expanding capacity, infrastructure and geographical reach.
- regularly testing healthcare workers, expanding to cover primary care workers in patient-facing roles and staff who work directly with patients in hospices.
- delivering a schools asymptomatic testing programme in support of a safe return.
- expanding workplace asymptomatic testing to support the safe maintenance of essential services and critical infrastructure.
- working with businesses in high transmission risk sectors, such as in food production and distribution, with a view to introducing routine testing for their workforces.
- expanding targeted community testing in areas of persistently high infection.
- enhancing our contact tracing approach to advise close contacts of those who have tested positive to get tested themselves, as well as to self-isolate - to identify more positive cases and close contacts.
- continuing surveillance of outbreaks and increasing the use of real-time genomic sequencing for priority areas such as international arrivals, cases of vaccine failure and where there is high risk of new mutations.





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### **Applying proportionate protective measures (rules and guidance) to suppress transmission of the virus**

- Proportionate and necessary regulations are currently in place across Scotland to address the ongoing public health emergency.
- We continue to emphasise the importance of a package of non-pharmaceutical interventions - including the use of face coverings, avoiding crowded places, hygiene and physical distancing.
- Cautious and gradual easing of protective measures will take place when it is safe to do so, starting with the phased schools return and reopening of early learning and childcare.
- Further easing within Level 4 (for mainland Scotland and some islands) will continue when it is safe to do so.
- Increasing roll-out of the vaccine programme anticipated to provide headroom for easing further restrictions in the future.
- When epidemiological conditions permit, we will begin to vary levels across the country to ensure proportionality and ongoing suppression of the virus.
- The levels will remain a valuable tool to respond rapidly and decisively to any emerging outbreaks.
- Over time, we hope to reduce restrictions to the lowest levels possible prior to the epidemic being judged to be no longer a serious threat to public health.



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### Measures to reduce importation of the virus

We are:




- prohibiting non-essential international travel to and from all areas of Scotland.
- making it a requirement for passengers travelling to Scotland from outside the Common Travel Area (the UK, the Republic of Ireland, the Channel Islands and the Isle of Man) (CTA) to have a valid negative COVID-19 test result before they travel, and they must self-isolate for ten days on their arrival, during which time they must take two further tests.
- making it a requirement for all direct international arrivals to Scotland from outside the Common Travel Area or those arriving from the Republic of Ireland if they have been in or passed through a “red list” country in the last 10 days to go into managed isolation for 10 days on arrival in Scotland.
- continuing to work with the UK Government, the Welsh Government and the Northern Ireland Executive and to press for a comprehensive pan-UK approach to managed isolation.
- keeping international travel restrictions under review and will consider further measures necessary to protect public health.
- committed to working on a Four Nations basis as part of wider international consideration of ways to assist the recovery of international travel, consistent with WHO advice, not as a replacement for managed isolation but as a means by which elements of international travel might be safely opened up.
- restricting travel within Scotland and to and from other parts of the UK and the wider CTA to limit transmission of the virus and opportunities for any new variants to spread.



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### Best possible support to adhere to protective measures (guidance and regulations)

- Improved support for those who need to self-isolate:
  - Widening the eligibility for payment of the Self-Isolation Support Grant.
  - Working with Public Health Scotland so that letters may be sent out to employers of those required to self-isolate, asking for their co-operation and support.
- Listening to and giving clear messages to the public:
  - Encouraging appropriate ways of thinking, both short-term and long-term to avoid complacency as the vaccines roll out; promoting continued adherence to NPIs (non-pharmaceutical interventions); and developing a culture change of hazard awareness and new behaviours.
  - Continued use of polling and focus group research to understand current public attitudes and behaviours (e.g. restrictions, FACTS, Test & Protect) to inform communications and marketing campaigns.
- Engaging with the business community:
  - Reviewing our sectoral guidance to ensure its continued relevance in changing circumstances.
  - Developing a cross-sectoral tool to help workplaces ensure they are compliant with guidance and regulations.



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### Care and support to mitigate the harms of the crisis

- Record funding provided to support NHS Scotland. The Health portfolio will receive more than £16 billion, with a further £869 million for tackling Coronavirus.
- Ongoing delivery of the [Winter Preparedness Plan for NHS Scotland](#) which sets the key priorities for the NHS and their delivery partners until April 2021.
- Continuation of support, including for those most at risk of COVID and its wider impacts. Our £100 million Winter Support Package has invested nearly £6 million in promoting equality and tackling social isolation and loneliness - including through digital inclusion.
- More than £375 million to support schools and families, particularly with safety mitigations aligned to published guidance, support to accelerate learning recovery, including recruitment of additional staff, additional digital devices and the provision of family support, and the ongoing provision of free school meals.
- Additional support for students facing hardship (£20 million will help to alleviate the financial burden and stress facing our students and we are supporting institutions with £10 million for the revenue lost by providing rent refunds or rebates to students.)
- The recent Budget includes £68 million for the Scottish Child Payment, supporting awards for eligible children under 6 in 2021-22.
- As well as a further £100 COVID Hardship Payment for children and young people receiving free school meals on the basis of low income, which will be paid around Easter, the funding offered will also enable support to be extended to children who receive free lunches within early learning and childcare settings.
- Allocated more than £3 billion to support businesses across Scotland. The *Strategic Framework Business Fund* will continue to provide support for businesses beyond this financial year and we will continue to review wider support for businesses. The latest information and updates on available support can be found on the [findbusinesssupport.gov.scot](https://findbusinesssupport.gov.scot) website.



### 3. Update on progress and state of the pandemic

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The WHO declared the Coronavirus disease (COVID-19) a global pandemic on 11 March 2020. After taking firm action to stop the spread of the virus by implementing a nationwide lockdown, the Scottish Government published the [Coronavirus \(COVID-19\): Framework for Decision Making](#) in April, setting out our principles and approach for responding to the epidemic. These principles and approach have served us well and continue to guide our strategic response to the epidemic.

In May 2020, we published [Coronavirus: Scotland's Route Map Through and Out of the Crisis](#) which set out a clear path for cautiously easing restrictions ranging from Lockdown to Phase 4 – the point at which the virus would no longer be considered a significant threat to public health. Progress through the Route Map phases was based on meeting epidemiological conditions, and decisions on which measures to ease were informed by assessments of the four harms caused by the virus, reflecting the multi-faceted nature of the crisis.

Our progress was deliberately careful and incremental, with Scotland progressing to Phase 1 on 28 May, followed by gradual progress through Phases 2 and 3 during the summer months. Due to the collective effort, resilience and sacrifices of people across Scotland, we managed to suppress the virus to a very low level during the summer of 2020. Between 3 June and 3 August daily reported cases remained below 50. The weekly seven day incidence rate per 100,000 was below 10 from 28 May until 21 August. The number of daily hospital admissions for COVID also remained below 10 between 6 June and 24 August and there was a total of 15 ICU admissions from 1 June to 1 September.<sup>1</sup> Between 25 June and 25 August 10 deaths were recorded of people who had tested positive for the virus and for many days during this period no deaths were recorded at all.<sup>2</sup> As well as suppressing the virus, we enabled 96% of the Scottish economy to reopen, albeit with various restrictions remaining in place.

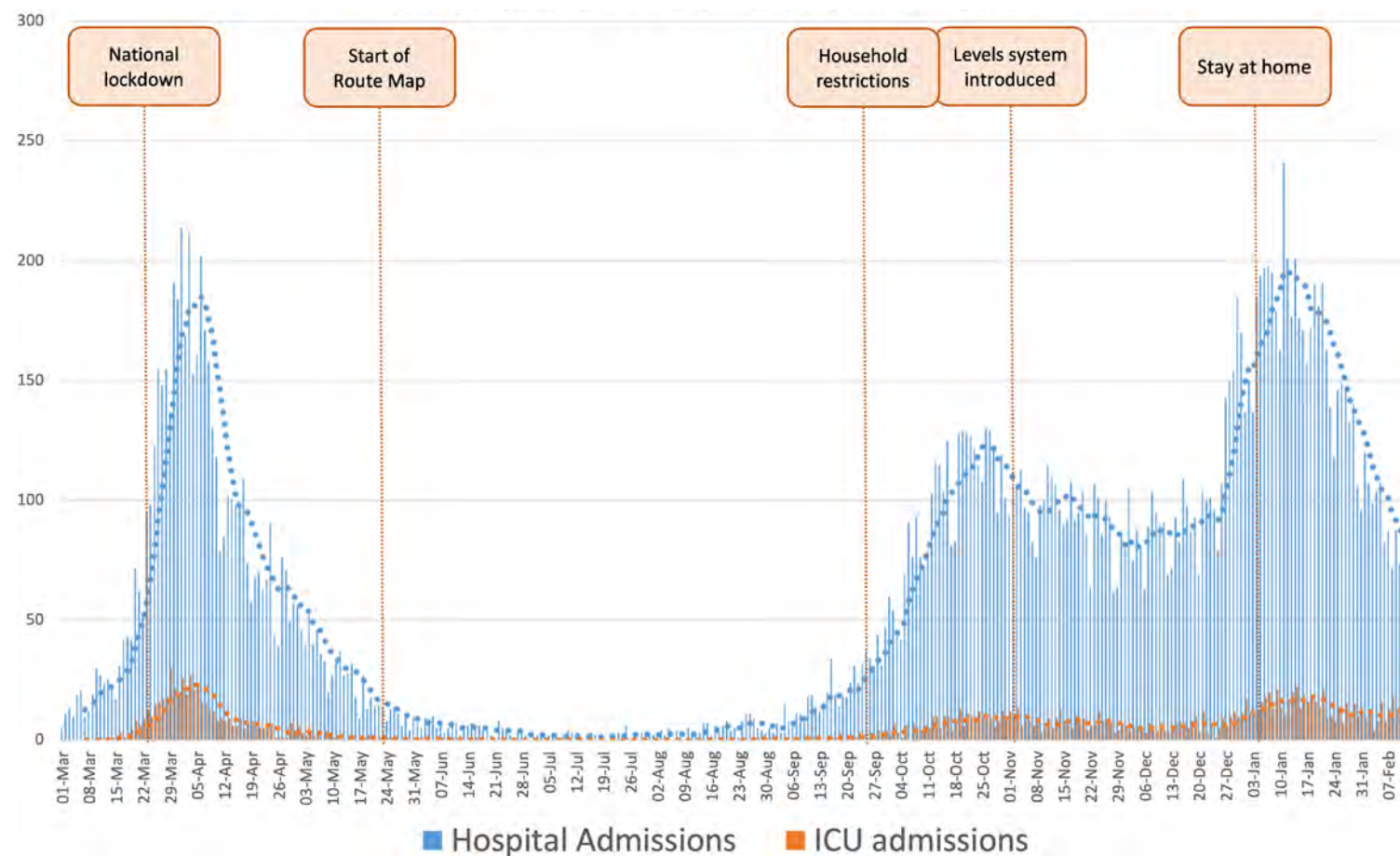
<sup>1</sup> <https://www.opendata.nhs.scot/dataset/weekly-covid-19-statistical-data-in-scotland>

<sup>2</sup> <https://www.gov.scot/publications/coronavirus-covid-19-trends-in-daily-data/>



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**Figure 3: Hospital and ICU admissions for COVID-19**



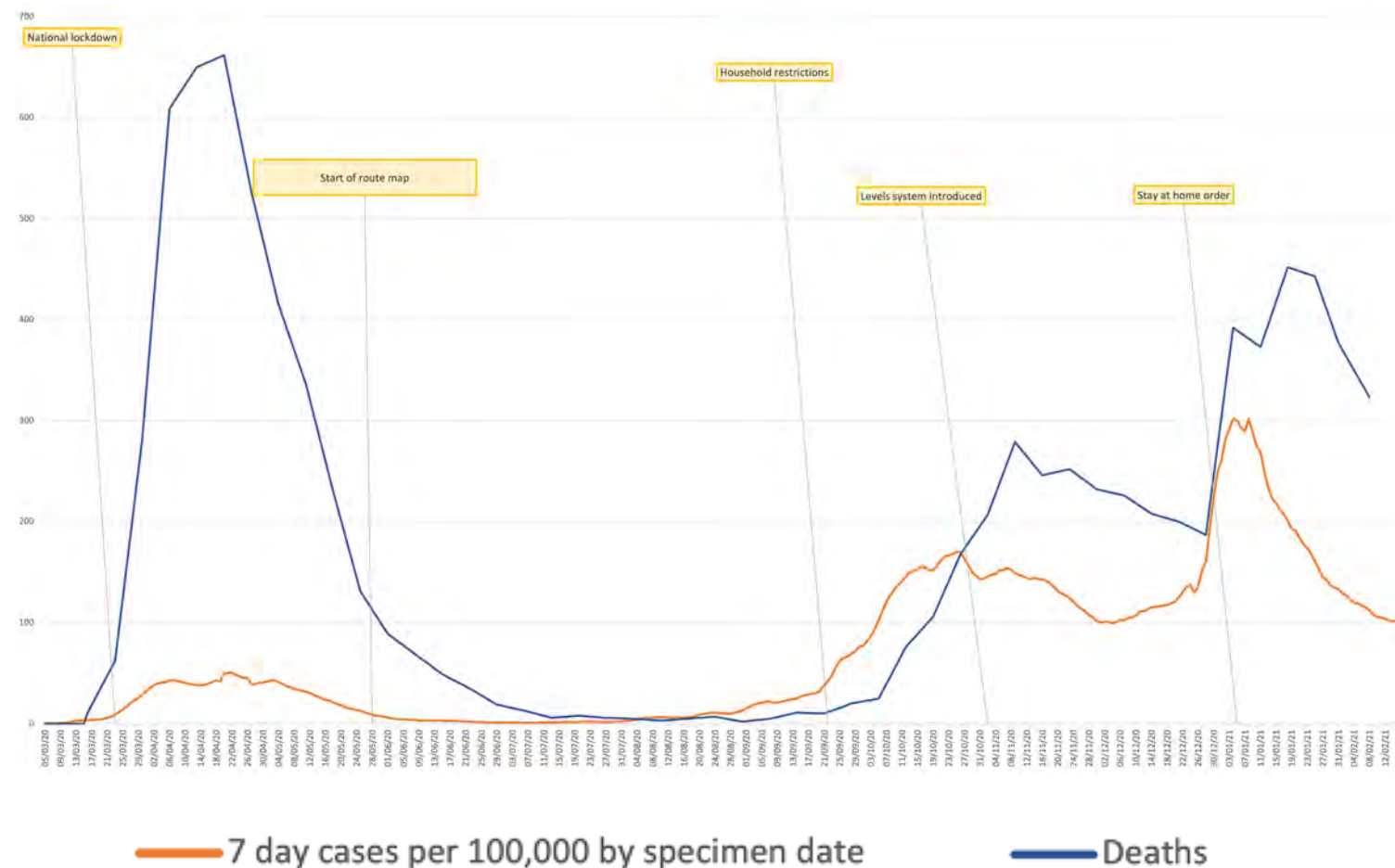
COVID Hospital and ICU admissions:  
Public Health Scotland <https://www.opendata.nhs.scot/dataset/covid-19-in-scotland>





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**Figure 4: Seven day case rate per 100,000 and total weekly deaths**



Deaths: National Records of Scotland

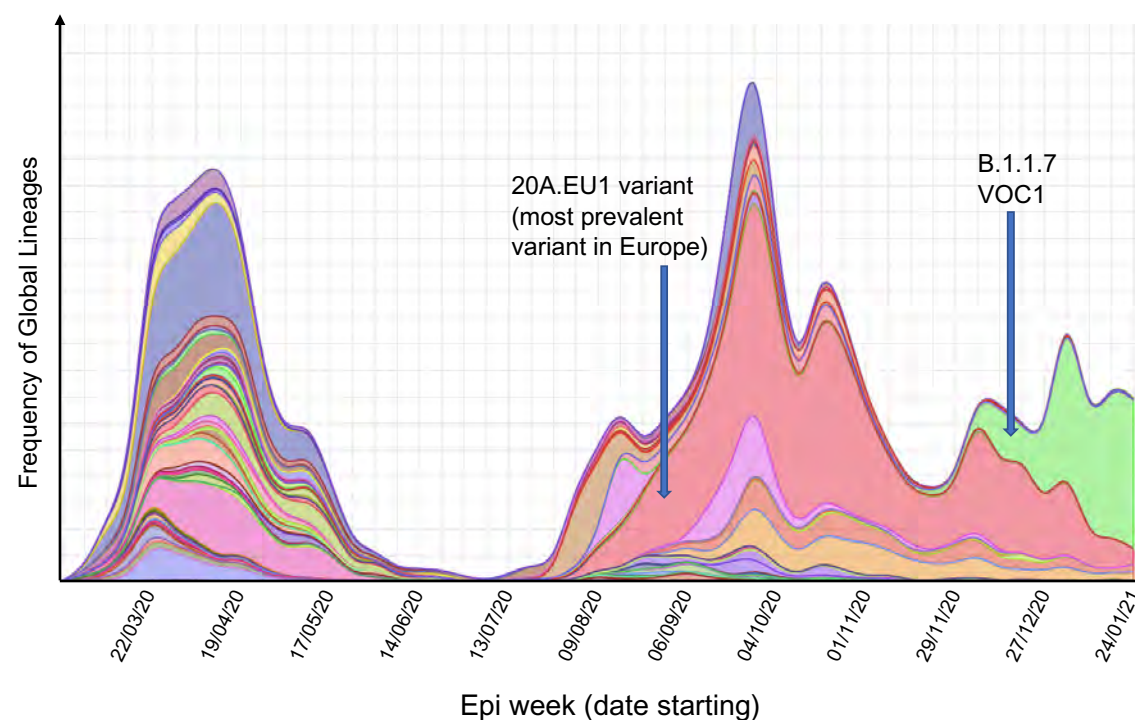
[Deaths involving coronavirus \(COVID-19\) in Scotland | National Records of Scotland \(nrs.scot.nhs.uk\)](https://nrs.scot.nhs.uk/deaths/covid-19/)



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In the late summer and autumn we saw a return to schools, colleges and universities, but we also saw the virus begin to return, driven by cross-border importation of the virus despite our attempts to limit such importation. As Figure 5 below shows, not only did the virus return, but genomic sequencing revealed that new variants emerged and one in particular became dominant in Scotland during the autumn. (See 20A.EU1 in Figure 5, below.)

**Figure 5: Diversity of the SARS-CoV-2 sequenced in Scotland during the 1st and 2nd Waves**









Area plot of the frequency SARS-CoV-2 Global lineages per Epi week, coloured according to Global lineage

Sample from 28<sup>th</sup> February 2020 to 30<sup>th</sup> January 2021

[Diversity of the SARS-CoV-2 sequenced in Scotland during the 1st and 2nd Waves: Public Health Scotland](#)



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Initially we suppressed these outbreaks through Test & Protect and bespoke responses (for example, around Gretna, in Aberdeen, and later, from September, across an expanding section of the West of Scotland). However, in the wake of developments across most of Western Europe, the virus continued to spread throughout Scotland in what became the second wave that is still with us as we publish this update. In response, we moved quickly to impose 'Reset' restrictions across the country in October, with tougher restrictions in the Central Belt where prevalence was higher than in the other areas of Scotland.

In late October we published [Coronavirus \(COVID-19\): Scotland's Strategic Framework](#), setting out our integrated plan for addressing the rising tide of the epidemic, which included not only our plans for a graduated and proportionate system of restrictions reflecting local prevalence (the Levels) but also our plans for vaccination, for expanded testing, maintenance of adherence to guidance and regulations and support for those affected by the crisis.




We used our experience from both easing restrictions over the spring and summer and from outbreak management in the autumn to develop a new, strategic approach to outbreak management based on five graduated levels of protection ranging from Level 0 (as close to normality as possible) to Level 4 (severe restrictions). Local areas were then allocated to these levels according

to judgements about their epidemiological position. Domestic and international travel restrictions supported the approach by restricting the spread of the virus from high to low prevalence areas.

The levels were designed to support our strategic intent to suppress the virus while restoring as much normality to people's lives as possible. (As shown in Box 3 on p.58, the WHO subsequently published interim guidance that accorded closely with our approach in Scotland, including five levels (0-4), similar types of metrics to guide allocations of local areas to levels, and travel restrictions).

In Scotland, the introduction of the 'Reset' restrictions in October, which coincided with school holidays and broadly matched Levels 2 (non-Central Belt) and 3 (Central Belt), followed by the introduction of the Levels system succeeded in arresting a rapidly deteriorating trend of infections and send it back into decline. Reported case rates nationally fell by over 40% from the peak of 170 case per 100,000 on 25 October to 99 cases per 100,000 by 4 December and other epidemiological indicators such as hospitalisations and deaths also improved considerably. Importantly, in accordance with respective protection levels and epidemiological conditions, varying levels of economic and social activity were able to continue across the country, consistent with the two elements of our strategic intent.



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While the overall direction was positive, the experience of areas varied across the country and, towards the end of November, a number of areas in the Central Belt were moved into the highest level of restriction (Level 4). This coincided with the period during which we now know that the new, much more transmissible and potentially more harmful variant B1.1.7 was taking root in Scotland (see Figure 5 on p.24).

Concerningly, beginning in December, the levels – as originally designed – became less effective in suppressing the virus, largely as a consequence of the increased transmissibility of the new variant. The protection levels were designed at a time when the variants in Scotland were much less transmissible: the new variant therefore reduced the protective effect of the levels and the situation deteriorated.

To respond to this deterioration, a strengthened Level 4 was introduced across most of Scotland (with the exception of some island communities) on Boxing Day, and strengthened further, including with a stay at home requirement, on 5 January 2021. These tougher restrictions have put the epidemic in Scotland back into decline, but at a severe cost to the economy and broader society, and involved the closure of schools to most children.

The new, more transmissible variant B1.1.7 has now become the dominant variant in Scotland. Furthermore, other new variants have been identified which pose new risks to Scotland (including around the potential for vaccine escape) and have required tighter measures to limit the importation of the virus, including new variants, from abroad. In response, we have adapted and will continue to adapt our approach for managing the epidemic, as set out in the sections below, particularly Sections 5.3, covering the Levels, and 5.4, covering international border measures.

One further development that was expected when we published the original *Strategic Framework* but has since become a positive reality is the roll-out of our vaccination programme. The rapid progress of this programme and the excellent rate of take up by people across Scotland heralds two hugely significant benefits. First, it should significantly reduce mortality and morbidity from COVID. And second, while this is as yet uncertain, we hope it will significantly reduce transmission of the virus, which will mean that, as vaccines are rolled out further, fewer restrictions will be required to achieve the same degree of suppression of the virus, assuming that adherence to remaining restrictions is maintained. These factors, while retaining a degree of uncertainty, have helped to shape our planning for the management of the epidemic over the period ahead as set out in the following sections.



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The COVID crisis has been characterised by complexity and uncertainty in all its aspects, as recently shown by the emergence of the new variants. The restrictions that we have lived with since March 2020 have been extensive but necessary in order to limit transmission of the virus as far as possible.

From the start of the crisis, we have set out our intention to be open and transparent about the options and approach for tackling the epidemic in Scotland. We must also recognise that, while the pandemic remains a global health crisis, its impacts are far-reaching. Our approach to tackling the epidemic in Scotland has been based around mitigating four key harms, with the overall priority to suppress the virus:

**Harm 1: The virus causes direct and tragic harm to people's health. We must suppress the virus.**

**Harm 2: The virus has a wider impact on our health and social care services, and our wider health and wellbeing. We must support broader health.**

**Harm 3: The measures necessary to protect us from the virus can in turn cause harm to our broader way of living and society. We must mitigate social harms.**

**Harm 4: Protective measures and the direct impacts of the virus itself have a damaging effect on our prosperity. We must support the economy.**

All these harms are interrelated and require difficult choices and judgement in determining priorities, some of which cannot always follow a simple comparison of risks. However, in making decisions about future measures, we have weighed up not just the transmission risk inherent in different settings and activities, but also the impacts on broader health and well-being, society and the economy.

This Framework sets out how we will take a whole-system approach to suppressing the virus, while all the time seeking to minimise broader harms. In particular, we will provide support to individuals, particularly those most at risk through health or social inequalities, and ensure that businesses have the support they need to get through the crisis, within the resources available to us.



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We recognise that our approach can only succeed with cooperation from Local Authorities, stakeholders and others and we will seek to develop a wide understanding of and support for our approach. We are grateful to the Scottish Parliament's COVID-19 Committee for the outreach and engagement it has undertaken on the Scottish Government's response to the crisis, including through the Citizens' Panel, which has helped to inform this Framework. We will continue to engage with the Committee and the Scottish Parliament as a whole as we take our next steps and we will continue to be guided by the principles and approach set out in our *Framework for Decision Making*, as set out below:

Our **approach** will continue to be to:

- suppress the virus through compliance, with physical distancing and hygiene measures, ensuring the reproduction number remains below 1 and our NHS remains within capacity
- care for those who need it, whether infected by the virus or not
- do everything we can to support people, business and organisations
- recover as a society and an economy, carefully easing restrictions when safe to do so while maintaining necessary measures and ensuring that transmission remains controlled, supported by developments in medicine and technology
- protect against this and future pandemics, including through effective testing, contact tracing and isolation
- renew our country, building a fairer and more sustainable economy and society

Our decision making will always be guided by clear **principles**:

- Safe: We will ensure that transmission of the virus remains suppressed and that our NHS and care services are not overwhelmed
- Lawful: We will respect the rule of law which will include ensuring that any restrictions are justified, necessary and proportionate
- Evidence-based: We will use the best available evidence and analysis
- Fair & Ethical: We will uphold the principles of human dignity, autonomy, respect and equality
- Clear: We will provide clarity to the public to enable compliance, engagement and accountability
- Realistic: We will consider the viability and effectiveness of options
- Collective: We will work with partners and stakeholders, including Local Authorities, the UK Government and other Devolved Nations, ensuring we meet the needs of Scotland



## 5. Strategic approach

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Our strategic intent remains to:

**Suppress the virus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible.**







To realise this intent, many factors must work together to influence the trajectory of the epidemic. We have structured our response in this Framework around six key elements:

- The quickest practical roll-out of **vaccinations**, in line with advice from the Joint Committee on Vaccination and Immunisation (JCVI)
- The most effective use of **testing and contact tracing**, including maximising community and workplace testing and integrating our testing plans with vaccine roll-out
- Applying proportionate **protective measures (rules and guidance)** to suppress transmission of the virus
- Effective **measures to manage the risk of importation** of the virus from areas of high prevalence, including travel restrictions and managed isolation
- Supporting individuals, businesses and organisations **to adhere to protective measures**.
- Providing **care and support to mitigate the harms of the crisis**

To achieve our intent, the process of easing current restrictions will be informed by data to give us confidence that it is safe to proceed. We want to be confident that there will be no resurgence of the epidemic or overwhelming of the NHS. This conditionality is key given ongoing uncertainties, both about the status of the epidemic and the impacts of making any changes to restrictions.

We will analyse data and intelligence to assess when there is likely to be sufficient room to allow further easing of restrictions without causing a resurgence of the virus. Monitoring the impact of easings on the R number will be critical to that: when the R number moves above one, the virus begins to grow exponentially again. If we move too fast, and open up settings and activities too early, then we risk triggering exponential growth again, in which case we may need to rewind. We understand the costs involved in that and are keen to avoid them. We will also be mindful of advice from the WHO in guiding our easing process.



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While we know that some factors have tended to push the R number up - particularly the emergence of new, more transmissible variants - we expect, over time, other factors to begin to push the R number down. In particular, while its precise effect remains uncertain and may be affected by new variants, we expect the vaccination programme to reduce transmission of the virus and create room to enable the easing of restrictions while keeping the virus suppressed. This is another reason, beyond protection from disease, that it is so important to vaccinate as many people as possible as quickly as possible: it will help to create the headroom to ease restrictions and return to a more normal way of life. Our plans for future vaccinations are therefore integral to this Framework and are set out at Section 5.1.

Other factors can also support the easing of restrictions. Our approach to testing should help us to limit further the spread of the virus, and if we are able to maintain the strong levels of adherence to restrictions and public health measures that we have seen to date then that will also help to keep the R number down and therefore enable greater easing of restrictions.







Consistent with advice from our COVID-19 Advisory Group, as already announced, our first easing has been to enable a partial return to schools for Primary 1-3 and for a very small proportion of senior phase students requiring access to schools for practical subjects, as well as the reopening of early learning and childcare settings. Provided that we are confident that the virus continues to be suppressed, we will then look to open up more of the education system starting with the rest of Primary school and more senior phase secondary pupils back in the classroom for part of their learning.

Once the data indicate that it is safe to proceed further, we will also make a number of gradual easings within Level 4, for example, in relation to limited outdoor social contact, a limited return to places of worship and some limited elements of non-essential retail.

Our next stage will be to start easing restrictions more generally and then to manage the epidemic going forwards through the application of levels on a geographical basis - local, national or regional (for example, across a group of Local Authorities) - as appropriate to the state of the epidemic. Our decisions will need to take into account prevalence and geography and be clear and comprehensible. They will also need to consider issues of enforceability and people's travel patterns.





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The content of the levels will be subject to periodic review in light of epidemiological developments to ensure that the measures within them remain proportionate and necessary. In practice, this means that they need to be effective in suppressing the virus and that they should also, as far as possible, minimise the broader harms caused by the epidemic more generally.

As part of the update of this *Strategic Framework*, we have considered the contents of the level restrictions, the indicators used to allocate areas to levels and process to do so, learning from the experience of having applied the levels in practice since the start of November. Further information is set out in section 5.3.

We are also considering, ahead of returning to the Levels system, the appropriate geographical approach. For example, it was clear that whilst in some cases Local Authority boundaries were effective, travel to work areas, spill-over between neighbouring areas at different levels, population density and rurality had an impact on the effectiveness of the system at suppressing the virus. We will set out our conclusions and details when we publish our updated Levels table in March.

In due course, once we have vaccinated as many of the population as possible, we hope that the virus will be suppressed to sufficiently low levels to allow much more normality in people's lives. To preserve this, we will reduce the risk of spread into Scotland through necessary but proportionate border measures. For a period, this will mean that we will have to forgo some of the benefits of cross-border travel for all but essential purposes in return for the benefits of having fewer restrictions on our lives within Scotland.

Looking further ahead, once the situation of the pandemic internationally has improved significantly, and further progress has been made in rolling out vaccinations, we would expect to be able to ease those border restrictions.

Ultimately, we plan to reach the position where COVID is no longer considered a serious threat to public health in Scotland and, while some public health measures may remain in place, our lives will have been restored to much greater normality with our economy and society open once more.

The following sections set out the integral elements of our *Strategic Framework*, beginning with our vaccine roll-out.



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## 5.1 Vaccine Deployment Plan Roll-out

The Scottish Government's COVID-19 Vaccine Deployment Plan <https://www.gov.scot/publications/coronavirus-covid-19-vaccine-deployment-plan-2021/> details how the largest peacetime vaccination plan in Scotland's history is being delivered. The Plan sets out how we will work as fast as supplies allow to vaccinate everyone in Scotland over the age of 18 and those aged 16 and 17 who are frontline health and social care workers, young carers or have underlying health conditions: a total of 4.5 million people. Around 1.5 million have already received a first dose of vaccine.

Vaccines are a critical part of suppressing the virus to the lowest possible level, both in order to save lives and also to allow us to gradually ease restrictions and return to a more normal life. There is also a vital interplay between vaccines, testing, and non-pharmaceutical interventions (NPIs).

As additional data around the overall efficacy of the vaccines become available, we will learn more about:

- for how long vaccines can protect an individual;

- if that includes protection against emerging variants;
- the impact the vaccines have on transmission; and
- whether people's willingness to adhere to restrictions and NPIs declines following vaccination.

Our immunisation policy in Scotland is determined by Scottish Ministers and follows advice from the Joint Committee on Vaccination and Immunisation (JCVI) and other appropriate bodies. The JCVI has advised that the first priorities for the COVID-19 Deployment Plan should be the prevention of mortality and the protection of health and social care systems. As the risk of mortality from COVID-19 increases with age, prioritisation is primarily based on age.

There are nine priority groups, comprising 3.4 million people, which when taken together, are estimated to represent approximately 99% of preventable mortality from COVID-19. Based on our current projections of vaccine supply, we are likely to complete the JCVI priority list by early May 2021. However, assuming revised projections of supply allow, we will aim to bring this forward to mid-April.





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We will then move to vaccinate the remaining population – 1.1 million in the under 50 cohort (excluding children) – as quickly as supply allows. We hope – supplies permitting – that this will be possible by the end of July.

In determining our approach to the rest of the population, we will aim to coordinate with the UK Government and other Devolved Administrations, and take account of any updated JCVI advice.

We have put in place financial and practical support to ensure all parts of our community have the knowledge and confidence to participate in the vaccination programme and that any practical barriers are removed. Faith, third sector and community groups continue to be important partners in getting messages across to the communities they represent, encouraging participation and working alongside the Scottish Government and health boards to remove practical barriers to participation. Examples of this are targeted marketing and surveys conducted through trusted partners such as BEMIS, the national umbrella body supporting the development of the Ethnic Minorities Voluntary Sector in Scotland. This work will continue to adapt throughout the vaccination programme

as we move through the priority groups and learn more about what works.

To save lives, particularly in the face of such an infectious new strain, the priority is to vaccinate as many people as quickly as possible. Our vaccination programme is proceeding at pace and we are increasing the capacity through utilisation of large vaccination centres to accelerate vaccination appointment invitations to JCVI priority groups. It is important that we do everything we can to ensure delivery matches supply and by implication, not doing anything that would put the speed of delivery at risk.

The Pfizer-BioNTech and Oxford-AstraZeneca vaccines are currently being administered within Scotland. The Moderna vaccine has also been approved and we expect to be able to start deploying it in April 2021. We are continuing to work closely with health boards to assess likely available vaccine supply and associated implications for the vaccination workforce. The locations for vaccinations have been chosen to maximise throughput while making them as accessible as possible, including for those ineligible for the current ones.









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We have now vaccinated more than 31% of the adult population with a first dose. The roll-out of vaccines against COVID-19 offers the prospect of lowering the prevalence of coronavirus, helping us to ease restrictions gradually. However, it is essential that people and organisations continue to adhere and to comply with the rules and guidance, even after they have been vaccinated. This is because we do not know to what degree being vaccinated prevents either catching or transmitting coronavirus. So, as the vaccination programme progresses and as more of us are vaccinated, clear, consistent public messages will be vital, including on a Four Nations basis.

We will inform people, organisations and communities of the evidence and the reasons we are asking them to continue a restricted lifestyle until such time as we are able to return normality into our daily lives and routines.

We have commissioned research to examine the likely implications for adherence to guidance and restrictions post-vaccine in Scotland. Polling conducted in Scotland indicates that the majority of people are knowledgeable about remaining virus transmission risks post-vaccination and are prepared to continue to live with restrictions even after being vaccinated, in order to protect others.

There are already a number of coronavirus Variants Of Concern and we are likely to continue to find new ones as the virus mutates in order to survive. Further mutations, which might increase mortality, may be harder to detect or may present with different symptoms. As a consequence, we will continue to use the other levers at our disposal to suppress the virus to the lowest possible level whilst proceeding at full speed with the vaccination programme.

The Scottish Government now publishes daily updates of the cumulative number of people receiving their vaccination: <https://www.gov.scot/publications/coronaviruscovid-19-daily-data-for-scotland/>

Weekly updates are published by Public Health Scotland, providing a more detailed breakdown by priority groups vaccinated and geography: [COVID-19 statistical report 3 February 2021 - Data & intelligence from PHS \(isdscotland.org\)](https://www.isdscotland.org/COVID-19-statistical-report-3-February-2021-Data-&-intelligence-from-PHS)









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Going forward, a vaccine certificate programme may have the potential at the right time to support other non-pharmaceutical interventions in the opening up of international travel and the domestic economy in line with work being carried out as part of the WHO Safer Vaccinations Programme. However, more information is needed on vaccine efficacy and how long immunity lasts before it is possible to assess whether such a programme will be appropriate in Scotland. There are also a number of issues relating to data security and equality and ethical issues that need to be addressed. This includes taking into account the fact that the vaccines are not currently licensed for under 16s or people with certain medical conditions as well as considering possible equalities issues in relation to sectors of the population who are more vaccine hesitant or who find it more difficult to engage with services.

We are working on certification issues on a Four Nations basis and are contributing to the WHO Safer Vaccinations Programme, sitting on three working groups covering data quality, standards and equality issues to support the reopening of international travel once it is safe to do so. This includes further exploration of what a certificate could and could not be used for and work on

standards, which will guide our next steps both internationally and domestically.

As a first step, work has started to scope and develop a technical solution to allow authenticated electronic storage of status. This is to ensure technology is not the limiting factor should the scoping work underway indicate it would be appropriate to pursue certification at the right time.

While our first duty is to protect the health of people in Scotland, this is a global pandemic requiring a global response. Coordinated international action is essential to deliver vaccines to the populations of all countries. The Scottish Government therefore strongly supports COVAX, the vaccines pillar of the Access to COVID-19 Tools Accelerator (ACT), co-led by the WHO, GAVI and the Coalition for Epidemic Preparedness Innovation, as well as the UK's substantial financial contribution to COVAX. Through our International Development Fund we are supporting our partner countries in Malawi, Rwanda and Zambia on vaccine preparedness.



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### The quickest practical roll-out of vaccinations







We are:

- continuing the roll-out of our vaccination programme at pace, in line with advice from the Joint Committee on Vaccination and Immunisation (JCVI).
- prioritising a second dose for our most vulnerable and moving on to vaccinating Cohort 6 - all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality and unpaid carers. We will move quickly to bring forward Cohorts 7, 8 and 9 in line with our Vaccine Deployment Plan.
- taking a strategic approach to how under-50s will be vaccinated, potentially on a Four Nations basis.
- progressing work to encourage high uptake amongst all these groups, building on the strong support for vaccination shown by older age groups.
- working to ensure vaccine uptake amongst hard-to-reach groups.
- continuing to issue clear public health messaging around the benefits of vaccination.
- developing plans for on-going seasonal vaccination, if required.
- maintaining and developing robust surveillance of emerging variants/mutations and the likely effectiveness of vaccines against them.
- monitoring data in relation to the vaccinated population over time, to consider immune responses and the potential for re-infection.
- maintaining reliable vaccine supply chains and developing mechanisms for delivering large-scale vaccination programmes in future.
- contributing to the World Health Organisation Safer Vaccination Programme which is examining the technical details, ethical and equality issues, and privacy standards of vaccine certification.
- keeping vaccines under review as more clinical and scientific information on new variants emerges.



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*A message of thanks: The Scottish Government would like to take this opportunity to recognise the very many NHS staff, armed forces personnel, Local Authority colleagues, third sector partners and many others involved at every stage from vaccine production, to procurement, to delivery and all those coming forward to volunteer their help. This programme to vaccinate 4.5 million people in Scotland is a national effort, and each one of you is playing a vital part in the largest mass vaccination programme we have ever undertaken. Its importance to the future of each one of us cannot be overstated.*



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## 5.2 Test and Protect and Contact Tracing

Testing and contact tracing remain core components of our strategic approach to suppressing the virus. The Test & Protect system has allowed us to identify positive cases and break chains of transmission in Scotland and it is crucial that we continue to do this.

We are already increasing the accessibility of testing through the expansion of testing capacity and infrastructure, but also through increasing targeted community testing and widening the approach to testing workers in key sectors, for example in healthcare and educational settings.

We have scaled up testing capacity so that Scotland currently has a total weekday testing capacity of over 80,000 PCR tests<sup>3</sup> (35,000 NHS Scotland and 45,000 share of UKG capacity), facilitated by the creation of three regional testing hubs in Scotland. We intend to continue to expand the national sampling infrastructure to increase access to testing so that 95% of the population will be within a 30 minute drive of testing and that the proportion of the population within walking distance of a walk-through site will double to 36%.

<sup>3</sup> Testing capacity at time of publication. The number of tests that can be carried out may fluctuate due to operational capacity.

When close contacts of positive cases are identified through contact tracing, those contacts are now being advised to book a test as well as to self-isolate. This means that we will be able to detect more positive cases, contact trace those cases and break more chains of transmission.

We announced on 2 February that we are also making use of expanded lateral flow testing capacity to support a further expansion of asymptomatic testing, including deploying a schools testing programme for staff and senior phase pupils in support of a safe return to schools. We are also expanding workplace asymptomatic testing to support the safe operation of essential services such as emergency service control rooms. In addition we are expanding the use of regular testing to strengthen protection around the most vulnerable groups, for example by routine testing for those healthcare workers in primary care roles, hospice staff and social care services. We will continue to expand asymptomatic testing in a way that is informed by our developing understanding of the impact of the vaccination programme. This will include providing sustainable testing in settings, including within private sector businesses, which are the highest risk with



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regular testing now being introduced for higher risk businesses in the food production and food distribution sectors in Scotland. While testing is another important component of our defence against the virus, it is still important that all workforces continue to follow all other workplace guidance, including all mitigations, even where testing is taking place.

Alongside these efforts to test people whose work potentially puts them or others at risk, we will expand targeted community testing – which makes testing available to everybody in a local area regardless of whether they have symptoms. This plays a particularly valuable role in communities where prevalence is stubbornly high or starting to rise again. Where community testing has been deployed it has been successful in finding cases that would otherwise not be identified. As we expand this tool, we will ensure that targeted community testing includes clear information on the support that is provided for self-isolation, both to enable self-isolation if that is required, but also, critically, to reduce any deterrent to engagement in community testing which may be caused by concern over the financial consequences of a positive result.

Using this targeted and sustainable approach to testing will help to control the virus in the most effective way and allow us to reduce restrictions and open the economy in a more sustainable way, when the time is right.

As well as its role in breaking chains of transmission, testing also provides information and data which will be crucial to monitoring the impact of the vaccination programme and understanding the movement and mutations of the virus. Genomic sequencing of samples is being used to identify and track potentially significant genetic changes that may affect how easily the virus is passed on and the severity of the symptoms it causes. This allows us to target public health interventions to stop the spread of new coronavirus variants of potential concern and ensure that the tests we use remain fit for purpose. We will also continue community surveillance which allows us to monitor the prevalence of the virus within the community and respond rapidly to evidence of spikes or new outbreaks of the virus.





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### Most effective use of testing and contact tracing

We are:

- increasing accessibility of testing, both in terms of expanding capacity infrastructure and geographical reach.
- regularly testing secondary care healthcare workers and have expanded this to cover primary care workers in patient-facing roles and staff who work directly with patients in hospices.
- delivering a schools asymptomatic testing programme in support of a safe return.
- expanding workplace asymptomatic testing to support the safe operation of essential services such as emergency service control rooms.
- working with businesses in higher transmission risk sectors such as food production and distribution to introduce routine testing for their workforces.
- expanding targeted community testing in areas of persistently high infection.
- enhancing our contact tracing approach to advise close contacts of those who have tested positive to get tested themselves, as well as to self-isolate - to identify more positive cases and close contacts.
- continuing surveillance of outbreaks and increasing the use of genomic sequencing for priority areas such as international arrivals, cases of vaccine failure and where there is high risk of new mutations.
- utilising wider data sources, including wastewater data, to support targeted interventions.





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### 5.3 Protective Measures and our Levels Approach

Protective measures, or non-pharmaceutical interventions (NPIs), are a critical tool in the management of the epidemic, both in Scotland and abroad. Throughout the pandemic, we have reinforced the importance of individuals, businesses and organisations continuing to follow the FACTS measures for a safer Scotland:



**FACE  
COVERINGS**



**AVOID  
CROWDS**



**CLEAN  
HANDS**



**TWO  
METRES**



**SELF-  
ISOLATE**

Further NPIs have taken the form of restrictions on activities or settings. A strategic approach to outbreak management based on five graduated levels of restrictions was introduced in Scotland on 2 November. Each of the five levels comprises packages of restrictions to suppress the virus to low levels and keep R below 1, according to different epidemiological conditions in the areas in which they are applied. At present, mainland Scotland is in an enhanced Level 4 (the highest level) and some island communities are in Level 3.

The levels were designed to be applied locally, regionally or nationally, depending on the course of the pandemic. This flexibility has allowed us to rapidly target interventions to stop the spread of the virus, whilst allowing more scope for people and businesses to resume activities in a safe way, consistent with our strategic intent to suppress the virus while we strive to return to greater normality.



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In essence, the levels work by limiting members of different households from interacting in different settings and activities, where those settings and activities pose different risk factors for transmission of the virus. Decisions must be made about which activities and settings to restrict in order to achieve the required suppression of the virus. When different restrictions would have similar effects on transmission, difficult decisions must be made about which restrictions to apply. To help to make those difficult decisions, we consider the impacts on the four harms of the different options as well as impacts on particular groups in society, including those with protected characteristics. This is consistent with the principles and approach set out in our Framework for Decision Making in April 2020.

We recognise that living with restrictions is tough for everyone in Scotland, with children and young people, vulnerable groups and businesses being particularly hard-hit. Whilst these measures remain necessary, and within the limited resources and devolved powers that we have available, we will continue to provide support for those who need it in these difficult times. Section 5.6 sets out how we are working to do this.

We are committed to keeping the Levels approach under review and are grateful for the feedback we have received to date from individuals, businesses and stakeholders on how it has worked for them in practice. Below we set out how we are building on feedback and our own experience of using the Levels to ensure that our approach remains necessary, proportionate and effective in suppressing the virus.

### **Strengthening the Levels approach in response to the new variant**

As set out above, the emergence of the Variant of Concern (VOC) B1.1.7 has increased the transmissibility of the virus and is now the dominant strain in Scotland. This means that it is now more challenging to effectively suppress the spread of the virus.

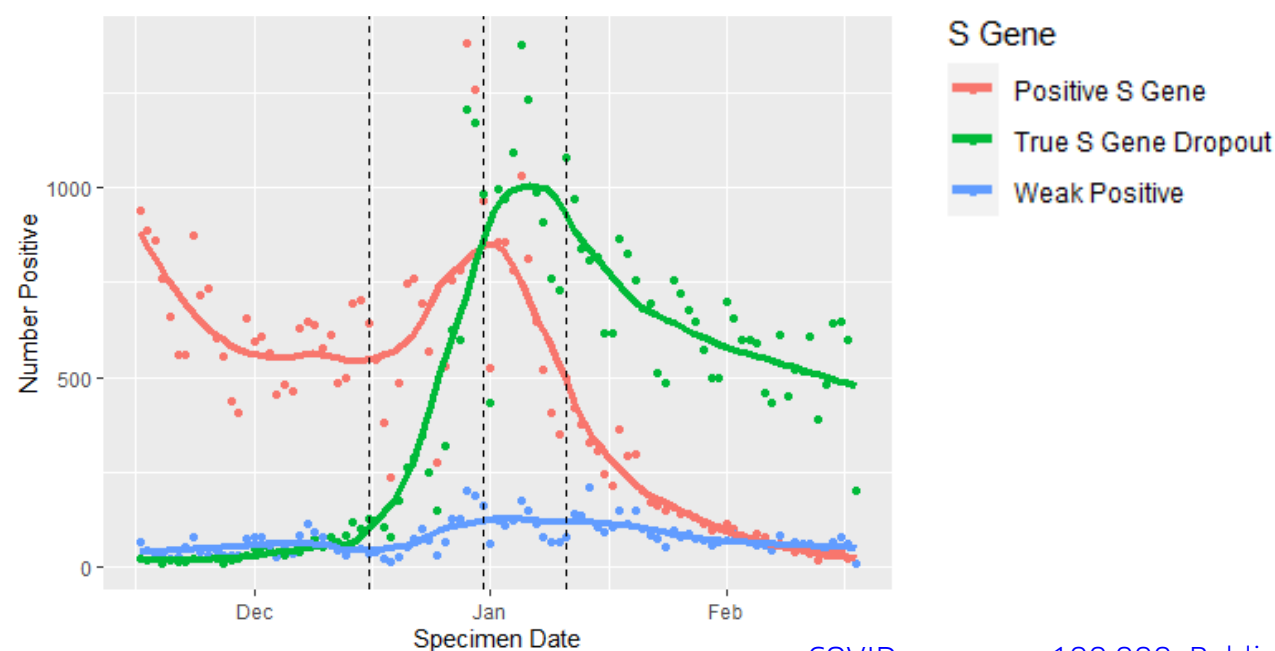
The chart below shows the changing trends of positive cases over the last couple of months from mid-November 2020. It shows that since January the B1.1.7 variant (depicted by the green line) has become the dominant strain and also that it has been declining at a slower rate than the previous strains of the virus (red line), reflecting its increased transmissibility.



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As Figure 6 below illustrates, a given level of restrictions (for example, strengthened Level 4) suppresses the new variant at a slower rate than the old variants, as shown by the different gradients of the green and red lines respectively. (There may also be a composition effect.) This means that we can be confident that each of the levels will now be less effective in suppressing the virus. Consequently, we have had to adapt our approach, first by strengthening Level 4 and secondly by reconsidering the stringency of the Levels system more generally.

**Figure 6: Positive cases per day**



[COVID cases per 100,000: Public Health Scotland](#)  
[S-gene drop out positivity: Public Health Scotland](#)



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At present, most of Scotland is being protected at Level 4 (with some island communities in Level 3). The Level 4 measures have been adjusted since Boxing Day to address the risk and uncertainty posed in particular by the new variant. For example, fewer shops are permitted to open than before and – since 5 January – people are required to remain in their homes unless they have a reasonable excuse for leaving, while inter-household socialising outside the home is limited to two people (not counting under-12s). A key additional measure across the whole of Scotland has been to close schools and early learning and childcare services to most children and young people, a necessary measure that we have only just begun to ease.

As a result of these measures, reinforced by the positive impact of the vaccination programme and the hard work and sacrifice of people across Scotland, the epidemiological position is now an improving one, with falling incidence and prevalence and pressures on the NHS at last beginning to abate, though remaining at a high level. While every death is tragic, we are also seeing the numbers of deaths and admissions to ICU decrease and this should continue as more people are vaccinated. These positive developments have provided us some very limited scope for easing in the short term. Reducing COVID ICU and bed

pressures will also allow the NHS to restart and deal with other health issues, which will yield significant economic and societal benefits.

### Easing restrictions within Level 4

We know that the tight restrictions currently in place cause significant harm to individuals, communities and businesses and we do not want to keep them in place any longer than is necessary. We need to ease the current restrictions in a gradual way which stops the virus taking hold once more, limits opportunities for new variants and allows time for the vaccination programme to roll out. In particular, we must ensure that R remains under 1 to continue to suppress the virus: if the R number goes back above one then the virus will grow exponentially again. The current published estimate for the R number is in a range between 0.7 and 0.9, implying that there may be very little scope for significant changes to restrictions in the immediate future.

Given this very limited room for manoeuvre, we have to make difficult choices concerning the prioritisation for easing restrictions within the current, strengthened Level 4. We have already decided to prioritise schools and early learning and childcare. Below we outline this and a number of other priorities for easing within Level 4. These



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easings will gradually reduce restrictions within Level 4 for mainland Scotland and some island communities. However, we expect to retain some of the additional protections added to Level 4 in response to the new variant. Our plan is therefore to progress through these easings for Level 4, at a pace that the data indicate is safe, and from there to allocate protection levels again in accordance with geographical epidemiological data. This approach is consistent with the advice received from our expert COVID-19 Advisory Group, which underlined the importance of suppressing the virus, including to protect the NHS, and then gradually easing with a priority on schooling.

We will use six criteria recommended by the WHO in assessing whether it is safe to proceed with each new set of easings.<sup>4</sup> These criteria are outlined in Box 1. Consistent with our commitment to transparency in decision making, we intend to publish the assessments made, in order to explain our decisions. The first two criteria are more amenable to quantitative assessment based on a number of indicators. The other criteria will be subject to more qualitative assessment in reaching a judgement about whether they are met sufficiently to proceed.

<sup>4</sup> [WHO-EURO-2020-690-40425-54211-eng.pdf](https://www.who.int/publications-detail/who-euro-2020-690-40425-54211-eng.pdf)

### Box 1: World Health Organisation 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.



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Figure 2, on p.47 sets out the likely phasing of the easing of restrictions within Level 4, though we will keep this phasing under regular review. This shows in more detail how we expect the phasing to proceed before we return to more geographically variable levels at a point in time when the epidemic is much more suppressed.

Given the uncertainties inherent in this pandemic, we will continue to follow a data-led approach to decision making, with progress based on meeting conditions rather than following a schedule of dates announced a considerable period in advance.

Consistent with this approach, we would expect there to be at least three weeks between each of the sets of easings shown in the diagram. It is important to underline that if the data do not allow an overall judgement to be reached that the six criteria have been met, further easing would need to be delayed until the data indicated that our progress was back on track.

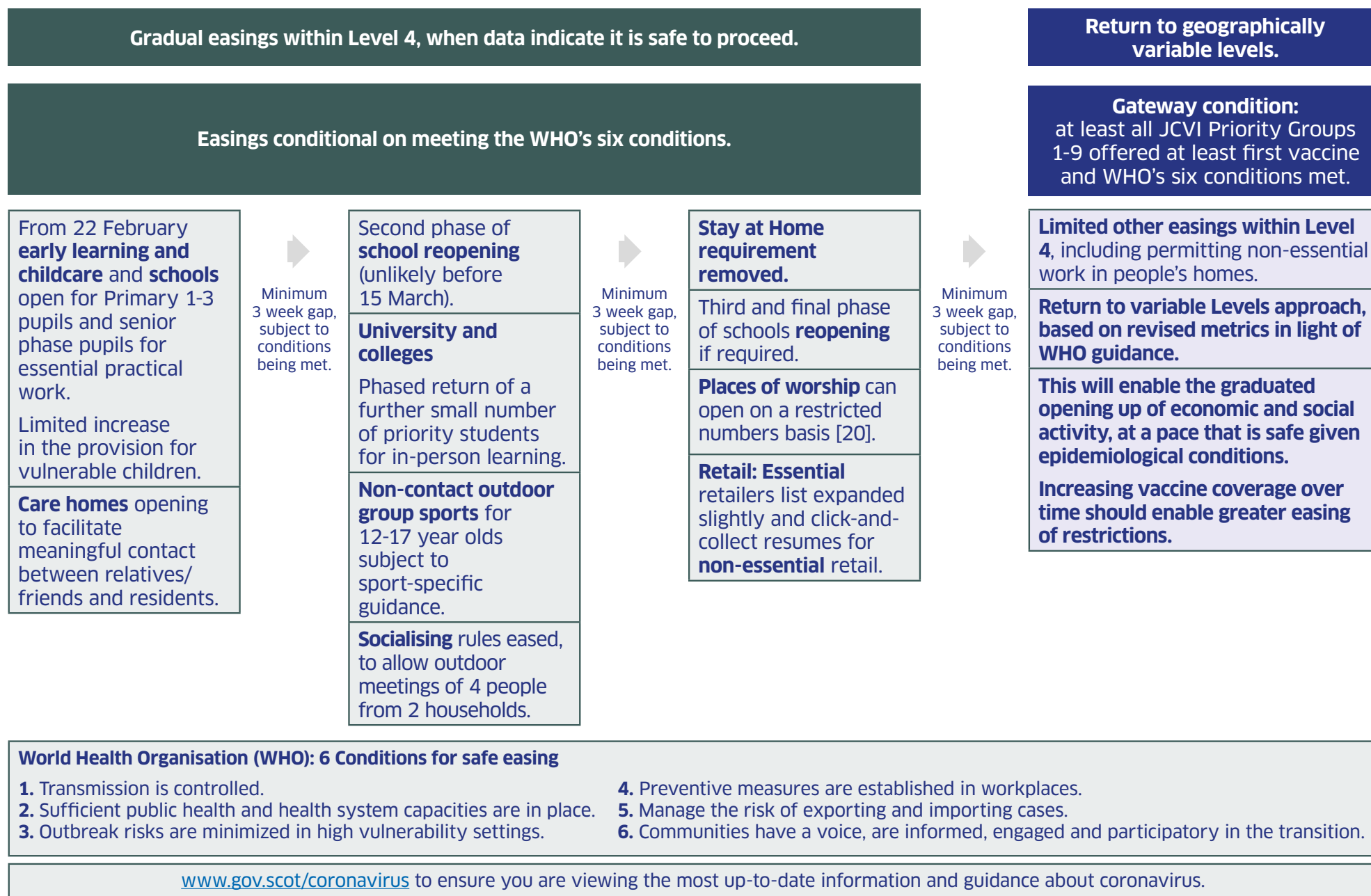
Although the decisions on if, when, and how to ease restrictions must be made by government, they cannot be made in isolation. We recognise that transparency and engagement is fundamental and that we must listen to and support the people of Scotland as we take our next steps.

In taking decisions, we will follow the evidence and apply judgement to it. We will consider the advice from experts across science, public health, the economy, and beyond. Our Chief Medical Officer's Advisory Group, in alignment and discussion with the advisory structures in other parts of the UK including SAGE, is advising us on evolving scientific evidence in the context of Scotland. We are also able to draw on the range of economic and social policy expertise from the across government and beyond to inform our decision-making.

While we will continue to operate within a Four Nations framework and align our decisions as far as possible, we will take distinctive decisions for Scotland if we judge this is necessary based on the evidence.



**Figure 2: SCOTLAND'S COVID-19: STRATEGIC FRAMEWORK - PLANNED EASING OF RESTRICTIONS**





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### Protecting our children's well-being and future

We know that the education and social development that in-person schooling provides is vital to ensure that all our children are able to reach their full potential and it is also essential to ensure that children with particular needs are supported and protected. Moreover, educational attainment is one of the key determinants of inequalities in outcomes, and we are committed to reducing the attainment gap. That is why we have been clear that returning children to school is a priority. Throughout the pandemic we have kept schools open for the most vulnerable children as well as children of key workers. We have already started the return, from 22 February, of early learning & childcare and primary school children in P1 – P3, plus a limited number of senior phase pupils, on a part-time basis, alongside small increases in existing provision for children and young people with additional support needs where there is a demonstrable and immediate need. We will set out further details on the next phase of school reopening at the review point on the 2nd March.

The mental, physical and social benefits of exercise for young people are well documented. Due to the increased transmissibility of the new variant in younger people, in addition to the existing restrictions on contact sports, we have restricted non-contact outdoor sports in Level 4 areas to children under 12. When it is safe to do so we hope to remove this restriction and allow non-contact outdoor sports to be allowed again for 12 to 17-year-olds in line with previous guidance.

In addition to the phased return to schools, there are a number of other areas where we are keen to ease restrictions when it is judged safe to do so.

### Meeting up with loved ones

We know how important it is to be able to connect with loved ones and the damage that can be done when meaningful contact is restricted.

The protective measures, while necessary, have increased social isolation for many, which can often have a detrimental impact on well-being and physical and mental health.



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That is why we are also prioritising easing of some measures that would allow people to potentially see a little more of their close family and friends – recognising that this will necessarily continue to be constrained by the need to limit opportunities for transmission.

In particular, we have worked with relatives, care home providers and wider social care partners to support a return to meaningful contact between care home residents and their close family and friends, enabled by having both staff and visitor testing in place and the very high uptake of the vaccination in care homes. We are publishing safe visiting guidance on 24 February which recommends that indoor visiting resume from early March.

We are also working with partners so that child contact centres can open to support essential contact between children and families.

Once the virus has been suppressed sufficiently, we hope to increase the number of adults, and children aged 12 to 17, from two households who can meet outside the home from the limit of two people that has applied since 5 January, up to four people from two households.

## Higher and Further Education

Our colleges and universities have key roles in supporting the growth and personal development of young people and in developing the talent that will drive our economic recovery. They also act as anchor institutions in our communities, providing stability and driving economic growth.

In January, universities began a staggered return of undergraduate students, with a small number of students returning to critical in-person learning. Colleges have been following the guidance in place for their Local Authority area's protection level.

The safety of staff and students is paramount and while we are making progress, both in suppressing the virus and in getting people vaccinated, continued caution in our fight against COVID is necessary. As such, the return of students to in-person learning will continue to be limited.



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In addition to the students allowed to return for critical in-person learning under current arrangements, when conditions allow we will look to progressively broaden the scope of those allowed to return with priority continuing to be given to the maintenance of workforce pipelines in critical sectors, such as health and social care and early learning and childcare; as well as students whose attendance is time-sensitive and critical to the successful conclusion of their studies and cannot be delivered remotely or postponed.

#### Places of worship

Places of worship play an important role in supporting communities and people of faith. We recognise the importance of individual and group worship to many people's spiritual health and general well-being. When it is safe to do so we will work with the faith community to reopen places of worship in Level 4 areas on the restricted-numbers basis that was allowed before 8 January.

<sup>5</sup> <https://www.gov.scot/collections/monthly-economic-briefs/>

#### Reopening the economy

The pandemic had an unprecedented impact on the global economy in 2020 with necessary restrictions on economic activity required to counter the spread of the virus and support public health. We recognise these impacts explicitly in our approach to managing the epidemic in Scotland: with the impact on our economy considered as we monitor and report economic impacts on a monthly basis.<sup>5</sup> Significant fiscal and monetary measures have been introduced to support the economy, businesses and labour market during this period. Nevertheless, the UK economy contracted by 9.9 per cent in 2020, the largest fall in recent times and the outlook for recovery remains protracted given the current restrictions affecting the economy. Scottish output broadly tracked the UK position as outlined in Box 2 below.



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### Box 2: Scottish Economic Output

Following the introduction of national lockdown restrictions in March, Scotland's GDP fell 24% over March and April, broadly in line with the UK.

Economic output had partially recovered as national lockdown restrictions were eased and economic activity resumed with growth from May to October 2020. However, demand in the economy has remained subdued and the subsequent increase in the coronavirus infections rate and the introduction of necessary local level restrictions in autumn and a strengthened Level 4 in 2021 has led to contractions in output and less economic activity taking place.

The most recent output data for Scotland show that output fell in Scotland by 1.4% in November, reflecting the increased tightening of restrictions during the month (UK:-2.3%). Scotland's GDP in November 2020 was 7.1% lower than its pre-pandemic level in February (UK: -7.4%). The pace of recovery has varied by sector, reflecting the impact of restrictions during 2020. As at end November, accommodation and food services was 59% below its level of output in February, while manufacturing was 5% above its level in February.

However, with the move into strengthened Level 4 for most of Scotland, output is again in decline with the number of closed businesses rising and an increased number of workers requiring furlough and self-employment income support.

Reflecting these immediate challenges, the Scottish Fiscal Commission (SFC) has forecast Scotland's GDP to fall 5.2% in the first quarter of 2021 and for unemployment to rise to 7.6% in the second quarter of this year. The scale of the contraction forecast in quarter 1 is significantly less than the first national lock down (around one quarter) reflecting the fact that more business activity has remained open and that business have innovated to remain trading by switching activity to on-line.



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### Labour Market

Despite the scale of the economic shock, Scotland's labour market has been protected significantly by the Coronavirus Job Retention Scheme (CJRS), which has supported jobs and incomes since restrictions on activity started in March 2020. However, even during periods of recovery in 2020, HMRC data shows that the CJRS was supporting nearly around 9% of workers (216,500) across Scotland at the end of September. The most recent data reports nearly 11% of workers (282,800) on furlough at the end the December 2020, with the sectors most impacted by restrictions with significantly higher rates (accommodation and food services), with 30% of workers under CJRS at the end of December 2020.



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As we move through the easings within Level 4, the most significant change will be the reopening of schools. This reflects the priority we have placed on the education and wellbeing of our children and young people, which will of course also benefit the future of our economy beyond this crisis. Reflecting the difficult choices we must make, prioritising education will likely use up much of the limited room for manoeuvre for easings over the next few weeks, if we are to avoid the epidemic resurging once more.

Beyond opening schools and the limited return to broader education, one of the changes that we are keen to make in support of the economy is to ease some of the additional restrictions we placed on non-essential retail as part of the strengthened Level 4 that has been successful in suppressing the second wave of the virus. We have identified this change as a priority for consideration in the third group of easings within Level 4, prior to the return to geographically variable levels.

More generally, it is the return to geographically variable levels that we consider to be the best means for easing restrictions on the economy and the other aspects of society. We think this approach will be better than a nationwide route map when we reach this stage of managing the epidemic because it should allow areas with lower prevalence to see the easing of restrictions on business and other activities more quickly than if we waited for those same restrictions to be lifted on a nationwide basis. This is consistent with our commitment to keep restrictions in place for only as long as they are necessary and proportionate.

This is different from our nationwide approach to easing over May-August 2020 and reflects several key differences in our understanding and ability to manage the epidemic between now and then. For example, on the negative side, we have a much more transmissible virus to contend with, but on the plus side, we now have better local data on the status of the epidemic in different parts of the country; we have a ready-made and well understood levels system that can be deployed and adjusted rapidly; we have a much more established and expanded Test & Protect system; we have more effective border measures and, of course, we have a highly successful vaccination programme.



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The return to geographically variable levels should enable the opening up of the economy at a pace that is right for the state of the epidemic in the areas concerned. As we move down through the levels, retail will reopen, the restrictions on hospitality will be increasingly eased, the entertainment sector will reopen in stages and domestic tourism will open up – particularly when domestic travel restrictions are able to be relaxed (below Level 3 currently).

We are deeply conscious that this easing process will take time and the pressures on business mount daily. However, easing too quickly, and unsustainably, risks inflicting greater economic damage in the longer term. Therefore our approach is to reopen the economy in a safe, sustainable way. Crucially, we recognise the need to support affected sectors financially, within the constraints of our limited resources and devolved powers, and we will continue to press the UK Government to use all of its reserved powers to make sufficient funding available to support businesses and people through this crisis. In particular, we will continue to make the case for the continuation of the ‘furlough’ scheme, which has provided a vital lifeline to both employers and workers who have been affected by this crisis through no fault of their own.

We are conscious that, even within the easings afforded by the Levels process, some important sectors of the economy will be constrained from operating anything close to normally for a considerable period ahead. In particular, we recognise the particular needs of the events sector, for which long planning periods are often required. Clinicians and policy officials will therefore work with stakeholders, in particular the Events Industry Advisory Group, to agree a route map for eventual reopening.

In section 5.6 below we set out the various elements that comprise our unprecedented package of support to business during this crisis.





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### Returning to the variable Levels system in mainland Scotland

As vaccination continues to roll out, and as incidence and prevalence continue to fall, we will gradually remove some of the additional restrictions we introduced in December and early January.

While we are easing restrictions within Level 4, as set out above, our understanding will develop in two key areas: the effectiveness of the vaccine, particularly in terms of reducing transmission; and how the R number, particularly of the new variant, responds to changes in protective measures. This intelligence will inform our next steps.

Faced as we were, following the arrival of the much more transmissible B.1.1.7 variant, with a rapid increase in incidence and prevalence, the Levels approach, provided us with the means to rapidly reapply restrictions nationwide to suppress the virus. As a consequence, mainland Scotland and some islands have been moved into a strengthened Level 4, while other island communities have been moved into Level 3, and schools were closed to most children as a necessary additional measure across the country.

Consistent with our strategic intent, we believe that - once we are confident that we have regained control of this second wave of the epidemic, taking account of the increased transmissibility of the virus - it will be right to apply restrictions that are proportionate to the epidemiological conditions in different parts of the country.

We will always take epidemiological conditions into account, but we believe at present that the decision to move from the enhanced Level 4 to geographically varied levels, will - with the exception of certain island communities - likely be a nationwide decision.



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As the return to more geographically variable levels should lead, in due course, to a significant easing of restrictions, it is critically important that we do this only when it is safe. Although important uncertainties remain, our current expectation is that the roll-out of the vaccination programme will help to provide the necessary reduction in transmission over time to enable safe easing consistent with the return to geographically variable levels. Other factors are also important, such as the ongoing adherence both to restrictions and to the requirements of Test & Protect by everyone across Scotland, even when many of us have been vaccinated.

Given the importance of vaccine roll-out to the safe return to geographically variable levels, we are therefore setting an important further condition that must be met in addition to the six WHO criteria for easing outlined above. This condition is that **at least all of the JCVI groups 1-9 must have been offered a vaccination prior to the return to geographically varied levels.** We will however continue to review the appropriateness of this condition, as we are learning more all the time about the impact of the vaccine in reducing transmission. For example, if our improving scientific understanding of the impact of vaccines

on transmission indicates that a greater proportion of the population needs to be vaccinated before it is safe to return to geographically varied levels, then we would need to reflect that. In combination we are calling this vaccine coverage restriction alongside the six WHO criteria our 'gateway condition' for returning to geographically variable levels.

Therefore, as we continue with our easing of restrictions within Level 4, we will continue to assess whether the WHO six criteria have been met and the appropriateness of 'JCVI 1-9' as the necessary vaccine coverage condition. This would then pave the way for easings suited to the epidemiological conditions in different parts of the country, with decisions taken around that time on the appropriate pace of such easings (e.g. what levels areas should initially move down from Level 4).



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### The need for a more stringent approach to the Levels

Our experience over the last few months and the changed landscape brought about by the new, more transmissible variant, in particular has shown that we cannot assume that the protective measures applied within the original levels approach will have the same effectiveness as when first implemented. However, it is also likely that the roll-out of the vaccine programme will reduce the transmissibility of the virus for any given level of restriction.

To address this issue, we have decided to adjust our Levels approach primarily by rebasing the indicators that we use to guide decisions on the allocation of levels on those recommended by the WHO in their most up-to-date interim guidance on [considerations for implementing and adjusting public health and social measures in the context of COVID-19](#) (November 2020). We will also continue to keep the contents of the restrictions within each of the levels under review for continued effectiveness and plan to publish updated tables with any changes to the contents of the levels in mid-March, some time ahead of the likely return to variable geographical levels across Scotland.

### Indicators

The key means by which we intend to respond to the increased transmissibility of the new B1.1.7 variant is through tightening the indicators that inform the allocation of areas to levels. These revised indicators, as set out below, have been informed by the WHO interim guidance. Although there are some differences, this aligns broadly with our Levels approach and indicates that we should lower or tighten some of the thresholds associated with each of our five levels. This will have the effect of keeping some areas in higher levels than they would previously have been for the same level of incidence, which we see as a necessary response to increased transmission of the new variant. While we will continue to give careful consideration to WHO advice as it continues to develop, we will seek to tailor such advice to Scotland's particular circumstances where appropriate.



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### Box 3: Key elements of WHO interim guidance

The World Health Organisation (WHO) published interim guidance on [\*considerations for implementing and adjusting public health and social measures in the context of COVID-19\*](#) (November 2020). We have carefully considered this advice in reviewing our approach within the *Strategic Framework*.

The WHO advises that it is necessary to understand the available health system response capacity depending on whether there is adequate, moderate, or limited capacity. The same level of transmission can result in a very different situation and require a different degree of Public Health and Social Measures (PHSM) implementation. Applying this analysis, PHSM should be tailored to the lowest administrative level for which situational assessment is possible and for which, measures can be enacted practically.

A Situational Level should be assigned to a geographic area that will inform whether and how to adjust PHSM. The indicators should be monitored regularly (e.g. biweekly) and the Situational Level assessed accordingly to inform the appropriateness and impact of the PHSM measures taken and to anticipate future changes.



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The WHO recommends 5 levels (0-4):

- **WHO Situational Level 0:** Corresponds to a situation with no known transmission of SARS-CoV-2 in the preceding 28 days.
- **WHO Situational Level 1:** Is a situation where basic measures are in place to prevent transmission; or if cases are already present, the epidemic is being controlled through effective measures.
- **WHO Situational Level 2:** Represents a situation with low community incidence or a risk of community transmission beyond clusters.
- **WHO Situational Level 3:** Is a situation of community transmission with limited additional capacity to respond and a risk of health services becoming overwhelmed.
- **WHO Situational Level 4:** Corresponds to an uncontrolled epidemic with limited or no additional health system response capacity available, thus requiring extensive measures to avoid overwhelming of health services and substantial excess morbidity and mortality.

The WHO also advises on the use of indicators in allocating areas to levels, and we have carefully considered this advice, as set out in this section.

The World Health Organisation (WHO) published its 'Considerations for implementing and adjusting public health and social measures (PHSM) in the context of COVID-19 interim' guidance on 4 November 2020.



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We will publish a separate analytical paper about indicators and data, and how we propose to make use of them ahead of the point at which we believe it is appropriate to begin varying levels geographically again in mainland Scotland.

For the purposes of comparison, the following table shows the WHO's suggested ranges in relation to prevalence and test positivity alongside the indicative ranges associated with our levels approach to date. As can be seen in Table 1 below, the WHO ranges (thresholds) are generally set at a lower (tighter) level.

Table 1: WHO advised indicators compared to current Levels indicators

		Level 0	Level 1	Level 2	Level 3	Level 4
Weekly cases/100k	Current range	< 20	20-75	75-150	150-300	300+
	WHO range	Close to 0	<20	20-50	50-150	150+
Test positivity	Current range	<1.5%	1.5-3%	3-5%	5-10%	10%+
	WHO range	Close to 0	<2%	2-5%	5-20%	20%+



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In summary, our current intention in relation to the use of indicators to inform judgements about levels allocations is as follows:

- we will continue to use cases per 100,000 people and percentage of positive tests as core indicators of our progress towards suppressing the virus along with forecasts of case numbers.
- we will present more trend data in our analysis of indicators at local level.
- we will pay close attention to different patterns of infection for older people.
- we will continue to look at forecasts of hospital admissions and ICU occupancy, incorporating in our modelling what we know about increased transmissibility of the new variant and changing patterns of hospital and ICU stays it causes: but we will also incorporate in our forecasts data on wider non-COVID pressures on hospital and ICU numbers, to take better account of the overall pressures the NHS is facing.
- we will also consider the ability of the NHS to begin to resume services that are currently paused and where waiting lists are lengthening with many patients waiting well over a year to be seen and then treated. The ability

to resume services needs to also take into account that many patients are not presenting or are presenting later - these patients are now beginning to appear in the primary care and hospital system with additional complex treatment requirements. This underlines the urgent need to reduce substantially the numbers of patients hospitalised or in ICU by continuing to suppress the virus.

- we will align the ranges for the cases and test positivity associated with each protection level with the ranges proposed in the WHO guidance. The ranges for case rates are lower than the ranges we published in the original *Strategic Framework*, and allow us to take into account the increased transmissibility of the new variant. This means that areas will stay at higher levels until case numbers have fallen further than would have been the case under the approach we took between October and December, when the new variant emerged.

As noted we will set out clear data and indicators in a supporting indicators paper ahead of reapplying geographically variable levels.





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## Governance

We will continue to publish regular updates of the indicators to accompany our decisions, and to outline our reasons. But it is important to emphasise that those decisions will continue to be informed not only by the indicators, but also by detailed intelligence from Directors of Public Health about the situation at a local level and by evolving epidemiological evidence. They will draw in consideration of local, regional and national non-COVID health, economic and societal factors. Decisions on the allocation of areas to levels will ultimately continue to be a matter of judgement, taking various relevant factors into account. We will continue to take decisions informed by:

- the key indicators, by local intelligence and evolving epidemiology.
- the public health advice of Directors of Public Health and the National Incident Management Team chaired by Public Health Scotland.
- assessment of that advice and the recommendations of our senior advisors and policy officials, considering the wider health, social and economic harms alongside the harm caused directly by the virus.

Our Local Authority partners will continue to have an important part to play in our decision-making, through their involvement as observers in the National Incident Management Team and the 'Four Harms' consideration by advisors and officials. We will continue to engage with Local Authorities both in our plans to implement our updated *Strategic Framework* and once we move back to a more geographically variable Levels approach.

In the light of our experience of using the Levels approach, of the effect of the protective measures and of the evolution of the new variant, we intend to monitor the data carefully after every change to assure ourselves that the virus is on course to be suppressed. This means we will conduct formal reviews of the levels every three weeks, rather than weekly – although we will continue to be prepared to take action swiftly to escalate an area if a rapid and dramatic increase in cases should justify our doing so. And to give people, businesses, Local Authorities and delivery partners greater clarity and certainty to plan, we intend that areas should remain in a level for at least three weeks, and show a sustained declining trend in cases, before moving down a level.



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To support business planning, we will aim to give five days' notice of any reduction in levels. However, particularly given the increased transmissibility of the virus, it will not always be possible to provide advance notice if an area needs to move up a level.

The approach set out here assumes that there will be a need for protective measures for some months ahead. This approach can be revisited as our understanding of the impact of the vaccination programme increases and in response to wider epidemiological developments. We will, however, keep the position in all areas of the country under close review on an ongoing basis, mindful of the need to ensure that protective measures should remain in place for only as long as they remain proportionate, necessary and justifiable in suppressing the virus and protecting public health.

The current Levels table can be found at: [strategic-framework-levels.pdf \(www.gov.scot\)](https://www.gov.scot/publications/strategic-framework-levels/pdf/strategic-framework-levels.pdf). We will publish updated Levels tables in March, well in advance of the return to geographically differentiated levels. This will enable us to ensure that we are using up-to-date evidence on the impact of the vaccine programme in determining any required changes to the contents of the levels.

### Impact assessments

The necessity and proportionality of protective measures will continue to be kept under close review. As we take decisions under this *Strategic Framework*, the impacts of changes to these measures – particularly as they relate to business, equality, children and young people's rights and island communities – will also continue to be closely monitored and assessed.



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#### 5.4 The most effective possible measures to reduce importation of the virus, including travel and border restrictions

There are two key risks to Scotland through our borders from Coronavirus. First is the re-importation of known strains, as we had in the summer, and the second is the importation of new variants and strains of COVID to Scotland with potential vaccine resistance or with higher rates of transmission. For this reason, international travel restrictions form a key part of our strategic approach. They do not work in isolation but complement our testing and broader approach to restrictions.

There have been mutations of the virus both at home and abroad against which vaccines have varying efficacies. In consultation with our clinical and scientific advisors we feel that it is appropriate to act pre-emptively to minimise the risk of importation of these new strains.

As such, rather than wait for new variants of concern to be identified and to show up in testing (sporadic across countries of the world) we are taking a proactive stance and putting in place measures to prevent non-essential international travel and to monitor those who feel they have no choice but to travel.

Looking at international best practice and the accumulated scientific knowledge from other countries, we have implemented a process of managed quarantine for all those arriving on direct flights from outside the Common Travel Area and on flights from the Republic of Ireland (Dublin) if they have been in or passed through red list countries in the previous ten days.

Testing and contact tracing is also a crucial part of this. All international arrivals must take tests on day 2 and day 8 of their quarantine period. The day 2 test is timed to maximise recovery of positive samples for genomic sequencing and ensure that variant intelligence is received and can be actioned through enhanced contact tracing and testing contacts before the end of the isolation period. The day 8 test is designed to provide assurance that an individual is not infected on exit from quarantine.



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We continue to urge the UK Government to adopt a similarly comprehensive and proactive approach to quarantine rather than reactively waiting to identify countries where new variants have developed and are spreading. Since December when only one country was put on the red list, this number has grown to now to over 30. We have asked the UK Government to work with us to enable us to extend the requirement to go into managed isolation to all international travellers whose final destination is Scotland irrespective of their point of entry into the UK.



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### Measures to reduce importation of the virus. Key actions:

We are:

- prohibiting non-essential international travel to and from all areas of Scotland.
- making it a requirement for passengers travelling to Scotland from outside the Common Travel Area (the UK, the Republic of Ireland, the Channel Islands and the Isle of Man) (CTA) to have a valid negative COVID-19 test result before they travel, and they must self-isolate for ten days on their arrival, during which time they must take two further tests.
- making it a requirement for all direct international arrivals to Scotland from outside the Common Travel Area or those arriving from the Republic of Ireland if they have been in or passed through a red list country in the last 10 days to go into managed isolation for 10 days on arrival in Scotland.
- continuing to work with the UK Government, the Welsh Government and the Northern Ireland Executive and to press for a comprehensive pan-UK approach to managed isolation.
- keeping international travel restrictions under review and will consider further measures necessary to protect public health.
- committed to working on a four nation basis as part of wider international consideration of ways to assist the recovery of international travel, consistent with WHO advice, not as a replacement for managed isolation but as a means by which elements of international travel might be safely opened up.
- restricting travel within Scotland and to and from other parts of the UK and the wider CTA to limit transmission of the virus and opportunities for any new variants to spread.



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## 5.5 Providing support to adhere to protective measures

Adherence to the protective measures plays an important role in supporting our strategic approach. Polling data throughout the pandemic have indicated high levels of knowledge and support for these measures, and high levels of self-reported adherence. However, a substantial minority of the population still report that they have difficulty following the measures. The changed context of vaccination roll-out and increased testing also presents challenges in terms of adherence which we must address.

We recognise that following these measures can be difficult, requiring people to make very significant sacrifices. In addition to only keeping restrictions in place insofar as strictly necessary and proportionate to tackling the crisis, we will support and encourage adherence in the period ahead by:

- taking a **partnership approach**, understanding the concerns of people, businesses and stakeholders through regular, honest, and open dialogue.

- building on this approach by **providing targeted support to those who need it**.
- **supporting enforcement of regulatory measures**.
- providing **clear and tailored communications** to help everyone in Scotland understand how to keep themselves, their loved ones and their communities safe.

### Partnership approach

Regular dialogue and feedback continues to help us develop and deepen our understanding of the effects of the pandemic on the public and across a variety of sectors. The Compliance/Adherence Advisory Group which includes representatives from across the public sector, the private sector, the third sector and academia, is providing advice and practical suggestions on how to incentivise adherence, including support measures, and its insights have been used to inform communications and our approach to sectoral interventions. Examples of our engagement include:

- In response to feedback from sectors that guidance can be hard to find and, in some circumstances, hard to understand, we carried out a survey with input from a range of businesses and sector bodies. Taking the



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results of this into account, we published refreshed sectoral guidance. Alongside this, we will launch a cross-sectoral evaluation tool which will help businesses monitor their own adherence and evidence the steps they have taken to mitigate risks.

- We continue to work closely with business organisations and unions through regular, at least weekly, meetings to discuss worker protection, public safety, and support to help organisations keep people in work. In December we updated the [statement of fair work practices](#) to include supporting workers to take up the invitation of vaccination when offered.
- Through our Safer Workplaces Group, we bring together business organisations, unions and regulators to discuss the ongoing developments on measures to protect against coronavirus. This includes topics such as face coverings, ventilation and testing.
- Since the introduction of the *Strategic Framework*, we have met weekly with Local Authorities to monitor how protective measures are working in practice. We also bring together a wide range of regulators including Local Authorities, the Health & Safety Executive (HSE), Scottish Environment Protection Agency (SEPA),

Care Inspectorate, Food Standards Scotland and Police Scotland on a fortnightly basis to discuss adherence and enforcement data, issues, actions to take and best practice. These conversations considered activities such as car washes, showrooms, travel agents and tanning salons, which have led to clearer guidance and in some cases strengthened regulations. This has also allowed a more consistent approach across Local Authorities as all Local Authority regulators are working on consistent information.

- We have taken on board feedback received through correspondence and considered ideas provided to our online public engagement Dialogue Platforms. We are grateful to those involved in the Citizens' Assembly of Scotland report, and comments from those taking part in the Citizens' Panel reporting to the Scottish Parliament's COVID-19 Committee.

### **Providing targeted support to those who need it**

We know that adherence to the rules in place can be challenging and we continue to support people to do that. Through our engagement we know that there are certain measures that people find particularly difficult. We are taking action in relation to a number of areas.





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### Supporting people to self-isolate

We will continue to promote the self-isolation message to encourage people to 'do the right thing' and we will ensure that there is greater awareness of the package of enhanced support available for those in self-isolation for example through a national campaign on TV, radio, digital and press. We are widening the eligibility for payment of the Self-Isolation Support Grant by increasing the threshold up to the Real Living Wage and broadening the range of benefits that enable people to receive the grant. We will empower Local Authorities to pay the grant to others in work who are facing hardship.

The latest version of the Protect Scotland app includes additional functionality that will allow someone who has been asked to isolate by the app to create a unique certificate as evidence of the isolation request; this can be used as part of the application process for the grant via their Local Authority.

The vast majority of businesses have been very supportive of the need for employees to self-isolate and have recognised the risks to their employees, customers and ultimately their business from not following self-isolation rules. However we recognise a small minority of businesses are not supporting employees to self-isolate and we will consider further ways to help improve adherence on this critical issue.

We will also work with Public Health Scotland so that people who have been contact-traced can have a letter sent to their employers making it clear that they have been asked to self-isolate and should not attend the workplace.

In Higher Education, there will be appropriate support for students self-isolating and in quarantine. Universities Scotland has announced a Consistent Core of Care package which commits every institution to providing regular check-ins for self-isolating students, help with food and other groceries, cleaning supplies and internet access. Institutions will continue to provide support for students who choose or need to remain in their term-time accommodation.



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### Supporting businesses to adhere to guidance and legislative requirements

*Check in Scotland* (QR code check-in/out) has launched. It is a voluntary digital service that supports hospitality venues in complying with legislative requirements. A pilot has been taken forward to test the functionality within the transport sector, with trials due to commence with sheltered housing and public sector organisations that are open to staff and visitors such as community centres and job centres. As the economy starts to reopen, we will work with relevant businesses to highlight this product.

We have also developed a standard checklist which can be used by a range of sectors to ensure that they are adhering effectively to regulations and guidance. This tool is to help businesses evidence the mitigations they have taken to prevent outbreaks and also to help learn lessons where outbreaks have occurred.

Ensuring clear and understandable guidance is in place is key to adherence from businesses. Sector teams continue to engage closely with sector bodies and unions to regularly update guidance to ensure that it is as effective as possible. Regular meetings with business organisations and unions

also allow us to ensure that this guidance is well-understood and is practical to implement.

### Support for enforcement of regulatory measures

We are grateful to all organisations involved in enforcing regulatory measures in response to COVID-19, including Police Scotland and Local Authorities. The use of the 4 E's approach - Engage, Explain, Encourage and, only where necessary, Enforce - has worked well and has helped to build public trust and understanding.

We have legislated to provide additional powers to Environmental Health Officers and Trading Standards Officers to assist enforcement and will continue to work with them to promote adherence to regulations and guidance.

We have also provided £2.9 million to Local Authorities for 2021/22 to support enforcement activity. This will ultimately help to create safer workplaces for everyone.

As part of our ongoing review of the COVID regulations we aim to ensure that the powers given to Police Scotland are proportionate, reasonable and fair. We have completed a review of the levels of Fixed Penalty Notices that can be



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issued in respect of breaches of the regulations and concluded that the level of fines for fixed penalty notices remain appropriate and fit for purpose.

### Providing clear and tailored communications

Our communications will continue to be evidence-based, drawing on polling data, desk research and our own insight gathering research to ensure maximum effect as we respond to the latest developments. While we provide our strategy and information in a range of alternative formats and languages we are also working directly with community and minority groups to understand the specific issues they are facing and what support will help them to follow the guidelines. For example we are looking at ways to make it easier and more equitable for people to access the information they need online, through advertising in newspapers, mail drops, First Minister televised briefings and radio.

To complement this Framework we will deploy a narrative to demonstrate the interplay between the protection measures, vaccination roll-out, Test & Protect and border controls and support of individuals and businesses. This will be supported by bespoke marketing campaigns such as FACTS.

Given the priority we have assigned to early learning and childcare and schools within our Framework we will continue to support campaigns for parental audiences, as part of Parent Club, to support the staggered return of early learning and childcare and schools. We will also work in partnership with the sector to communicate clear messages to reassure staff and highlight what they need to do to adhere to guidance, thereby making settings as safe as possible for staff, parents and children.

We are continuing our activity in support of mental health. Our *Clear Your Head* campaign provides basic practical advice to support wellbeing to encourage people to take exercise and moderate their alcohol consumption.

A new campaign will drive awareness of financial support available through benefits, grants and advice to help people maximise their income and prevent them falling into financial hardship.



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### Key actions:

#### Best possible adherence to guidance and regulations

- Improved support for those who need to self-isolate:
  - Widening the eligibility for payment of the Self-Isolation Support Grant.
  - Working with Public Health Scotland so that letters may be sent out to employers of those required to self-isolate, asking for their co-operation and support.
- Listening to and giving clear messages to the public:
  - Encouraging appropriate ways of thinking, both short-term and long-term: to avoid complacency as the vaccines roll out; continued adherence to NPIs (non-pharmaceutical interventions); a culture change of hazard awareness and new behaviours.
  - Continued use of polling and focus group research to understand current public attitudes and behaviours (e.g. restrictions, FACTS, Test & Protect) to inform communications and marketing campaigns.
- Engaging with the business community:
  - Reviewing our sectoral guidance to ensure its continued relevance in changing circumstances.
  - Developing a cross-sectoral tool to help workplaces ensure they are compliant with guidance and regulations.



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## 5.6. Providing care and support to mitigate the harms of the crisis

This pandemic remains a public health emergency. NHS Scotland continues to balance its response to COVID-19 with the need to keep people alive and well through remobilisation of other essential urgent and routine health and social care services to the greatest extent possible. But the pandemic is having significant impacts on our society and communities. Protecting and supporting people during these unparalleled times has been the focus of the Scottish Government, and that will continue. The pandemic also has global economic consequences unlike any we have seen before. Businesses and individuals have made extraordinary sacrifices as we tackled the pandemic together.

Recognising the harms of COVID go beyond its impacts on health, the Scottish Government monitors and publishes evidence on the direct health, indirect health, economic, and social impacts - the Four Harms. Our response to COVID is guided by considering these Four Harms, as well as our [National Performance Framework](#).

In December 2020, [a joint report](#) from Scottish Government and the Convention of Scottish Local Authorities (COSLA) analysed the impact of COVID on Scotland's health, economy and society.

The report shows that the pandemic has had a significant impact across our [National Outcomes](#), particularly in terms of health, economy, fair work and business, and culture. This report also highlighted that the impacts of the pandemic heightened the inequalities already in place pre-COVID-19.

Disproportionate impacts across a range of outcomes for a number of groups are being felt, including: households on low incomes or in poverty, low paid workers, babies, children and young people, older people, disabled people, minority ethnic groups and women. In addition, as we continue to learn and respond to the pandemic, there is emerging evidence that a significant number of people who have suffered from COVID-19 are experiencing long-term physical and mental health issues.



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We have, however, some positive developments that offer opportunities to be built on. These include acceleration of the digital delivery of healthcare and examples of Scotland's public sector, businesses, third sector and communities working together at pace and across boundaries, resulting in swift, flexible responses to support people at risk.

In confronting the threat posed by COVID-19, we are determined that no member of Scottish society will be forgotten or left behind.

The table below highlights some of our actions in response to the Four Harms, since publication of the *Strategic Framework* in October 2020.

The sections below the table then set out how we are supporting particular groups and sectors.



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#### **HARM 1: Suppress the virus, protecting against the direct and tragic harm to your health.**

- The 2021-22 Scottish Budget delivers record funding to support NHS Scotland through the most challenging period in its history. The Health and Sport portfolio will receive more than £16 billion, with a further £869 million for tackling Coronavirus. In the immediate term, this will ensure that there is appropriate funding for our public health infrastructure, including to our testing and vaccinations programmes, support for our local public health teams and enhanced data and intelligence infrastructure.
- We worked with the Scottish Intercollegiate Guidelines Network in developing the clinical guideline on the persistent effects of COVID-19. It will be updated as the evidence on Long COVID continues to emerge. Work is also underway to deliver the Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic.
- As our understanding of people's treatment and support needs develops, further investment will be provided and the final Respiratory Care Action Plan will play a key role in responding to the implications and consequences of COVID 19 for many aspects of respiratory care.
- The Scottish Government's Chief Scientist Office is funding 9 research projects led by Scottish Universities on long-COVID (total of around £2.5 million) to contribute to the emerging evidence base on this new condition.





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### **HARM 2: Support broader health, protecting our health and social care services, and your health and wellbeing.**

- In 2021-22, Scottish Government direct investment in mental health will increase to £139 million and will support overall spending on mental health in excess of £1.1 billion. This funding will underpin our continued approach to improving mental health services and support for children, young people and adults.
- Additional £250 million over the lifetime of the next parliament and an additional £50 million made available immediately to support our national mission to reduce drug deaths. This will support further investment in a range of community-based treatment interventions, including primary prevention, and an expansion of residential rehabilitation.
- The creation of a £1 million Digital Inclusion - Connecting Residents in Scotland's Care Homes initiative to enable all care homes in Scotland to access iPads to help care home residents stay connected with friends and relatives, and support the clinical management of health conditions remotely.
- Publication in December of The Dementia and COVID-19 Recovery Plan. The plan aims to build on action since March 2020 and strengthen the resilience of people with dementia and their carers across Scotland to recover through the complementary action of the NHS, Local Authorities and the third sector. This includes implementation of the national dementia Allied Health Professionals programme to support rehabilitation across all care sectors including in care homes.
- An additional £750,000 for local carer centres to increase support for unpaid carers, helping them to take a break from caring and access other much-needed help. This was added to the £3 million per year Short Breaks Fund, bringing this year's extra investment in the fund to £1.1m plus an extra £300,000 for our Young Scot young carer package.



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### **HARM 3: Mitigate social harms, protecting against broader harms to your way of life.**

- Through our £100 million Winter Plan for Social Protection, the Scottish Government has invested nearly £6 million in promoting equality and tackling social isolation and loneliness, including £4.3 million additional funding for our Connecting Scotland Programme, specifically targeted to help socially isolated older and getting disabled people get online.
- In late 2020, the Winter Plan for Social Protection, awarded £187,000 of funding to support those most acutely impacted minority ethnic communities in this uniquely challenging winter season. In early 2021 we have awarded a further £150,000 of funding to complement existing ongoing winter support initiatives.
- We recognise that women and children may be at an increased risk of violence and abuse during this period and have responded quickly to ensure that frontline services could adapt and continue to help people during this public health crisis by providing more than £5.75 million in additional funding and creating a COVID specific fund of £90,000 crisis for women involved in prostitution.
- The Winter Support Plan also made £15 million of flexible funding available to Local Authorities which entered protection Level 4 to strengthen their local response to meet emerging need and support people in their communities struggling with the restrictions or guidance, particularly those most at risk through health or social inequalities. This includes people at highest and higher clinical risk, older people or disabled people who encounter barriers that emerge and can be used to pay for food and essentials.
- A [Communities Recovery Fund](#), part of our Community and Third Sector Recovery Programme, aims to support either the re-starting or continued delivery of community services that were suspended or reduced because of COVID, or the creation of new services that tackle new challenges presented by COVID.



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- To date, we have committed more than £375 million to support schools and families, particularly with required safety mitigations, the challenges of remote learning (including recruitment of additional staff, additional digital devices, and additional family support), and through the continued provision of free school meals
- A temporary ban on the enforcement of eviction orders across the private and social rented sectors was extended until the end of March at least. The extended ban applies to all evictions in areas subject to Level 3 or 4 restrictions, except cases of serious anti-social behaviour, including domestic abuse.
- Providing certainty and stability on Income Tax, which will see Scottish taxpayers pay no more Income Tax in 2021-22 than they did in 2020-21, based on their current income.
- £98.2 million to improve Scotland's digital infrastructure and deliver access to high quality broadband and mobile coverage.
- £0.5 million digital support for community based adult learners to continue with their learning journey.
- Providing £3 million for projects offering additional support through Youth Work Education Recovery Fund helping young people to reengage with education.









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### **HARM 4: Support the economy, protecting against the devastating impact for business.**

- During 2020-21 we committed more than £1.2 billion to support our economic recovery, including a £230 million package for capital projects to stimulate the economy.
- We have published our five year infrastructure investment plan and capital spending review – together offering over £33 billion of public investment to boost market, business and supply chain confidence in sectors across Scotland's economy, and to encourage necessary private sector investment.
- In the coming year, there will be an additional £125 million focused on protecting jobs and supporting people made redundant or whose jobs are at risk, and continuing the delivery of the Young Person's Guarantee. This builds on the additional £100m invested into the Guarantee, Employability and Skills in (financial year) 2020/21.
- £5 million investment to deliver year two of the Food & Drink Sector recovery plan supporting recovery from COVID and mitigation of Brexit consequences.
- We have commissioned work in response to the recommendations to develop a five-year recovery and investment plan to set the tourism sector back on track to deliver the 2030 tourism strategy. This has already been supported in 2020 21 by a package of £104.3 million. In 2021 22, we will provide £55.1 million for Tourism.
- Our Non domestic rates regime will continue to be the most competitive regime anywhere in the UK, with the Basic Property Rate ('poundage') being reduced to 49 pence. The Retail, Hospitality, Leisure and Aviation sectors will pay no rates during 2021-22.
- £90 million to compensate Local Authorities which choose to freeze council tax and a further £259 million will be added in one-off funding to support ongoing COVID-19 pressures.



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### Children and young people

Helping to make Scotland the best place in the world to grow up, and maintaining our focus on Getting It Right for Every Child continue to be key aims of Scottish Government. We will continue to take a rights based approach to our response to the pandemic, assessing protective measures (where relevant) for their impact on children's rights.

Our priority is to ensure our children can return to normal schooling and Early Learning and Childcare (ELC) and by extension back to much greater normality in their lives, as quickly as it is safe to do so. Protecting and prioritising opportunities for children to play, take part in sport and meet up with friends are critical to preventing harm and developing wellbeing. We recognise there will be significant longer-term impact from the pandemic affecting children and young people, and that we need to work collectively to minimise this as far as possible. This includes greater investment in appropriate mental health services and support, responding proportionately where inequalities already exist or have newly arisen, to 'level the playing field', and finding ways to create social environments that meet the specific needs of children, based on their age and developmental

stage. Recognition of the potential life-long effects of early trauma and adversity, including that which has been experienced as a result of the pandemic, should be embedded into a societal, child-centred response delivered through communities, universal and specialist services working in partnership with children and families. Some of the steps we are taking to support children and young people include:

- Making the return to in-person learning our first priority as we ease lockdown restrictions
- Working with our delivery partners including members of the COVID-19 Collective Leadership Group and Children's Services Planning Partnerships to monitor the impacts of the pandemic on children, young people and families and enable joined up responses across services, including holistic support to families.
- Providing an additional £23.5 million as part of the £100m Winter Plan for Social Protection to increase support for children and young people in vulnerable situations, including those who need social work and residential support and care.



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- Investing £375 million to support our schools to mitigate the impacts of COVID on the learning experiences of our children and young people. This includes: £90m to implement mitigations such as cleaning, enhanced hygiene practices and improved ventilation in accordance with published guidance; £25 million specifically to support digital inclusion amongst school aged children, expected to support up to 70,000 children from lower income households; £80 million to recruit an additional 1400 teachers and 200 support staff; a further £105 million to accelerate learning recovery; and over £50 million to ensure ongoing provision of free school meals.
- Extending the Scottish Attainment Challenge for a further year to help accelerate recovery and recognising that COVID has had a negative impact on the attainment gap. This includes £127 million directly to schools to support children from disadvantaged backgrounds as part of the Pupil Equity Fund.
- Given the impact of school and early learning setting closures on children and young people's mental wellbeing and their learning we are prioritising education recovery. A range of steps are set out in our [National Improvement Framework and Plan for 2021](#). We will continue

to engage with professional associations, parental organisations and young person organisations to support learners to re-engage with learning and to support their wellbeing. This will include engagement with learners themselves via the Youth Education Recovery Panel.

- Supporting Councils to reach full implementation of the provision of 1,140 hours to eligible children, in 2021-22 we will provide £567 million revenue grant funding for Early Learning and Childcare to Local Authorities. The new date for the statutory duty to be delivered (August 2021) has been agreed and legislation for this has been laid in parliament.
- We have created a Temporary Restrictions Fund to support childcare providers while they are permitted to open only to vulnerable children or those of key workers. £11.4 million is being made available between January and March, to help mitigate the reduction in income resulting from operating below capacity and ensure these settings can remain open.
- In view of the reopening of the ELC sector from 22 February we are considering how best to utilise the one third of the Temporary








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Restrictions Fund identified for March to best support those in the sector in greatest need, in particular recognising that school age childcare settings are facing restrictions for longer.

- We are providing £3.2 million of business support for Childminding Services to offer a grant of £750 to every registered childminder. The childminding Sustainability Fund will build on the support already provided to over 1,000 childminders through the Childminding Workforce Support Fund, and to which the Scottish Government has provided £420,000 to support delivery.
- We are rolling out the Scottish Child Payment through the provision of £68 million. Once fully rolled out this will help lift an estimated 30,000 children out of poverty.

We will continue to work locally and nationally with Local Government and ELC providers to ensure that schools, early learning and childcare are safe, effective and focused on the needs of children and their families. We will also continue to work closely with child contact centres.

Recognising the need to encourage greater adherence to school-based mitigations and FACTS when leaving school grounds, we have worked with Young Scot to develop a communication and engagement strategy for young people of secondary school age.

Work is also ongoing through the COVID-19 Education Recovery Group (CERG) to consider appropriate and transparent messaging to communicate the risks and protection measures to different groups including staff, pupils and families.

### Further and higher education

The Scottish Government is committed to mitigating the negative impacts of the pandemic on students studying in Scotland. These are unprecedented and challenging times for everyone, however we want to ensure that students remain supported. Some of the measures we have taken to support students facing hardship are as follows:

- In order to avoid students incurring unnecessary hardship and to allow those that require extra support to be able to access it, we announced an additional £30 million in January. This includes





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£20 million to help alleviate the financial burden and stress facing our students and £10 million of support to institutions for the revenue lost by providing rent refunds or rebates to students.

- Universities and Colleges have been asked to prioritise accommodation issues when distributing the additional funds to students.
- We also announced the repurposing of £5 million for student hardship in December 2020.
- Students facing additional hardship as a result of COVID should continue to apply for financial support from the Further/Higher Education Discretionary Funds.
- The Coronavirus (Scotland) (No. 2) Act 2020 introduced notice to leave periods for students residing in halls of residence and Purpose Built Student Accommodation (PBSA).

We have worked to develop solutions to tackle digital exclusion for further and higher education students:

- £15 million to support 23,000 low income families as part of phase 2 of the Connecting Scotland programme.

- £5 million Digital Inclusion Fund to support over 13,500 post-school learners, including:

- £4.75 million to support approximately 13,000 college and university learners to access digital equipment.
- £250,000 to support approximately 500 community based young adult learners' access digital equipment and Wi-Fi, including accessibility software.
- £50,000 to Jisc, the UK's FE and HE digital network support organisation, to pursue zero-rated online provision on behalf of Scottish learners.

We have recently established two separate Taskforces with the aim to provide solutions to maximise completion of student learner journeys in Further and Higher Education.

The Learner Journey taskforce is focused on students being able to complete their courses as a priority. We are working at pace to quantify the additional demand, and we expect to set out our forward approach in the coming weeks.



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The Student Hardship taskforce will aim to assess the impact of the pandemic on student hardship and to determine if the mechanisms and measures currently in place are sufficient to mitigate against student hardship in Further and Higher Education.

To mitigate the impact of mental health issues for students, we have:

- announced £1.32 million of additional funding in this financial year to help students deal with the mental health impacts of the COVID-19 pandemic.
- worked closely with the Scottish Funding Council (SFC) to support institutions to continue to offer mental health support to students, and committed to introducing more than 80 additional counsellors in colleges and universities, with the SFC announcing guidance and allocations of £3.645 million for the academic year 2020-21.
- provided additional funding of £750,000 in this financial year to support NUS Scotland and student associations for vital welfare support for students in colleges and universities.
- agreed additional financial support to extend the work of Think Positive, NUS Scotland's student

mental health project, to March 2021. Think Positive is refocusing its work and associated small grants scheme to address COVID-19 issues.

- shared a range of guidance and advice on our Student Information Scotland website for students who may require help with mental or physical wellbeing issues.
- invested significantly in a comprehensive package of support for mental wellbeing during the pandemic, including services available to students such as the expansion of the NHS24 Mental Health Hub, and the Breathing Space telephone helpline and web support service.

We have provided financial support for universities and colleges who have been hit hard by this crisis. The Cabinet Secretary for Finance recently announced a further £60 million boost for Further and Higher Education in financial year 2020/21:

- £40 million resource funding to help colleges and universities maintain research activity, protect jobs and help students.
- £20 million additional capital to boost research and knowledge exchange.



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Our Further and Higher Education institutions will receive over £120 million in additional financial support directly related to COVID from the Scottish Government across the 2019-20 and 2020-21 academic years.

#### **Tackling Inequalities exacerbated by the crisis**

A key finding of our report on [Scotland's Wellbeing- The Impact of Covid- 19](#) is that, 'the impacts of the pandemic have been, and are likely to continue to be, borne unequally.'

Some groups and parts of the country are experiencing multiple harms simultaneously, as the impacts of the virus and the restrictions affect them disproportionately. Many of these impacts will be long-lasting, through for example predicted increases in poverty and unemployment; fracturing of family and social support structures, and greater levels of childhood adversity. As a result, unequal outcomes for different groups could increase across a number of our National Indicators in the future – in particular inequalities relating to income or socio-economic status, gender, age, ethnicity and disability. There is also the potential for inequalities to be re-shaped or for new inequalities to emerge.

Therefore equality and inclusion are key to our recovery, in ensuring that we emerge from the pandemic as a fairer society.

Through our £100 million Winter Plan for Social Protection, we have invested nearly £6 million in promoting equality and tackling social isolation and loneliness. This enhances support offered through key helplines, including for older people, disabled people and victims of domestic abuse, ensuring that people are able to access the support they need. Also included is £4.3 million additional funding for our Connecting Scotland Programme, specifically to get an additional 5000 older and disabled people online as well as funding for befriending helplines.



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### Health and social care

The Winter Preparedness Plan for NHS Scotland sets out, at a high level, the broad context and priorities for the NHS in Scotland until April 2021. Underpinning this work is a range of detailed planning documents, including the mobilisation Plans from the 14 territorial and seven national health boards, as well as specific critical activities undertaken at a national level, such as the Vaccination programmes or Personal Protective Equipment (PPE) Plan. Together with the Adult Social Care Plan, these set out the measures deployed across the whole health and care system to ensure that it has been as prepared as possible to meet the challenges and to prevent the NHS being overwhelmed.

Informed by this work, we have been working closely with NHS Boards, Integration Authorities and COSLA to understand the additional pressures arising as a result of the response to the pandemic in this financial year and next in order to ensure that they receive the required support.

Following detailed review of the financial position, £1.7 billion of additional funding will be provided in 2021-22 to support the Health and Social Care Sector in the response to the pandemic.

Currently a total of £559 million has been allocated to Integration Authorities, including funding for sustainability payments to meet forecast costs for 2020-21. This includes £112 million allocated to Integration Authorities as additional funding committed through the Adult Social Care Winter Preparedness Plan.







A Health and Social Care Task Force was established in November 2020 to help coordinate a whole system response to COVID-19 safety and adherence across Health and Social Care. The task force brings together a range of health and social care professionals who are working together to ensure a collaborative, consistent and holistic approach is adopted across Health and Social Care to support and sustain high levels of compliance with all appropriate COVID-19 guidance and regulations. Reducing transmission of infection and sustaining optimal levels of adherence to all health and social care settings continues to be of paramount importance.



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### Care homes

In further protecting care homes, we have broadened staff testing to include twice weekly testing using lateral flow devices in addition to PCR testing, and expanded care home testing to visiting professionals and family and friend visitors. We have also prioritised vaccinations in care homes with over 99% of residents in older adult care homes now having received their first vaccination. We are acutely aware of the importance of visits for the wellbeing of residents and their friends and family. In consultation with relatives and care home providers we have completed plans to resume safe indoor visiting. We will work with all partners to ensure that we maximise meaningful contact between residents and their loved ones as the pandemic continues.

### Hospital visiting

Although Scotland enjoyed full person-centred visiting prior to the pandemic, since March 2020 there have been varying levels of restrictions on visiting depending on local rates and prevalence.

In November 2020 we published revised national hospital visiting guidance to align with the *Strategic Framework*, which continued the principle of supporting essential visiting at all levels and gave boards guidance on expanding hospital visiting further wherever that was safe.

As the vaccination programme continues and with, in time, falling rates and prevalence, we are keen to move towards a gradual and phased resumption of full person-centred visiting. This is likely to mean a slow and careful approach beginning with expanding visiting in areas where prevalence is consistently reduced and increasing visiting opportunities for patients who are likely to be in hospital for medium - or long-term stays, or in circumstances where support is particularly critical for wellbeing.



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### Support for those clinically at risk

There are currently approximately 180,000 people who have received a letter from the Chief Medical Officer advising them that they are on the shielding list in Scotland, based on clinical evidence which is regularly updated and reviewed. Individuals are identified through a mixture of health data and individual clinical judgment.

Since shielding in its original and highly restrictive form ended on 1 August 2020, a significant body of evidence has pointed to the detrimental impacts on the mental health, physical wellbeing, families and lives of those asked to shield. An evaluation published by Public Health Scotland on 27 January 2021 brings that evidence base together, and emphasises that, whilst shielding did help change behaviours and the support provided addressed real need, shielding in its original format is not recommended.

Since August, the Scottish Government's approach has been to empower and enable people at highest risk to consider the extra advice at each protection level, and use the information, support and guidance available to help them make informed decisions that are right for them and their personal situation.

We will continue to adopt a person-centred approach and publish extra advice for those on the shielding list which is aligned with the protection level restrictions and guidance set out in this framework. This advice will also reflect the impact of the vaccination programme as this is rolled out.

### Homelessness

The experience of the pandemic has shown us what is possible when we work collectively, and has increased our determination to end homelessness. Drawing on what we have learned from the crisis, we and our partners in local authorities and the third sector will build on this momentum.

In 2021/22, we will provide over £12 million to support this, with an emphasis on the prevention of homelessness and specific actions to scale up Housing First more rapidly; end the use of communal night shelters; advance legislative protections for people experiencing domestic abuse; and explore alternative routes to reduce migrant homelessness.





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### Support for business

Businesses have responded at rapid pace to the pandemic and many have spent significant funds adapting their businesses to make them safer in response to the virus. However when the virus is highly prevalent those measures in isolation are insufficient. Our collective response has required us to close and curtail entire sectors to deal with the public health risk which we recognise has been extremely difficult for businesses and the economy as a whole. As we move slowly and carefully towards reopening parts of the economy we will continue to work with sector bodies and business organisations to ensure that guidance is developed collaboratively, clear and effective in minimising the spread of the virus.

As we have introduced the restrictions necessary to control the virus, we have also significantly increased financial support to protect businesses, jobs and the economy, fully deploying the consequential funding from the UK Government.

Since the start of the pandemic we have allocated more than £3 billion to support businesses across Scotland. 383,000 business support awards were allocated between March and October 2020, totalling £2.3 billion. Since October we have allocated £776 million to business support. Businesses received more than £240 million in January alone through the *Strategic Framework* Business Fund and related top-up payments for the retail, hospitality, and leisure sectors. We have also taken specific steps to support sectors such as tourism and culture and events which have been acutely impacted by the restrictions as well as groups such as taxi drivers, Mobile and Home Based Close Contact Service Providers and the Newly Self Employed. And we have also allocated £120 million to the Local Authority Discretionary Fund, which empowers councils to target support specifically to the needs of their area and those businesses which do not meet the eligibility criteria of other COVID Business Support funding.





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This is in addition to providing full rates relief for all retail, leisure and hospitality premises in 2020-21. We will continue to look at how best we can support businesses, informed by their feedback. On 16th February, we confirmed that retail, hospitality, leisure and aviation businesses will pay no rates during 2021-22 provided the Scottish Government receives the funding already assumed from the UK Budget on 3 March, and that requisite funds are available to maintain existing support into 2021-22. This builds on the three-month extension announced in the Scottish Budget and follows confirmation of a further £1.1 billion of consequential funding arising from UK Government coronavirus (COVID-19) spending.

We know that businesses need clarity and certainty, and the *Strategic Framework* Business Fund will therefore continue to support eligible companies beyond 31st March in the event we receive requisite consequential on 3 March from the UK Government.

In addition, recognising that there are costs and challenges associated with reopening, when a local authority area transitions from Level 4, eligible businesses will continue to get the *Strategic Framework* Business Fund closure payment of up to £3,000 for the first four week period after they are able to reopen.

In 2021-22 we will also provide further Local Authority Discretionary funding to enable grant payments to some supply chain and other businesses impacted less directly by COVID restrictions.

The above proposals are also contingent on receipt of additional consequential from the UK Government.

By the end of March, when we know what additional funding will be available from the UK Government, following further discussions with business organisations, we will set out more detail on future business and sector support.

### Rural

We will also provide £103.3 million funding for Highlands and Islands Enterprise and South of Scotland Enterprise – an increase of £17 million – whose work to retain existing jobs and deliver our national mission to create new, good and green jobs is critical to economic recovery. They will continue to provide front line support to businesses and communities in areas disproportionately impacted because of their rurality and their reliance on jobs in the hardest hit sectors.



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### Fuel poverty

We have taken significant action to tackle fuel poverty head on – and by the end of 2021 expect to have allocated over £1 billion since 2009 to tackling fuel poverty and improving energy efficiency. We have taken action to ensure that appropriate support is available for those struggling with increased household energy bills as a result of the pandemic. Most recently £7 million has been provided as part of the Winter Support Programme to help households who are struggling with their fuel costs to ensure everyone can afford to keep their homes warm, particularly those most vulnerable to the health impacts of a cold home.

The draft Budget allocates £258.4 million capital to heat, energy efficiency and tackling poor energy efficiency as a driver of fuel poverty. This includes Warm Homes Scotland, our national service to deliver energy efficiency improvements to individual properties, and Area Based Schemes, funding local councils to deliver energy efficiency improvement projects to whole streets, flats, and estates.

### Justice

Across the wider justice system, we recognise the pandemic has had considerable impacts – not least within the courts system, with a backlog in cases waiting to come to court, impacting those accused of crime, victims and witnesses. In response we have provided additional funding for investment in greater digital solutions and the introduction of remote jury centres across Scotland. We have also ensured additional support through the Third Sector Resilience Fund for front line victim support organisations and increased direct financial assistance for victims of crime. Civil cases have generally continued online.

We established a Recover, Renew, Transform Programme, to consider proposals for the reform of the justice system, including greater use of digital tools, support for victims and witnesses, and ways to prevent repeat offending and manage the prison population, through more effective community-based interventions. This year we will make an additional £50 million available to this programme and to begin to address the backlogs that have built up.



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Whilst we have updated our *Strategic Framework* in light of the changed context, our intent remains to suppress the virus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible. We also hold firm to the same principles that have guided us throughout this crisis.

We appreciate that everyone in Scotland wants to know when things will feel more normal again and what “the new normal” will look like. Given the uncertainty that surrounds the virus, no-one can be fully confident about the answers at this stage. But looking to the future, we hope and expect that the vaccination programme will significantly reduce both the morbidity and mortality associated with COVID. New treatments are also emerging and will continue to be developed that may further reduce the direct harm of COVID.






In the full course of time, these positive developments should mean that COVID no longer poses a serious threat to public health in Scotland. However, it is likely that it will still remain a public health concern: as a society we are likely to have to live with COVID as a permanent feature. And although we may have to keep some public health measures in place, and be vigilant to the risk of future outbreaks, we can look forward to the general lifting of restrictions.

So there is much to look forward to, but this positive future is still some way off. In the meantime, we undertake to review the restrictions periodically to take account of developments. This will also allow us to ensure that the configuration of restrictions continues to mitigate the four harms of the epidemic as much as possible, and to take account of particular equalities considerations.

As we learn more about the virus and the impact of the vaccination programme, and monitor changes in the virus and the national and international context, we will continue to engage with partners and key stakeholders on the way forward, taking into account key milestones and activities such as May’s Scottish election, summer sporting events, students returning in September and the COP26 climate summit.

In line with WHO criteria for transitioning out of restrictions, we will ensure that communities have a voice, are informed, engaged and participate in the transition process. We will also continue to build links with international partners and influence the UK Government’s decisions that apply to the people of Scotland through the Four Nations approach.



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But that isn't the end. COVID-19 has had a significant impact on all aspects of our society and lives. Everyone in Scotland has felt the impacts of the virus, but those who were already facing disadvantage have in many ways faced particular challenges. The immediate response to the COVID-19 crisis has also been shaped by remarkable partnerships across communities, volunteers, national and local government, businesses and a wide range of third sector organisations. There has been significant work undertaken to support people and communities which was delivered at pace and challenged traditional ways of working, cultures and mindsets.

The actions outlined in this updated Framework in response to the crisis are an important step in addressing the breadth of harm caused by the virus and building a resilient and fair society, health and social care system. But we must take this opportunity to build back an economy and society that is fairer and stronger for everyone, no matter their circumstances. In order to do so, we will put people at the heart of our recovery.





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