

COVID-19

# Scotland's Strategic Framework Update



November 2021

# COVID-19: Strategic Framework – Update, November 2021

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## Foreword

It has been a long and difficult period since the first cases of COVID-19 appeared in Scotland. The pandemic continues and the virus remains very much with us. The current resurgence of cases across much of Europe indicates the ongoing threat that the virus poses. Continued collective effort and commitment, particularly in sticking to the rules and guidance in place, will be imperative as we confront the challenging winter ahead.

Since the first restrictions were imposed in March 2020, as a nation we have shown collective endeavour and resilience but we have suffered greatly, in many different ways. As a government – as in all countries - we have faced decisions that none of us would ever have wanted to take. These have been some of the most difficult decisions we have faced, because every option seemed to cause harm of one kind or another. Often these decisions were unpopular but necessary. The government I lead has always tried to do what was right to tackle this crisis. And while we may not always have got everything right, particularly when faced with the uncertainties of this pandemic, we always tried to reduce the harms of this virus.

Over the course of the pandemic, we will all have changed behaviours – perhaps through different ways of working or socialising, for example. Some of these changes will be worth holding on to as we seek to emerge from this crisis to a brighter future. Our [COVID Recovery Strategy](#) has set out our vision for recovery and the actions we will take to create a better, fairer and greener Scotland that will guide us through the period ahead.

Even as our thoughts turn to the future, the hard work is not yet done. More is still required from the government and our partners across the public sector, from businesses and other organisations, and from individuals and families. Though we all wish it were now over, we need to stay the course for a little longer.

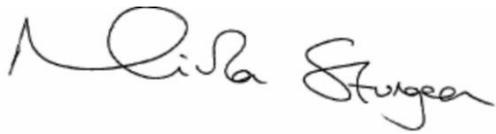
We expect this winter to be difficult and, in particular, we are preparing for a more challenging influenza season. We have learned over the course of the pandemic that effective, early intervention – often earlier than might seem obvious at first sight – is needed to prevent harm and reduce the need for stronger intervention later. Consequently we will be ready to respond with proportionate measures should that become appropriate. We also need to recognise that COVID-19 will remain with us in the long term, though in time it will cease to be a public health emergency.

This update to our *COVID-19: Strategic Framework* sets out what we're doing in many different ways to help keep us safe and alleviate the broader harms of the crisis. It is one of a series of publications over the course of the pandemic in Scotland, to explain what we are doing and why, consistent with our principle of transparency. And we are determined to learn lessons to make sure Scotland is prepared for a future pandemic: we are making preparations for our public inquiry in Scotland to be established by the end of this year so that the inquiry can begin its work in 2022.

But before then, with the foreseeable pressures of winter ahead, and the real risk of increasing COVID-19 cases, we must all continue to play our part in keeping this virus under control. We can do this in particular by taking up offers for vaccination and by sticking to the rules and guidelines that remain in place to keep ourselves and others

safe, such as wearing face coverings in public indoor settings, cleaning our hands and surfaces often, meeting outside and trying to keep our distance from others, working from home if we can, using the [COVID Status](#), [Protect Scotland](#) and [Check-in Scotland](#) apps, testing regularly even if we do not have symptoms, and by self-isolating and getting tested if we do have symptoms.

I cannot thank you enough for all your continuing efforts and sacrifices in tackling this pandemic.

A handwritten signature in black ink that reads "Nicola Sturgeon". The signature is written in a cursive, flowing style.

Rt Hon Nicola Sturgeon MSP  
First Minister of Scotland

## Executive summary

Our *COVID-19: Strategic Framework* sets out the various elements of our approach to managing the pandemic in Scotland. Since the last update to the Strategic Framework in June 2021, we eased restrictions in July and August but retained several legal measures as well as guidance to help keep the virus under control. Alongside this, our COVID-19 vaccination programme has continued to roll out and expand in coverage so that 88% of the adult population is now double vaccinated and a booster programme is underway.

Increasing vaccination coverage has driven rising immunity in Scotland. This enabled the move 'beyond Level 0' and the lifting of most restrictions during the course of the summer as planned. This reflected our strategic intent "to suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future." Lifting restrictions has helped to alleviate the broader harms of the pandemic, but those harms remain. There are no longer any restrictions requiring the closure of sectors. Overall economic output and labour-market indicators have returned almost to pre-pandemic levels and our public services are recovering following the disruption caused during the earlier stages of the pandemic. However, the situation remains challenging. There remain significant harms that accumulated from the restrictions in the earlier stages of the pandemic and these are felt unevenly across different groups in society and some sectors of the economy continue to perform considerably below pre-pandemic levels. Our *COVID Recovery Strategy* sets out how we plan to address those harms and secure a better, fairer and greener future for Scotland.

While progress in recent months has been positive, we have continued to face significant challenges. In late June/early July and over the course of August/early September, we saw two significant peaks in new cases of the virus in Scotland. Vaccination has significantly reduced the link between new cases and serious health harm, but that link is not broken. Consequently, these peaks in cases still resulted in significant health harm and deaths, underlining the tragic toll that the pandemic continues to exert. Importantly, cases declined significantly following both of these peaks without the need for further restrictions. This reflected various factors including the increased level of immunity and continued adherence to the remaining measures and guidance in place. However, cases today remain at an elevated level and our NHS faces very significant ongoing pressures that COVID-19 is exacerbating. We expect a challenging winter ahead, with the influenza season a particular risk. We also know that the effect of the COVID-19 vaccine reduces over time, underlining the need for the current booster vaccination programme.

It is within the context of these foreseeable pressures, and the risk of increasing COVID-19 cases, that this update of the Strategic Framework sets out our latest approach to managing the pandemic. For this approach to succeed, we need to maintain our collective effort, to adhere to the rules and guidance, and to get vaccinated when eligible.

The various interventions in place to tackle the epidemic are set out in the six elements of our Strategic Framework below: vaccination; the Test and Protect system; protective measures – including legal requirements and guidance; managing the risk of importation of the virus; supporting adherence; and providing care and support to mitigate the harms of the crisis. These will provide the platform for sustainable recovery and a better and fairer future but we will not forget the harm and loss that we have endured. We must, and will, learn lessons for the future – our forthcoming public inquiry will help to understand and to explain what happened and why, and help us to manage future challenges better.

## **Vaccination**

The vaccination programme continues to make significant progress and has expanded to 12-17 year olds as well as providing booster jags for eligible individuals. The booster programme is now rolling out alongside our biggest ever influenza vaccination programme.

## **Test and Protect**

Test and Protect remains a vital tool in our response to COVID-19. Going forward, genomic sequencing and surveillance will be instrumental in minimising vaccine escape and serious disease.

## **Protective Measures**

Several legal requirements remain in place in order to keep the virus under control. These include mandatory face coverings in most indoor public settings and on public transport (except for those who are exempt). A vaccine certification scheme has also been introduced for certain higher transmission-risk settings. In addition to these legal requirements, a range of guidance is in place to help people, businesses and other organisations reduce the risk of transmission. These cover matters such as working from home and protective measures in schools. In combination, we believe that these 'baseline measures' remain necessary for the time being to reduce the harms of the pandemic as immunity alone is not yet sufficient. And for these baseline measures to work effectively, we need to maintain strong adherence. We continue to keep all legal measures under review to ensure they remain necessary and proportionate. If the state of the pandemic deteriorates significantly – for example, because of vaccine waning or a more transmissible and harmful variant – then we will be ready to respond with targeted and proportionate interventions, reflecting epidemiological conditions at the time. We hope that this will not prove necessary but also know that early, effective intervention can avoid the need for tougher measures later.

## **Managing the risk of importation**

Proportionate border measures continue to be used to help mitigate against the importation of the virus and particularly against the importation of new variants.

## **Supporting adherence**

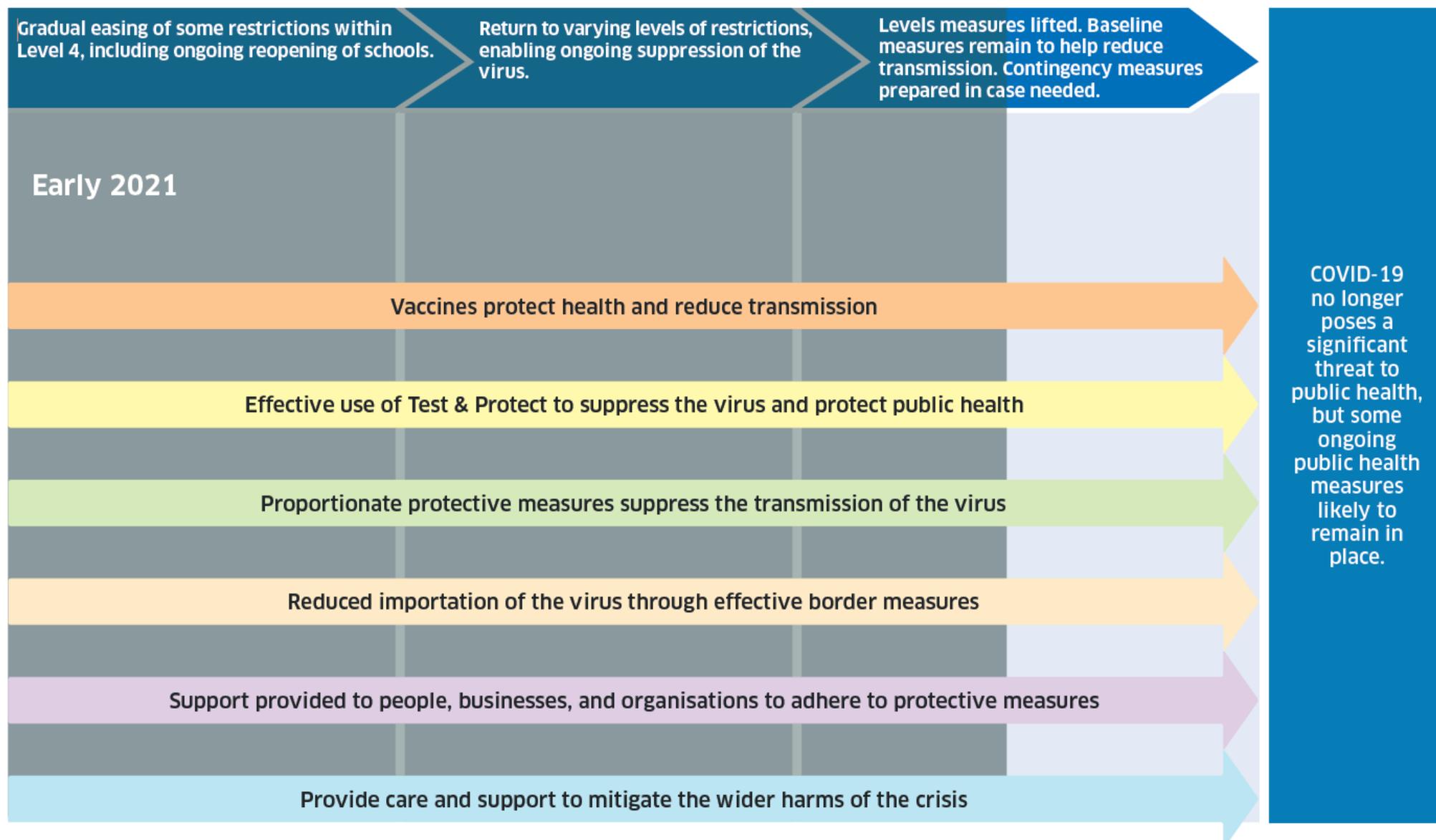
By promoting vaccination, testing, and adherence to rules and guidance we aim reduce transmission and avoid the need for further restrictions. We will continue to work with our partners in this shared endeavour through effective communications and marketing, stakeholder and other forms of support. Continuing strong adherence remains imperative for keeping the virus under control.

## **Providing care and support to mitigate the harms of the crisis**

A key element within our approach to managing the pandemic is the provision of care and support to those people, organisations and businesses affected by the crisis. In particular significant progress is being made in the treatment of COVID-19 and 'long COVID'. We continue to work closely with sectors across the economy and broader society to support the further reduction of harms from the pandemic. In combination, and supported by the continued efforts of people, businesses and organisations right across Scotland, we believe that these measures can alleviate the broader harms of the pandemic as we also turn our focus to COVID-19 recovery.

Figure 1 sets out the different stages of our progress over the course of 2021. We are not yet in the final phase, where COVID-19 ceases to be such a significant threat to public health, but that continues to be our longer term goal.

Figure 1: Phasing of the Strategic Framework over the course of 2021 and into 2022

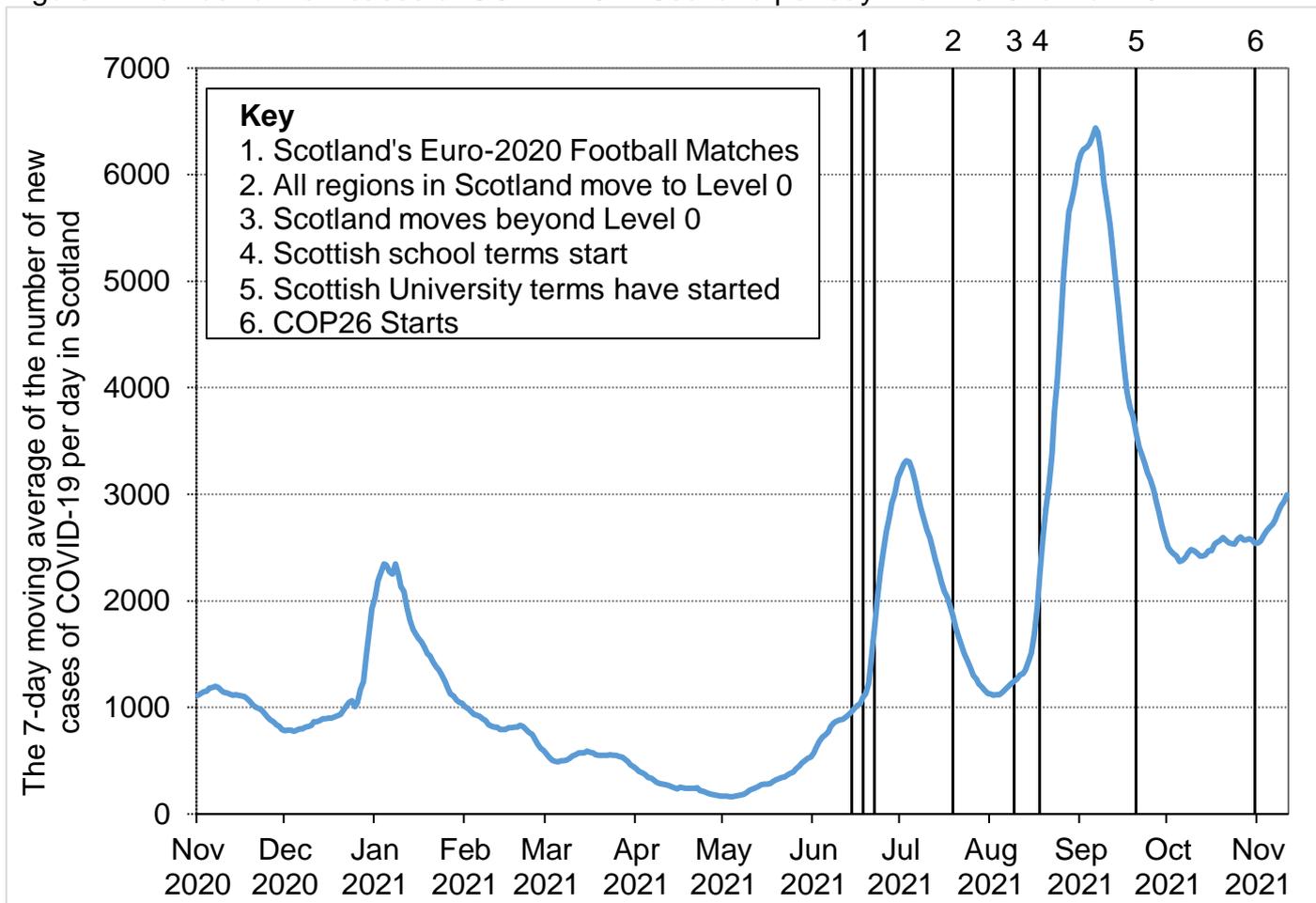


## Overview

This update to our *COVID-19: Strategic Framework* (last updated in June 2021) sets out progress against the range of strategies being deployed across government and the broader public sector in Scotland in response to the coronavirus pandemic and explains our approach to the future management of the pandemic.

The June publication followed a period of declining incidence of the coronavirus in Scotland as shown in Figure 2. This decline reflected our managed exit from lockdown during the first half of 2021, as increasing vaccination coverage permitted a greater easing of restrictions while keeping the virus suppressed.

Figure 2: Number of new cases of COVID-19 in Scotland per day: Nov 2020 to Nov 2021<sup>1</sup>



By June 2021, it was clear that the Delta variant was going to dominate other variants of the coronavirus, with its increased transmissibility contributing to rising case rates. However, it was also clear that the positive effect of the vaccine had fundamentally changed the balance of harms associated with the pandemic: the relationship between infections and serious health harms had weakened significantly compared to earlier stages of the pandemic. Serious health harm continued but at much lower levels for a given number of cases than in the past. Meanwhile, broader harm to the economy and wider society also continued, and though these harms had been considerably alleviated by fewer restrictions, certain sectors continued to be severely affected, including those

<sup>1</sup> [phs.CovidDailyDashboard@phs.scot](https://phs.CovidDailyDashboard@phs.scot)

unable to operate at all. This fundamental adjustment in the balance of harm, brought about through vaccination, underpinned our shift in strategic intent from one of suppressing the virus to *the lowest possible level* to one of suppressing the virus to a level that was consistent with *alleviating the broader harms of the virus*.

In late June and early July, cases in Scotland spiked, peaking at just over 3,900 new positive cases per day. A key factor likely associated with this spike was increased socialising across Scotland around the time of Scotland's participation in the (delayed) Euro 2020 football championships (with three matches on 14, 18 and 22 June 2021). At this time, most of Scotland remained in Levels 1 or 2 in terms of restrictions.

Following Scotland's exit from Euro 2020, the combination of protective measures in place, fairly high population immunity (from both vaccine coverage and prior infection) and the scheduled closure of educational settings for the summer holidays (alongside other factors such as warmer temperatures, the Test and Protect programme and the degree of adherence to protective measures) was sufficient to reduce case numbers again without an increase in restrictions. This was significant as it was the first time that there had been a sustained reduction in cases without an escalation of non-pharmaceutical interventions. Daily cases had fallen to 1,865 (7-day average) by 19 July, at which point Scotland generally moved to Level 0 restrictions (some island communities already having been in Level 0). This was the lowest level within the levels system of protective measures but still maintained certain restrictions including in high transmission-risk settings. In addition, physical distancing requirements were also reduced (to 1 metre in all indoor public settings and outdoors).

New positive cases continued to fall, to around 1,132 (7-day average) by the end of July. However, it is likely that the move to Level 0, alongside wider factors present at the time (including the dominance of Delta, the reduction in physical distancing requirements and potentially some relaxing in adherence to the remaining rules), had tilted the balance in favour of renewed growth of the virus, although case numbers and wider harms at the time remained manageable.

Consistent with our revised strategic intent, and recognising the broader harms of restrictions both economically and socially, the Level 0 restrictions and remaining physical distancing requirements were lifted, as planned, on 9 August. At this time, the number of cases (7 day average) was 1,245 (and the 7 day rate of positive cases per 100,000 population, by specimen date, was 159). Several important baseline measures were retained in law to control and prevent future growth of the virus including:

- mandatory face coverings in indoor public settings and on public transport (with some exemptions);
- attendance limits on large events (with exceptions, where approved);
- collection of contact-tracing details in some settings; and
- having regard to guidance to reduce transmission risk.

The combination of the lifting of Level 0 restrictions, which enabled the re-opening of venues such as nightclubs and the general return of full stadia and large events, together with the return of schools (11-19 August) and with potential reductions in adherence, likely contributed to the rapid escalation in case numbers observed during August. Cases reached a record high of 7,525 on 2 September (and the 7-day moving average peaked

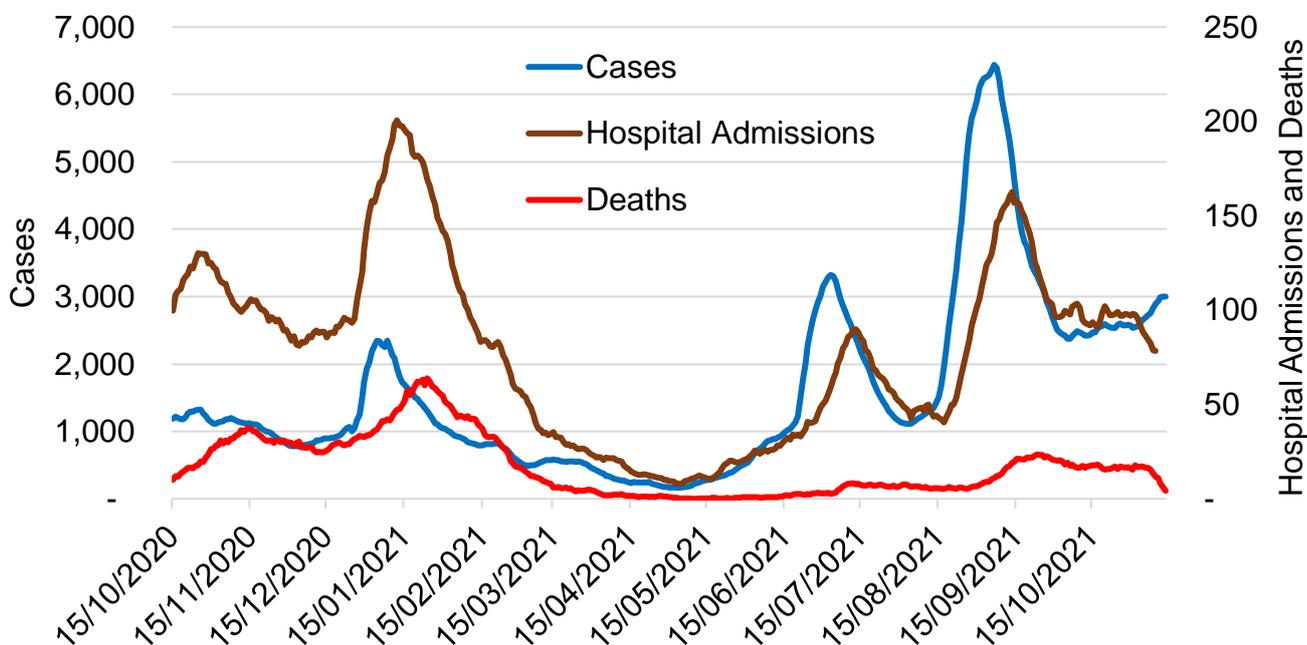
at 6,439 on 6 September). Due to the effect of the vaccine in weakening the link between cases and serious health harm, the impact on hospitalisation and mortality from this peak was correspondingly lower, but still significant. The growing number of therapeutics to treat COVID-19, mainly in hospitalised patients, were also helping to manage the severity of symptoms.

Although some increase in case numbers had been considered plausible following the easing of Level 0 restrictions, it was expected that increasing immunity and adherence to the baseline measures in place would curb any increase. This expected reduction in cases – without the need for further restrictions – subsequently took place, with 7-day average cases falling back below 2,400 at the start of October.

The decision not to re-impose restrictions to curb the August surge in cases was an example of one of the very difficult balancing acts that many governments have faced during the pandemic, given the various harms involved. Following this decision, cases reduced significantly (more than halving from their peak) without the re-imposition of restrictions and their associated harm for business, educational and other settings.

However, the surge in cases translated into a high level of COVID-19 hospital admissions (peaking at over 150 per day) and COVID-19 bed occupancy at a time when hospital pressures were already significant. Figure 3 shows that, even with the increased protection from vaccination, higher case numbers translated into higher admissions and to an increase in COVID-19 deaths, though neither reached the levels seen in early stages of the pandemic in Jan 2021 and April 2020.

Figure 3: COVID-19 case numbers, hospital admissions and deaths<sup>2</sup>



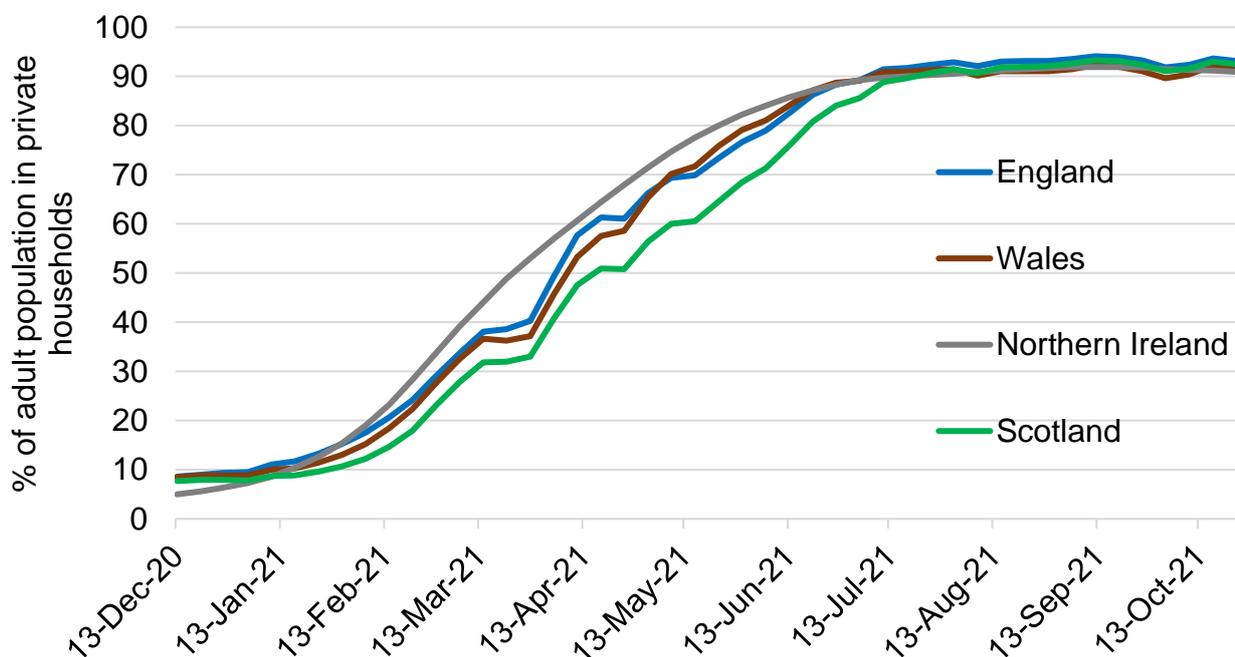
<sup>2</sup> Seven-day moving averages of cases by specimen date (left-hand axis) and deaths and hospitalisation (right-hand axis). Data for cases and deaths up to 13/11/2021, data for hospital admissions up to 09/11/2021. Source: [Public Health Scotland](#)

Reflecting these conflicting harms, the June 2021 *Strategic Framework Update* described how a ‘gateway condition’ for lifting Level 0 restrictions had been set of double vaccinating the over 40s age groups. This was specifically done to address the balance of harms as we knew that most (but certainly not all) COVID-19 deaths occur in the over 40s and we judged that waiting to fully vaccinate the entire (adult) population before lifting Level 0 restrictions would likely have imposed disproportionate economic and social harm. By the end of July 2021, all over 40s were offered a second dose, and 94.2% had taken up that offer ahead of the lifting of Level 0 restrictions on 9 August.

From recent experience it is clear that increasing immunity, or reducing susceptibility, to the virus is able to exert pressure on COVID-19 case numbers as – even where that immunity is only partial - it becomes more difficult for the virus to spread. In essence, immunity from COVID-19, whether full or partial, comes in two ways – from vaccination or from infection (or from both, where vaccinated individuals have also been infected, or vice versa).

Antibody data indicate that Scotland’s population now has a very high level of COVID-19 antibodies, particularly among adults. (See Figure 4 below). This is in large part because of the success of the vaccination programme, with over 82% of the total eligible (12+) population (and 88% of the adult population), now double vaccinated as of 15 November. However, it is important to increase still further the proportion of adults and young people who have been vaccinated, to ensure that as many are protected as possible – and we will continue to strive to do this.

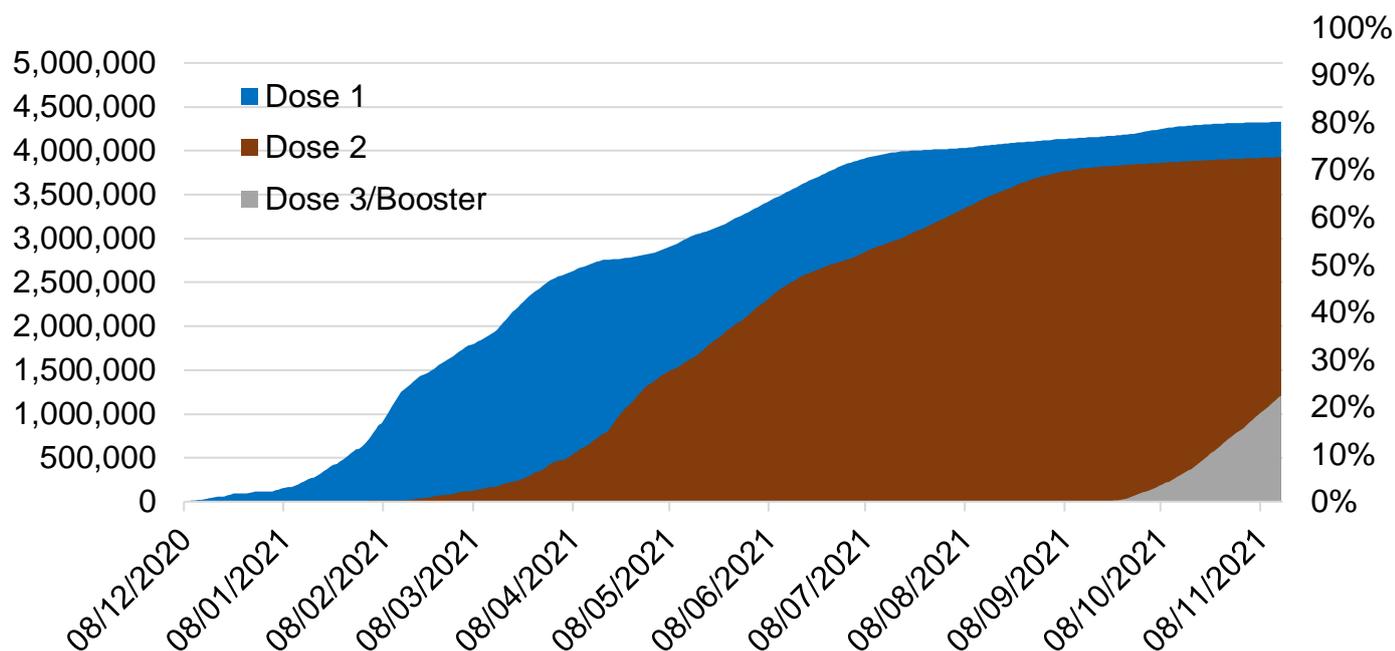
Figure 4: Modelled percentage of population testing positive for SARS-CoV-2 antibodies<sup>3</sup>



<sup>3</sup> Source: [Office for National Statistics \(ONS\) – Coronavirus \(COVID-19\) Infection Survey](#)

Eligibility for vaccination has been expanded since the last *Strategic Framework Update*. On 4 August 2021 the JCVI issued advice recommending vaccination for all 16 to 17 year olds and on 13 September 2021 the four UK Chief Medical Officers provided advice on a 'one dose' offer of vaccination for all 12 to 15 year olds. Good progress has been made in providing first doses to these groups (certain individuals within these groups are eligible for two doses). On 15 November 2021 the JCVI advised broadening the offer of a COVID-19 booster to 40 to 49 year olds, and offering all 16 to 17 year olds who are not in an at-risk group a second dose of the Pfizer vaccine. Further take-up of the vaccine across the eligible population will help to increase downward pressure on the virus. Figure 5 shows vaccine coverage by day.

Figure 5: Total vaccination coverage by day (1 January 2021 – 9 November 2021)<sup>4 5</sup>



The level of antibodies in the population will not naturally remain fixed at some high level. There is growing evidence that the antibodies from vaccination may reduce over time. This is important because there may be a positive correlation between the level of antibodies and the degree of protection a person has from the virus. A reduction in antibodies may reflect waning immunity, particularly as the protective effect of vaccinations appears to reduce to some degree over time. We are continuing to learn about this effect with Scottish research groups contributing significantly to global understanding here.

To address waning immunity, it is important to provide booster vaccinations for eligible people. These 'boosters' are being offered to: people living in residential care homes for older adults; frontline health and social care workers; all adults aged 50 years or over; adults aged 16 to 49 years with underlying health conditions that put them at higher risk of severe coronavirus; adult carers (aged 16 or over); household contacts (aged 16 or

<sup>4</sup> From 11 November 'Dose 3/booster' are combined. Until then, numbers reported were for booster vaccine.

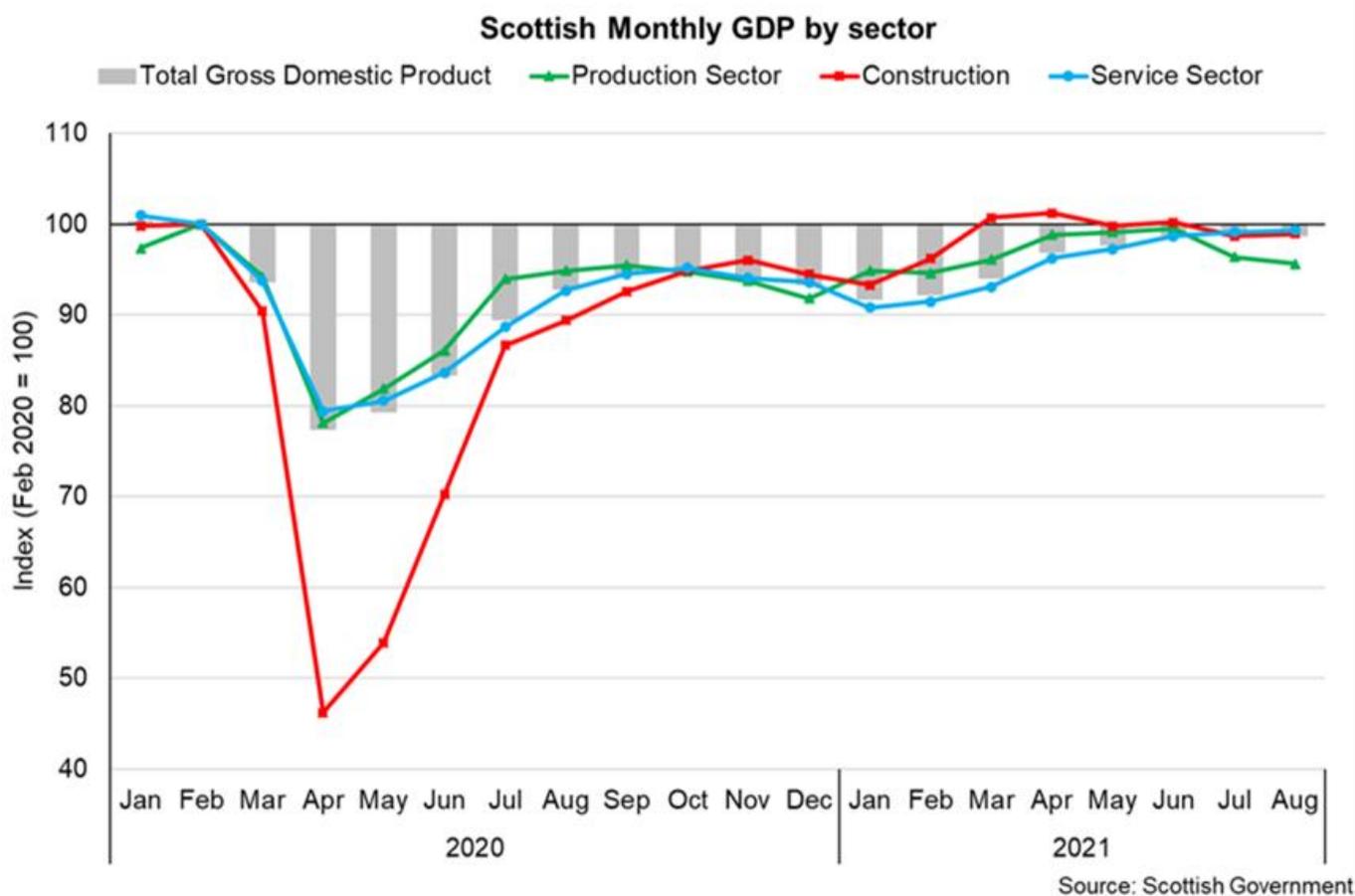
<sup>5</sup> Source: [Public Health Scotland](#)

over) of immunosuppressed individuals. So far take-up has been strong. As of 15 November, 1,208,387 people had received a booster vaccination or their third primary vaccination. Following JCVI advice on 15 November, people aged 40 to 49 will also be offered a booster vaccination and will be able to book their appointments soon.

The careful, staged lifting of restrictions in Scotland has enabled the gradual re-opening of the economy and broader society. There are no longer any restrictions requiring the closure of particular business or other premises, which is important, not least given the end of the UK Government’s furlough scheme. Whilst overall economic output in Scotland, as measured by Gross Domestic Product (GDP), has returned almost to its pre-pandemic level, as shown in Figure 6, consumer facing services sectors, such as hospitality, remain notably below pre-pandemic levels. Labour-market indicators, including the unemployment rate, are similarly near their pre-pandemic levels but the re-opening of the economy has led or contributed to specific challenges in the labour market, such as staff shortages in some sectors.

We will continue to engage with the Convention of Scottish Local Authorities (COSLA), local authorities, trades unions, other regulators and business organisations to ensure that compliance with COVID-19 regulations and guidance is maintained in business and event settings and we will continue to promote, across sectors, tools to increase understanding and to promote good practice.

Figure 6: Scottish monthly GDP by sector



All of our schools, further and higher educational establishments and early learning and childcare settings are able to open, though all continue to operate with some protective measures in place. Depending upon the setting, such measures might include a focus on hygiene, ventilation, vaccination, the use of face coverings, and asymptomatic testing.

Despite facing significant challenges, we are continuing to build on the approach to recovery and renewal set out in our [NHS Recovery Plan](#). Our health and social care services are under more pressure than at any point in the pandemic and the situation is likely to get worse as we move into the winter months. This is why the NHS will remain on an emergency footing until at least 31 March 2022. Our immediate priority is to continue to prepare the NHS for and support staff through the pressures they will face in the coming months, including normal winter illnesses, weather issues, and any further resurgence of COVID-19. We recently announced a [package of measures](#),<sup>6 7</sup> backed by additional recurring funding of more than £300 million, which demonstrates our commitment to having a well-staffed, well-supported and resilient health and social care system. This is in addition to more than £1 billion of targeted investment to help the NHS recover.

With the lifting of restrictions and the broad-based recovery that we are now witnessing even in the face of evident challenges, the economic and social harms caused by COVID-19 today are much reduced compared to earlier stages of the pandemic. However, a range of harms that accumulated during earlier stages continues to be acutely felt. These include bereavement; those suffering from the long-term mental and physical health effects of the pandemic, including 'long COVID'; the backlog of non-COVID-19 health treatments; disrupted education; higher levels of debt; and lost jobs, livelihoods and businesses.

Our *COVID Recovery Strategy* has set out how we intend to alleviate many of these harms. It will be a long-term challenge but we are fully committed to a better, fairer and greener Scotland emerging as a legacy of the pandemic.

Work is underway to establish a COVID-19 public inquiry for Scotland by the end of this year. Once set up, the Inquiry will operate independently of the Scottish Government. We are committed to supporting a full and transparent review of handling of the epidemic in Scotland and learning lessons for the management of future crises.

Like many other countries, we believe that retaining a limited number of baseline measures (such as wearing face coverings in public indoor spaces and on public transport) is essential for controlling the virus, particularly over the coming winter. We keep such measures under ongoing review as we know that they continue to affect education and business and wider activity.

On balance, we currently judge that any inconvenience and drawbacks these measures cause is outweighed by their benefit in reducing transmission of the virus and the health, social and economic harms that follow from that. These measures include the vaccine certification scheme for certain higher transmission-risk settings in Scotland. We see this as an important measure to help to reduce direct health harm from COVID-19 while enabling affected businesses to continue operating. We view this as a temporary

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<sup>6</sup> [Adult social care - winter preparedness plan: 2021-22 - gov.scot \(www.gov.scot\)](#)

<sup>7</sup> [Health and social care: winter overview 2021 to 2022 - gov.scot \(www.gov.scot\)](#)

measure and, as with other legal measures, we will keep it under review to ensure its coverage is appropriate and to remove it when it is no longer necessary.

Continued strong adherence to these measures is required to maximise their effectiveness in helping to control the virus and thereby reduce the likelihood of needing further restrictions, though they remain a contingency.

We fully intend for some measures put in place to tackle COVID-19, such as improved ventilation and testing, to become part of the 'new normal' – as they will be of economic and social as well as public-health benefit in the long term and will support the better, fairer Scotland that we all want to see. They will also help to manage COVID-19 as it moves from the acute phase of the pandemic in Scotland to becoming endemic.

## Future strategy

In our management of the pandemic, we need to be alert to the possibilities of different futures given inherent uncertainties about the virus. Our expectation is that COVID-19 will now become endemic and that we have a difficult winter to plan for. The current resurgence of COVID-19 across Europe underlines the risk that the virus continues to pose, with a number of countries now reintroducing legal measures to reduce transmission. Factors such as vaccine take up and vaccine waning, levels of adherence to COVID-19 rules and guidance, and the risk of new variants can all combine in different ways to produce very different outcomes requiring different responses.

Currently we consider that we are in a situation in which vaccination, supported by the booster programme, remains effective and adherence to proportionate protective measures remains sufficiently high to keep the virus at manageable levels. However, we recognise the risk of moving – potentially rapidly – into other, more challenging scenarios with varying impacts on health, the economy and society and each requiring a different mix of interventions in response. For example, weakening adherence to the rules and guidance in place would likely increase future COVID-19 cases and require further intervention.

Known events may also have a bearing on which future scenario transpires. For example, the COP26 international climate change conference in Glasgow posed a number of risks around increased travel and social contact, particularly amongst those attending outwith the 'Blue Zone'.<sup>8</sup> And we have learned from past experience that the festive period may present risks of heightened transmission due to the increased social interaction that tends to occur around that time.

This underscores the need to maintain and develop strategies to control and mitigate the different harms of the pandemic and these elements of our Strategic Framework are set out in the various sections below, following consideration of our overall strategic intent.

In light of the current state of the epidemic and our consideration of future potential scenarios, we judge that the current strategic intent guiding our COVID-19 response remains appropriate:

"to suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future."

In practice, this means that, because of both the success of the vaccination programme and continued adherence to COVID-19 protective measures by individuals and organisations, we can tolerate a level of COVID-19 circulating in society. We do not do this lightly – other things being equal, it would of course be preferable to be free of COVID-19. However, we judge that the restrictions required to eliminate the virus (or to keep it suppressed at the lowest possible level) and the resulting interference in our daily lives and livelihoods and fundamental, protected rights that pursuit of such elimination would cause, likely on a repeat cycle, would be disproportionate and inconsistent with our intent to alleviate the broader harms of the pandemic.

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<sup>8</sup> The 'Blue Zone' is an area beyond the security cordon where only Ministers, accredited government officials, and other accredited officials and organisations can enter.

We can only tolerate transmission of COVID-19 up to a point. Too high a level of the virus would cause intolerable health harms – both directly and indirectly because of the wider pressure it would place on our already stretched health services. Therefore we must continue to be alert for the virus spreading to an unacceptable level, where what is judged acceptable takes all factors (including the broader harms caused by restrictions) into account.

This is why we continue to apply our ‘four harms’ approach<sup>9</sup> in weighing up decisions about the imposition or easing of protective measures. We regularly review the COVID-19 legal measures in Scotland to ensure their ongoing necessity and proportionality and that they remain reasonable in order to achieve our strategic intent. Following this approach means that our measures will remain lawful under relevant COVID-19 legislation.<sup>10</sup> We also subject regulations to impact assessments, including to assess the impact on businesses and on equalities, as we know that the harms of the virus do not fall evenly across the population but are felt particularly acutely by particular people, groups and sectors.

As noted, on top of case levels that are still relatively high, we face the significant risk of increased circulation of the virus throughout the winter period. For that reason, we believe that retention of a number of baseline measures to reduce and prevent transmission and the attendant health harms is both necessary and proportionate. And continued strong adherence to these measures remains essential. We will continue to review such measures to ensure that they remain necessary and proportionate as epidemiological conditions evolve. We cannot rule out the possibility that further legal measures will be required as a proportionate, preventative intervention to tackle the pressures we face this winter: we do not want to impose such measures but have learned that early intervention can reduce future harm and the need for tougher measures later.

We believe that by seeking to ensure that our interventions alleviate the various harms of the pandemic and remain necessary and proportionate, we will enable Scotland to emerge from the acute phase of the pandemic in a position to recover and rebuild for a better, fairer and greener future.

The various interventions that we have in place to tackle the epidemic are set out in the six elements of our Strategic Framework below.

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<sup>9</sup> The ‘four harms’ are the direct harm to health and life caused by the virus, and the indirect effects of both the virus and measures to suppress it on wider health and healthcare systems, society, and the economy.

<sup>10</sup> Principally the Coronavirus Act 2020, Coronavirus (Scotland) Act 2020, Coronavirus (No. 2) (Scotland) Act 2020, Scottish General Election (Coronavirus) Act 2021, Coronavirus (Extension and Expiry) (Scotland) Act 2021, The Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Regulations 2021, The Health Protection (Coronavirus) (Requirements) (Scotland) Regulations 2021, and [The Health Protection \(Coronavirus, Restrictions\) \(Directions by Local Authorities\) \(Scotland\) Regulations 2020](#), all as amended from time to time.

### Progress

Vaccination remains one of our most effective public health interventions against this pandemic and we continue to deliver at pace. We delivered over 8 million COVID-19 vaccinations during the first phase of the programme - between December 2020 and September 2021 - guided by clinical advice at all times and delivering as quickly as supply permitted. Since 6 September, we have delivered a further 3 million vaccinations which has included over 1.2 million COVID-19 boosters and third doses. By 15 November, over 93% of over 18s had received a first dose and over 88% a full dose. This exceeded our initial planning assumption of 80% and is testament to the hard work and dedication of everyone involved in the delivery of the programme.

To protect more people in Scotland, we expanded our eligibility criteria for under 18s and updated our policies on COVID-19 third doses (for severely immunosuppressed individuals) and COVID-19 boosters extending the protection being offered through vaccination.

As of 15 November, 76% of 16 to 17 year olds had received a first dose of the vaccine. The vaccine is now also being offered to 12 to 15 year olds. Significant progress has been delivered with over 56% receiving a first dose of the vaccine by 15 November. This is being delivered in parallel to a booster for eligible people who received their primary dose some time ago. The JCVI has advised that the booster dose can be given alongside the influenza jab. Booster vaccinations can usually only take place six months after the second dose, although there is now further flexibility to offer vaccination in some operational circumstances after five months and in some clinical situations after four months.

### Next Steps

We will continue to deliver the largest ever vaccination programme over the autumn and winter period, offering vaccinations to approximately 7.5 million eligible people including over 3 million COVID-19 and over 4 million influenza vaccinations. Although this is slightly less than the 8 million delivered during phase 1 of the programme, these are required to be delivered in half the time. The range of vaccination activity being delivered includes:

- COVID-19 boosters in line with current JCVI advice;
- Third doses for the severely immunocompromised;
- Single doses to 12 to 15 year olds;
- A universal offer of a second dose for 16 and 17 year olds;
- Rolling offer of first and second doses to anyone not fully vaccinated;
- Childhood influenza; and
- Adult seasonal influenza.

The autumn/winter vaccination programme is a key element to protecting the population and why seasonal influenza eligibility has been expanded to include secondary school children and some occupational groups such as educational and prison staff. This is the largest ever flu vaccination programme reaching over 4.4 million people. This is one million more than were eligible last year.

We have now moved towards a system that enables online self-booking. The portal for adults aged 50 to 59 and those aged over 16 who are unpaid carers and household contacts of immunosuppressed individuals opened on Monday 15 November, allowing those and anyone eligible who have not yet received an appointment to book online. On the first day of the portal opening an average of 5,000 appointments an hour were being booked and 800 an hour via the helpline amounting to a total of 42,000 bookings. A [guide has also been included on NHS Inform](#) to help individuals understand whether they are eligible for flu or a booster vaccination and how and when they will be invited.

We continue to ensure our delivery model is person-centred and meets the needs of local communities, tailoring our approach by learning from what works. We are also urgently exploring how we can increase capacity, for example by establishing additional clinics, particularly at evenings and weekends. Given the record volumes of vaccines already being delivered, we are supporting NHS Boards to identify, recruit and train additional staff, including healthcare students and those in primary care such as GPs, GP practice staff, dentists and pharmacists.

We will continue to prioritise based on clinical advice, and deliver using our well established vaccination infrastructure, building on our learning from earlier in the programme.

## Test and Protect

The Test and Protect system continues to provide three of the key public health interventions that have been vital in minimising the health and broader harms caused by COVID-19: testing, contact tracing and supporting self-isolation. As the evidence base relating to COVID-19 has grown, the Test and Protect system has evolved to ensure that each of these three interventions adapts to reduce transmission and minimise health and other harms.

The successful delivery of the vaccination programme throughout 2021 has fundamentally shifted the risks that COVID-19 poses to the wider Scottish population. [Weekly vaccine surveillance research](#) continues to show that people who have been fully vaccinated are much less likely to be infected by coronavirus and, if they are infected, are less likely to transmit the virus to others or to experience severe illness, hospitalisation or death. Levels of vaccination across the population, and therefore levels of protection, are high.

As this shift in risk has occurred, consideration of the appropriate balance between protecting public health and minimising the harms caused by interventions has led to a number of changes to Test and Protect including:

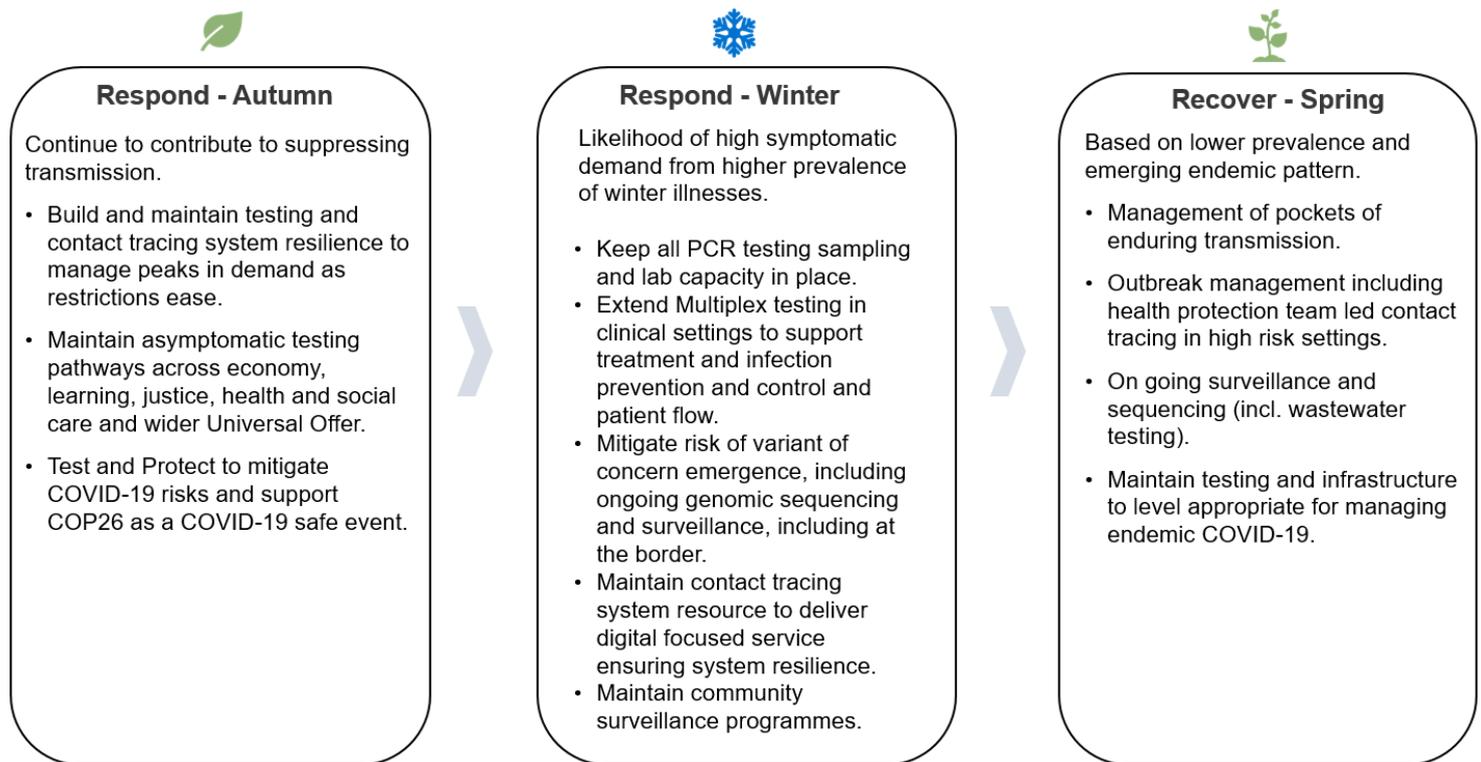
- revised isolation guidance for fully vaccinated adults and for young people aged under 18 identified as close contacts after receiving a negative PCR result;
- revised contact tracing guidance for educational settings to identify higher and lower risk contacts and issue appropriate public health advice to each;
- digital innovation within the contact tracing system to ensure that resource is allocated to enable telephone contact tracing for highest risk settings and increasing uptake of digital channels for lower risk cases and contacts.

As we enter winter, Test and Protect will continue to play a significant role in contributing to reducing transmission, in line with evidence on the changing balance of risks and harms. Test and Protect will continue to evolve to transition towards a future strategic approach from spring 2022, with a longer-term focus on recovery and managing COVID-19 as an endemic disease.

### Next stages of Test and Protect

Test and Protect is expected to continue to play a significant role in reducing transmission as we transition from the acute to the endemic phase of managing COVID-19. There are likely to be three strategic phases in autumn, winter, and spring – as set out in Figure 7.

Figure 7: Test and Protect phases



## Testing

Testing to find cases remains a key part of the strategic intent for the testing system into the start of winter to identify cases, both in asymptomatic and symptomatic people, and to ensure they receive public health guidance to isolate and reduce transmission.

It is anticipated that due to increased prevalence of other winter illness and viruses there will be significantly increased demand for testing from people whose symptoms are caused by viruses other than COVID-19. To manage this expected increased demand, existing PCR testing sampling and lab capacity will remain in place. In supporting NHS recovery and minimising COVID-19 risks in health settings, testing will be extended in clinical settings.

As set out in the Scottish Government Testing Strategy, there may also come a point – at lower levels of disease prevalence and high population level protection from vaccination – where, on balance, the benefit of routine asymptomatic testing has reduced and when there is less of a rationale for asymptomatic testing of otherwise healthy people. We will continually review the evidence and make decisions on the continuation or pausing of different asymptomatic programmes as the evidence base on vaccination coverage and effect continues to build.

Testing capacity may vary moving into spring 2022 as part of the recovery phase, with sufficient resource and capacity required to support requirements for testing as COVID-19 becomes an endemic disease. Ensuring capacity for genomic sequencing and surveillance will be key to providing intelligence, and minimising the risk of vaccine

escape or increase in serious disease that potential variants of concern may cause. This 'steady-state' testing system will continue to ensure sufficient resource to manage COVID-19 as an endemic illness and to minimise transmission in areas of disproportionately high prevalence.

## **Contact Tracing**

Entering the winter period, contact tracing will continue to develop the usage of digital contact tracing channels with a targeting of public health resource towards areas of highest risk. Contact tracing was key in ensuring that COVID-19 risks were minimised as part of delivering COP26 as safely and as 'in person' as possible. Recent digital enhancements to the contact tracing system have ensured that the service is resilient and prepared to respond to high levels of case numbers through late autumn and early winter, should case numbers increase.

As part of the transition into the spring 'Recovery' phase, increased use of digital contact tracing channels, with public health resource predominantly targeted at higher risk settings, will continue to ensure the system is robust and also delivers an effective intervention to minimise public health risks. The shift into spring 2022 will see continued prioritisation of higher risk cases and contacts, increased use of locally led health protection team contact tracing and a likely refocus of centrally-led services, reflecting the changing risks that COVID-19 poses across different groups of the wider population.

## **Support for Isolation**

Isolation support services including financial and practical support have been key to reducing and removing the barriers that people may experience when asked to self-isolate. These services, delivered by local authorities locally, continue to be available to people self-isolating. Following recent changes to isolation guidance, meaning fewer people are required to isolate as vaccination coverage has increased, it is anticipated that demand for these services will reduce over the winter phase.

It is anticipated that COVID-19 will have disproportionately high prevalence within areas with higher populations of low-income households, black and minority ethnic communities and disabled people. Support provided to people who may be required to self-isolate into spring 2022 will focus on ensuring that where the harms caused by isolation as an intervention disproportionately affect certain groups of the population, the strategic focus is to minimise these differential impacts.

The Self-Isolation Support Grant remains in place and provides a £500 grant to low-income workers who cannot work from home and face a loss of income as a result of self-isolation. To the end of September 2021, 43,458 grants had been paid. Following previous changes to the eligibility criteria for the Grant to extend it to parents of a child who is required to self-isolate, carers, and people earning up to the Real Living Wage, we adjusted the rules in October 2021 to ensure that the UK Government's removal of the £20 uplift to Universal Credit does not exclude anyone from receiving the Grant who would have qualified previously. We have also changed the eligibility criteria in relation to contacts who have been fully vaccinated to align with self-isolation requirements.

## Protective measures

Scotland, like many other countries, retains a number of legal requirements ('baseline measures') and a range of good practice guidance to reduce transmission of the virus and to alleviate current and future pressure on the health and social care system. These protective measures are considered both necessary and proportionate to achieve our strategic intent of suppressing the virus to a level consistent with alleviating the broader harms of the virus. Continued strong adherence with these measures will be essential to their effectiveness. The current baseline measures required by legislation are set out in **Box A**.

### **Box A: Scottish Government legislative baseline measures**

- face coverings continue to be required in most indoor public settings and on public transport (unless exempt);
- hospitality and entertainment venues are required to collect the contact details of customers so that Test and Protect can continue to contact-trace positive cases;
- businesses, services providers and places of worship continue to be required to have regard to Scottish Government guidance about measures to minimise risk of exposure to COVID-19 relating to their business, service or premises; and
- the Vaccine Certification scheme (see **Box B** for detail).

Other measures are covered by guidance rather than regulation and include:

- good hand hygiene and surface cleaning;
- continued promotion of good ventilation; and
- continued compliance with Test and Protect, including self-isolation when necessary.

While some employers are already working with employees on a phased return to office working, in line with what is appropriate for their business, customers and staff, we continue to encourage a greater degree of working from home than pre-COVID-19, where this is possible and appropriate, particularly over these coming winter months to help reduce transmission.

There is clear evidence on the effectiveness of good ventilation in reducing transmission of COVID-19 in enclosed spaces. You cannot see infectious particles but they can hang around in the air in enclosed spaces unless fresh air is introduced to disperse them. That is why we established an expert short-life working group to consider how we enhance our approach to ventilation. In response to their recommendations, we have established a £25 million business support fund to support small and medium enterprises to enhance ventilation. We provided additional funding of £10 million to enable local authorities to undertake CO<sub>2</sub> monitoring to assess the ventilation levels in all learning, teaching and play spaces and we continue to consider how this approach could be of benefit in other settings. In parallel we continue to encourage businesses and individuals to improve ventilation by ensuring they are using properly maintained mechanical systems, or opening windows, doors or vents a small amount regularly to improve the flow of fresh air in indoor settings.

As noted earlier in this Update, it has been very encouraging to see COVID-19 case numbers in Scotland twice fall significantly without the need for increasing restrictions. This indicates that at those times, and with the prevailing epidemiological conditions, the combination of fairly high levels of immunity with other factors – including behaviours shaped by the protective measures and seasonal factors – was sufficient to put the reproduction (R) number below one and the virus on a downward trajectory. However, recent increases in cases from a high ‘plateau’ points to the need for both continued caution and continued adherence to the rules and guidance in place, as weakening adherence may push cases up further. The current resurgence of COVID-19 across much of Europe underlines the risk that the virus continues to pose.

Of course, epidemiological conditions can and do change over time – positively and negatively – and so the measures required to be in place to keep the virus under control at any given moment will change over time too. This is why we keep our baseline measures under ongoing review to ensure their continued necessity and proportionality. Factors that may shift epidemiological conditions include:

- new variants – particularly those that better evade immunity and those that are more transmissible;<sup>11</sup>
- waning immunity over time – particularly vaccine waning; and
- changing behaviours – particularly those that make transmission of the virus more or less likely (which could be due to seasonal factors, for example).

For this coming winter, given what we know and expect about current and future pressures and the risk of potential increases in case numbers, we currently judge that we need to retain baseline measures alongside the other factors that are helping to keep the virus under control that are set out in this document including:

- high levels of immunity (driven primarily by increasing vaccination coverage and booster vaccinations);
- effective and proportionate testing, contact tracing and self-isolation where appropriate; and
- clear communications and support to help people, businesses and other organisations adhere to the rules and guidance that are in place.

This multi-faceted approach has sometimes been described as a ‘vaccine plus’ approach. Alongside many other countries, we judge that we cannot yet rely on the effectiveness of vaccination alone to achieve our aim of alleviating the broader harms of the virus.

These baseline measures now include a vaccine certification scheme (see **Box B**) which was introduced on 1 October 2021 and is required for entry to some specific settings. The aims of the scheme are to:

- reduce the risk of transmission of coronavirus;
- reduce the risk of serious illness and death thereby alleviating current and future pressure on the National Health Service;

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<sup>11</sup> For example, we are currently closely watching developments on the new Variant Under Investigation VUI-21OCT-01, AY.4.2.

- allow higher risk settings to continue to operate as an alternative to closure or more restrictive measures; and
- increase vaccine uptake.

As with the other baseline measures, we recognise that measures such as certification sometimes impinge on personal freedoms and fundamental rights, but we judge that this is both necessary and proportionate for managing this stage of the epidemic. These legal measures are not interventions that we would wish to make in normal times. They reflect the ongoing public health emergency caused by the virus and we will continue to keep them under review to ensure their ongoing necessity and proportionality. We will remove them when they are no longer necessary, but equally we may have to extend them should the state of the epidemic require further action to control infections.

### **Box B: COVID-19 vaccine certification scheme summary**

From 1 October 2021, COVID-19 vaccine certificates are needed to access the following higher risk settings in Scotland:

- late night premises with music, which serve alcohol at any time between midnight and 5am and have a designated place for dancing for customers;
- indoor events (unseated) with 500 or more people;
- outdoor events (unseated) with 4,000 or more people; and
- any event with more than 10,000 people.

To gain entry, everyone attending these settings and events must be able to show they have been fully vaccinated with an approved vaccine as set out in the guidance (unless exempt) and two weeks have passed for the vaccine to take effect.

In settings where vaccine certification is required, venues and event organisers will need to ensure there is a reasonable and proportionate system for checking and restricting entry to only those who are permitted to be on the premises.

From consideration of potential scenarios about how epidemiological conditions might change, particularly over the coming winter, there are some scenarios in which further targeted and proportionate interventions would again be required, on a temporary basis, to control the virus. We hope that these scenarios – such as a new variant of concern that is worse than, and replaces, the now dominant Delta variant – do not become the reality, but we need to be ready in case they do. And past experience from this pandemic has taught us that early, effective intervention can reduce both future harm and the need for tougher restrictions later.

We already have our system of protective levels of graduated restrictions, which would enable us to respond in a targeted and proportionate way, potentially tailored by geography, in response to epidemiological conditions. But we hope not to have to deploy the levels again, even on a temporary basis, and were we to reach the point where further restrictions were deemed necessary, we might well adjust the previous levels to reflect the epidemiological conditions at the time. Alternatively, we might pursue specific restrictions on certain high-transmission risk settings that would avoid the need for a more general levels approach and thereby alleviate broader harms.

We want people and organisations to be assured that we will be ready to respond effectively should the epidemiological conditions require that. However, the re-imposition of restrictions remains very much a contingency that we hope not to have to deploy: the current baseline measures, as part of the broader strategic approach set out in this Update – including our plans for maintaining high levels of protection through vaccination – are how we intend to keep the virus sufficiently under control in Scotland, particularly during this coming winter, thereby avoiding the need to deploy such contingency measures. For this approach to work we need to sustain our nationwide, collective effort to adhere to the rules and guidance in place.

## Managing the risk of importation

### Progress

Importation from abroad remains a risk to suppression of the virus. Whilst measures remain in place to manage the risk of importation from other countries, the vaccine rollout – both nationally and internationally – has allowed some relaxation in travel restrictions. The ‘traffic light system’ was useful whilst the vaccine programme was developing but now a focus has been placed on person-centred risk, rather than country-focused. Those people vaccinated, by a recognised country or programme, arriving from non-Red List countries are no longer required to self-isolate or complete a pre-departure test; the only requirement is to take a Day 2 PCR or lateral flow test.

The vaccine certification system is operating both nationally and internationally, and is allowing more relaxations to restrictions. This is an app-based solution with QR codes recognised by carriers and UK Border Force. Those who are unvaccinated, or vaccinated on a non-approved scheme, still have to self-isolate. Using the latest evidence, and an updated risk assessment by the UK Health Security Agency (UKHSA), countries are still assessed by risk in order to determine testing and isolation measures for international arrivals. Arrivals from countries and territories deemed to pose an ‘acute risk’ (‘Red List’ countries) continue to be required to enter managed isolation for 10 days, whether vaccinated or not. However, the most recent assessment of global epidemiology shows Delta variant dominating across the world, and displacing variants with properties that would warrant ‘Red List’ restrictions. At the time of publication, there were no countries on the ‘Red List’. Since the inception of this service, approximately 9,200 travellers have entered managed quarantine in Scotland, against over 1.2 million overall arrivals.

### International Vaccination

An important way to reduce the risk of importing the virus is by helping other countries to vaccinate their populations, which is also a moral imperative in its own right.

The UK is part of COVAX and, since the UK Government’s Vaccines Taskforce procures vaccines on behalf of all four nations, Scotland participates in this. The Scottish Government welcomed the UK Government’s (UKG) announcement that it had joined the COVAX arrangement since this supports access to vaccines in lower income countries.

In December 2020, following a review of our approach to international development in light of the pandemic, the Scottish Government provided £2 million to UNICEF from our International Development Fund to support our partner countries’ COVID-19 responses, including vaccine preparedness. This year, we have allocated £1.5 million specifically to support the COVID-19 response in Malawi, Zambia and Rwanda, as part of our wider international development programme.

The UK Government procured COVID-19 vaccine supply on behalf of the devolved administrations and so, following the commitment to provide 100 million doses to other nations, the Scottish Government provided its input to UKG into the allocation decision-making process. The Scottish Government requested that allocations be given / increased to our partner countries, including Malawi and Zambia. We understand that in August, 119,200 doses of the AstraZeneca COVID-19 vaccine shared by the UK arrived in Zambia and 119,040 doses arrived in Malawi.

## Next Steps

When it is appropriate to do so, we will make further relaxations to allow greater freedoms for international travel. We have agreed to align with the rest of the UK in reducing the standard for the Day 2 test to allow travellers to use cheaper LFD tests which came into effect in Scotland from 31 October. This will reduce the cost burden on individuals as we continue to relax restrictions. We continue to assess countries' vaccination programmes to make them part of the accredited scheme which allows travellers to forgo self-isolation on return from a country not on the 'Red List'. The managed quarantine hotels will still operate, however, with no countries on the 'Red List' (as of early November), only at a reduced capacity, to allow rapid response to any risk that emerges over winter. A review of the managed quarantine service and monitoring of those in self-isolation is underway, with all governments of the UK involved. Options being considered include a blended approach of managed quarantine, digital solutions, and home-isolation. We expect this work to be completed in January 2022 and we will make decisions that are right to protect Scotland.

## Supporting adherence

In August 2021, Scotland moved 'beyond Level 0'. This saw the lifting of legal restrictions and greater onus placed on personal responsibility, good practice and continued adherence to the legal requirements and guidance that remained in place. During this period, public adherence to the protective behaviours and baseline measures has remained high. [Opinion polling in October](#)<sup>12</sup> among the general public in Scotland showed around 70% rate themselves as complying completely or mostly with the rules and guidance that are in place. This is little changed since April. October polling also showed around three quarters of the general public agreed that we will all need to adapt our way of living to keep ourselves and others safe as we live with COVID-19.

As we enter a challenging winter and festive period, we need to maintain this high level of public support, and we must collectively retain a strong focus on maximising efforts to promote the protective behaviours and baseline measures to help reduce the harms caused by COVID-19 and enable recovery. If adherence were to weaken then this would put upward pressure on cases and increase the likelihood that further restrictions would become necessary to control the virus.

### Progress

The Scottish Government continues to support the public, and to work with local authorities and business organisations to promote adherence.

Over the summer and into autumn 2021, priorities for communications have focused on:

- encouraging public compliance with key behaviours to help reduce transmission of the virus (face coverings, ventilation, socialise outdoors, clean hands and travel safely);
- increasing the use of regular testing and reinforcing the need for immediate self-isolation if symptomatic or asked to by the NHS; and
- driving uptake of the vaccine by targeting those under 40, hesitant audiences and latterly parents of children aged 12-15.

These core messages have been supported by additional activity when required, to respond to the changing situation.

In August, the Convention of Scottish Local Authorities (COSLA) and the Scottish Government agreed a joint paper on the role of national and local leadership in ongoing COVID-19 compliance and recovery activity.

Sectoral guidance was consolidated and refined to create guidance to support businesses and workplaces to create and sustain safer workplaces as we moved beyond Level 0 of the COVID-19 levels system.

We have also provided funding support to Scottish Hazards to operate a COVID-19 helpline to provide advice to individuals and some businesses. We engage regularly with Scottish Hazards, who provide anonymised feedback on the issues and concerns raised with them, helping us better understand compliance in reality.

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<sup>12</sup> Coronavirus-fortnightly-tracker-weeks-80-83 - data-tables: October-2021

There has been an ongoing focus on developing and improving content on the Scottish Government website to support public understanding of, and compliance with, the guidance. Insights, feedback and analytics have been used to make iterative improvements to the structure and readability of key information and to improve the overall accessibility of documents.

## **Next steps**

We have entered a very challenging period in our response to COVID-19. The run-up to the Christmas period and other faith celebrations, the onset of winter, and the return to schools in early 2022, could also have potentially significant effects on COVID-19 case numbers and the harms they cause.

Building on what has been learned already this year about what works, the Scottish Government will develop measures for the winter period to promote and support ongoing adherence that will complement wider preparedness planning.

The core communications priorities for autumn/winter remain as outlined above, along with a focus on domestic certification and the vaccine booster programme. A new behaviours communications campaign launched on 15 November. This was developed using insight from opinion polling and from supplementary qualitative research.

The overarching piece for this campaign encompasses key behaviours along with a strong rationale for why we need 'to keep going'. Supporting activity will follow to allow for individual behaviours and actions to be made clear. All activity will be brought together with the unifying tagline 'Living safely for us all' and #WeAreScotland, which encapsulates the values-based communications strategy which has motivated citizens to play their part in suppressing the virus and to keep each other safe during the pandemic.

Acknowledging the wider COVID-19 Recovery Plan, this campaign will not exist in isolation. A number of campaigns will work together to support the public through the winter months and encourage the behaviours that are needed to alleviate pressure on the NHS and underpin the wider recovery.

Fortnightly opinion polling will continue to monitor key measures. Website content will continue to be refined, and improvements made to the search function for a better overall user experience.

We will continue to engage with COSLA, local authorities, other regulators, trades unions and business organisations to ensure that compliance with regulations and guidance is maintained in business and event settings and we will continue to promote, across sectors, tools to increase understanding and to promote good practice.

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

A key element within our approach to managing the pandemic is the provision of care and support to those people, organisations and businesses affected by the crisis. This requires partnership working across all levels of government and the public, private and third sectors. In this section, we outline some of the types of care and support provided for different groups and sectors and more general activity to mitigate the harms of the pandemic. Though it is not exhaustive, it gives a good impression of the scale and range of such activity across our public services, the economy and society more generally.

### Treatments for COVID-19 in hospital

The link between cases and serious disease including hospitalisation and death has been significantly weakened by the vaccine but not completely broken. The surge in cases in August and September 2021 translated into high levels of both COVID-19 hospital admissions (peaking at over 150 per day) and COVID-19 bed occupancy at a time when hospital pressures were already significant.

Improvements in the management of COVID-19 in hospital and novel treatment approaches that have been informed by new research have helped to manage the severity of symptoms and in many cases now prevent the escalation of care needs to intensive care (ICU). These have included safer approaches to respiratory support with oxygen and steroids and enhanced monitoring.

NHS boards have flexed and adapted to rising demand and created safe pathways for patients being admitted to hospital which have reduced the risk of transmission of the virus within hospitals. Boards have expanded ICU capacity as they have needed to do to adapt to the demand for more beds although the rate of admissions has not reached the levels seen at the peak of March 2020.

We have offered boards additional support as part of our £300 million package over the winter to help them facilitate and support discharge for patients from hospital and create additional capacity over the winter months ahead, when general admissions are expected to be higher.

We will offer new treatments as they become available to treat the infection. These include the new antiviral drugs that have been developed to directly tackle the virus as well as immunological treatments that help those with a weakened immune response or increased vulnerability. We are creating clinical pathways to make these new treatments available for those who need them.

In addition we have indicated our willingness to participate in UK-wide trials of developing antiviral treatments that may help reduce the severity of disease or speed up recovery. Whilst the benefits of individual drugs cannot be guaranteed ahead of clinically-led scientific research, we are willing nationally to be at the forefront of testing and deployment of treatments that are shown to be of benefit to patients and continuously supporting our highly skilled NHS workforce to improve outcomes for patients.

Non COVID-19-related challenges faced by the NHS in Scotland include staff availability, delayed discharges and higher levels of attendances at A&E, which is adding to delays at the front door and longer lengths of stay. To support the whole healthcare system going

forward, the NHS Recovery Plan has a focus on recovering elective care, but also includes plans for the development of new and innovative ways of working through the Centre for Sustainable Delivery, and for increasing capacity through the creation of new National Treatment Centres taking the total to 10 across Scotland with the accompanying recruitment of 1,500 staff.

On 5 October the Scottish Government announced significant new investment to help get people the care they need as quickly as possible this winter. This included specific funding of £300 million to support winter pressures such as elective capacity and delayed discharge. Within this funding is an ambitious plan to recruit 1,000 extra carers and up to 200 nurses to support frontline services, in addition to funding for transitional care placements and community multidisciplinary teams to help support people at home.

## Long COVID

While most people's symptoms of COVID-19 resolve within a few weeks, some people experience persisting or new symptoms after their initial infection with the virus. NHS Scotland continues to deliver its full range of services to support the needs of people with long COVID. Our response to long COVID depends on having a range of well-integrated sources of support, given the wide spectrum of needs that people affected can sometimes have.

In September 2021 we published a [paper](#) outlining our approach and commitments to improving care and support for people with long COVID in Scotland. Our approach is based on maximising and improving the broad range of existing services across our health and social care system and third sector that are relevant to the spectrum of symptoms that people are experiencing.

Through the £10 million [long COVID Support Fund](#) that we have established we will provide NHS Boards with the resource they require to respond in a flexible and tailored manner to the needs of people with long COVID. The fund will support local services to develop and deliver the best models of care appropriate for their populations.

We have published information and advice for people with long COVID on [NHS Inform](#) and have undertaken a public awareness campaign to support people to access relevant information and advice. We continue to support the implementation of the [clinical guidelines](#) on the long-term effects of COVID-19 ('long COVID'), including through integration with the [SIGN Decision Support](#) web platform and app.

Research is essential if we are to develop novel and effective approaches to the diagnosis and treatment of long COVID. £2.5 million of funding has been committed to funding nine new research projects across Scotland through the Chief Scientist Office's [Long Term Effects of COVID-19 Infection Call](#). These projects will greatly increase the clinically relevant knowledge base on long-term effects of COVID-19 infection.

We will continue to work closely with NHS Boards and third sector and other partners to fulfil the commitments outlined in the approach paper.

## People on the Highest Risk List

We will continue to provide advice and guidance to help everyone on the Highest Risk List manage their own risk and transition back to a more normal way of life, as well as supporting people on the list for whom the vaccine may not be as effective to make the right decisions to keep themselves safe.

As evidence continues to emerge, we are gaining a better understanding of how vaccination changes our definition of who is at highest risk. Early evidence suggests that the vaccine is just as effective for the majority of those on Scotland's Highest Risk List as for the rest of the population. But the evidence does highlight that is not always the case for people who are severely immunocompromised or severely immunosuppressed, which is why we have followed JCVI advice to offer everyone in Scotland in those categories a third dose of the vaccine.

The make-up of the Highest Risk List in Scotland will evolve based on emergent evidence and the deployment of the University of Oxford's QCovid tool. Some people may no longer be at highest risk from COVID-19 post-vaccination, and we will continue to support those people as they are removed from the Highest Risk List.

For people for whom the evidence is inconclusive, or who remain at highest risk, our support will be person-centred. The advice of clinicians and GPs is paramount, as they and the individual know their condition and personal circumstances best. Many people in this group would have taken additional steps to reduce their risk as a result of their health condition even in a world without COVID-19.

We will continue to provide advice on mental health support and services to people on the Highest Risk List. We know the pandemic has disproportionately affected the mental health and wellbeing of those at highest risk and we will continue to talk and listen to users to gain insight into their ongoing support needs.

## Families

We recognise the significant impact that the pandemic has had on the wellbeing of families across a broad spectrum of issues.

In 2020, in response to the pandemic, and in the context of [The Promise](#), the COVID-19 Children and Families Collective Leadership Group (CLG) identified the priority need for a step change in how families access and receive support. It developed a vision and blueprint for Family Support which noted that:

all families need support sometimes and we want families across Scotland to be able to access the support they need where they need it, when they need it and for as long as they need it, to protect and promote children and young people's wellbeing, enable children and young people to achieve their potential, and keep families together wherever possible; and connected and supported in the exceptional circumstances where this is not.

A route map for delivering this ambition was subsequently co-produced with the sector.

In this year's Programme for Government, it was announced that, over the life of this Parliament, at least £500 million will be provided to create a transformational Whole Family Wellbeing Fund. The Fund will be used to provide whole family support and to act as a transformation fund to shift from chronic to preventative interventions as we #KeepThePromise. It will enable the building of universal, holistic support services, available in communities across Scotland, giving families access to the help they need, where and when they need it.

Looking ahead, we will design and deliver a Fund that is focused on enabling the transformational change necessary to meet our vision for Family Support. We will also develop and deliver a programme of activity to improve holistic whole family support, including facilitating local Children's Services Planning Partnerships to scale up Family Support services delivered directly to families through universal and targeted approaches.

## Housing

The pandemic has put greater emphasis than ever before on the importance of home as a place of safety. Guidance on the effective provision of housing support and services in the context of the virus has been made available in partnership with the housing sector and has been frequently updated.

We remain fully aware of the financial difficulties facing many people as a result of the Coronavirus crisis, and are doing all we can to support them. We have made clear since the start of the pandemic that taking eviction action against those who have suffered financial hardship should be an absolute last resort, and have put legislation in place requiring private landlords to work with their tenants to manage rent arrears before seeking eviction. We also have emergency legislation in place to extend the notice period a landlord must give, and to enable the First-tier Tribunal for Scotland (Housing and Property Chamber) to take all the circumstances into account in repossession cases.

We have provided support totalling £39 million to tenants during the pandemic, including a £10 million Tenant Grant Fund for people at risk of homelessness because of changes to their finances, and money for discretionary housing payments to those needing help with their housing costs. The experience of the pandemic has shown us what is possible when we work collectively, and has increased our determination to end homelessness and rough sleeping. 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 work, 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. We also know that disruption to housing services is creating challenges for local authorities and the third sector in provision of normal services and we will continue to work with partners to support our collective recovery.

## Schools

We continue to keep measures in schools under close review, based upon ongoing advice from the Advisory Sub-Group on Education and Children's Issues ('the Sub-Group') and through consultation with the COVID-19 Education Recovery Group (CERG). Updated 'Reducing Risks in Schools Guidance' was published in August 2021. This confirmed that the vast majority of mitigations from the previous term would remain in place at the start of the new academic year.

The key change introduced from the start of term was to adjust the self-isolation and contact tracing arrangements to reflect the significant public health impact of high vaccination coverage and to minimise any future disruption to learning. Against the backdrop of increased case numbers across wider society in September, we subsequently made the decision to maintain all other mitigation in schools until at least the October holidays.

We are currently undertaking weekly monitoring of key data regarding case rates and seroprevalence, with the intention of easing those restrictions further at the earliest opportunity. Importantly, continuing with this cautious approach is also allowing more time for 12 – 15 year olds to take up vaccination.

Absence rates amongst pupils and staff are monitored daily and the most recent data from November shows COVID-19-related absences of pupils are around 2% each day. Of these, almost 70% are absent through self-isolation.

Other data and evidence is also positive. Public Health Scotland (PHS) analysis indicates that, of close contacts in school settings identified during the last academic year, just 5% of pupils later tested positive within 14 days of contact. This 5% includes community as well as in-school transmission. We also know that 62% of positive pupil cases had no close contacts that tested positive within 14 days.

Ongoing emphasis remains on compliance with existing mitigations to drive down COVID-19 transmission as well as targeted messaging to help guard against increased prevalence of influenza, coughs, colds and other illnesses over the winter period. We provided additional funding of £10 million to enable local authorities to undertake CO<sub>2</sub> monitoring to assess the ventilation levels in all learning, teaching and play spaces. We also continue to work closely with local authorities to promote the importance of uptake and reporting of at-home asymptomatic LFD testing.

Our priority remains to deliver excellence and equity, despite the pandemic, with the health and wellbeing of pupils at the forefront of our plans. Our [Education Recovery; Key Actions and Next Steps](#) document includes some of the key next steps, how we plan to build on the innovation and strengths that have emerged during the pandemic, and how the significant additional investment we have been making is being used to support on-going education recovery. This includes:

- investing over £1 billion during this Parliamentary cycle to close the poverty-related attainment gap;
- recruiting 3,500 additional teachers and 500 classroom assistants in the same time period;

- ensuring every school child has access to the technology they need to support their education, establishing how the National e-Learning Offer can support learning and development of a National Digital Academy;
- publication of the implementation plan in response to the OECD recommendations on the Curriculum for Excellence;
- considering what changes may be required to our qualifications and assessment system in light of the OECD's comparative analysis of assessment and qualifications approaches; and
- ensuring that local authorities and schools continue to prioritise personalised support to meet the individual needs of all children and young people, including the Scottish Government's Young Person's Guarantee, to provide long term support where it is needed most.

We will continue to work with our partners from across the system, and to engage widely with all stakeholders, including CERG, the refreshed Scottish Education Council and the new Children and Young People's Education Council to monitor progress and achieve improvement

### **Early learning and childcare**

We have supported the Early Learning and Childcare Sector to continue to provide high quality and nurturing services to children and their families during the pandemic, including:

- successfully implementing the expansion of funded early learning and childcare from August 2021 despite the challenges of the pandemic, almost doubling the entitlement of all 3 and 4 year olds and eligible 2 year olds to 1140 hours;
- making more than £22 million of dedicated financial support available to daycare of children services and up to £3.2 million to childminding services since the start of the pandemic.
- On 4 December 2020 we confirmed that qualifying day nurseries will continue to benefit from 100% relief on non-domestic rates until at least June 2023, worth on average £12,000 to each eligible setting.

Registered childcare settings provide an essential service to children and families, and are vital in supporting children's learning and development. Recognising this, we have retained a robust set of COVID-19 safety measures for these settings – to ensure they remain open for children and families, while keeping staff safe. Our COVID-19 safety guidance is developed with the advice of the Advisory Sub-Group on Education and Children's Issues and Public Health Scotland – who consider evidence across the four harms. For the ELC sector, these harms include: access to childcare that supports children's development and parents' ability to work, and the health harms caused by COVID-19 for both staff and children.

Where the evidence and advice from the Sub-Group supports this, since June we have adjusted our safety measures where these were impacting on one or more of these harms. For example:

- In July, the guidance was revised to allow some mitigations to be eased allowing settings to remove restrictions on visits by specialist staff, use of mobile staff, cohort sizes and blended placements.
- On 9 August guidance on physical distancing was revised to give settings flexibility to apply one metre distancing between adults and to take account of wider changes to the policy on self-isolation.
- Changes to the rules on self-isolation for contacts of positive cases were also made when Scotland moved beyond Level 0. Provided they show no symptoms, under 5s who are close contacts of a positive case can now continue to attend childcare settings without being required to return a negative PCR test. Under 5s who are close contacts are encouraged but not required to take a PCR test. The guidance makes clear that children of any age who display symptoms should not attend childcare settings but should self-isolate and take a PCR test.
- In August, the guidance was also revised to allow face to face visits by parents, including to support their child starting nursery, in a carefully managed way.
- We have also continued to make at-home asymptomatic LFD testing available to childcare staff, and are focusing on encouraging ongoing uptake and reporting.

To support the wellbeing of the childcare workforce, the Scottish Government has worked with Early Years Scotland to develop the **#TeamELC Wellbeing Hub**. Alongside the website, a series of free online wellbeing events have been held over recent months and recordings of these are available for practitioners to watch at any time. We have also launched an online e-learning module for childcare practitioners to support their understanding of, and confidence in, our COVID-19 safety guidance. The module includes measures to take outside of the workplace and includes information on vaccination.

As a result of the guidance and the support available from the Scottish Government and our partners, and thanks to the hard work of practitioners in settings across the country, levels of transmission within registered childcare settings have remained low.

Looking ahead to the coming months, the Sub-Group will continue to advise on risk mitigations in childcare settings to ensure that we strike the right balance of harms and that our approach is informed by the latest evidence. We will also continue to engage closely with the sector and with parents to ensure any changes to our COVID-19 safety guidance is communicated clearly.

### **Advanced Learning and Science**

We have recognised the particular impacts of the pandemic on students and staff and have taken steps to mitigate this. For example:

- Taking account of expert advice we have worked collaboratively with universities, colleges, trade unions and student representatives to develop beyond Level 0 guidance in order to support the resumption of in-person learning for the Academic Year 21-22.
- All students and staff, across universities and colleges, are being offered regular rapid-result testing with PCR confirmation for positives.

- Health boards are working with institutions in their area to maximise vaccine uptake, and the opportunity for vaccination on campus is also available, where appropriate.
- We have extended the provisions to continue to allow students in university/college halls to give 28 days' notice to end their tenancy, in line with the private rented sector.

The positive collaborative work on the guidance and mitigations put in place (that go beyond the national baseline measures) have helped support the return of students to some in-person learning in the first term of 2021/22.

The support provided to students over the course of the pandemic has been substantial, with over £96 million being provided via hardship funding, digital access support, mental health support and for student associations. For example:

- We met our first 100 days commitment providing £20 million to help alleviate the financial pressure and stress facing many students over the summer period.
- A £5 million Digital Inclusion Fund was provided to support over 13,500 post-school learners access online learning.
- An additional £4.4 million was announced to support college staff and student mental health for 2021/22 and we have also supported the National Universities Scotland "Think Positive" initiative, which now has a COVID-19 focus.

By May 2021, the Learner Journey Taskforce, as a priority, worked to maximise the number of students completing their courses in the Academic Year 20-21, reducing deferrals by up to 70%.

Looking ahead, we will maintain and build on the work done on mitigation measures that will help to keep the virus suppressed. This will include taking expert advice and engaging with the COVID-19 Advanced Learning Recovery Group on whether and when these mitigations should flex.

We will continue to engage across the sector to ensure that our colleges and universities continue to promote safe practice.

Communication is a key part of sustaining progress on compliance with the baseline measures. We continue to encourage students to get vaccinated, if they have not already done so. In addition to our student vaccination social media campaign, we continue to encourage institutions to work with their local health boards and student representatives to maximise vaccine uptake and encourage regular testing.

## **Young Person's Guarantee**

The Young Person's Guarantee is playing an important role in helping to make up for the opportunities lost to young people during the pandemic. We want to ensure that every person aged between 16 and 24 will have the opportunity to study; take up an apprenticeship, job or work experience; or participate in formal volunteering – with targeted measures to support those with experience of the care system, from low socio-economic groups, and for young disabled people.

We committed £60 million in 2020/21 and up to £70 million in 2021/22 to support the implementation of the Guarantee. This funding includes provision of up to £45 million to local employability partnerships to deliver employability training, support to help young people into and sustain employment as well as financial awareness training and mental health support. We are clear that opportunities created must provide Fair Work and be underpinned by a package of training that supports young people transition into employment. This is why as part of the Guarantee we are providing, where appropriate, wraparound support to young people participating on the UK Government's Kickstart programme.

We are continuing to work closely with employers to encourage them to sign up to the '5 Asks' that are proportionate to the size of any business.

The Guarantee will continue to be driven by the needs of young people, which is why we are working with Young Scot and partners to take forward the Leadership Panel. The Panel will help shape the future direction, ensuring youth engagement and leadership are embedded in the implementation and future decision making.

## **Business support**

Since the start of the pandemic, businesses in Scotland have directly benefitted from £4.4 billion in support from the Scottish Government. This includes the extension of 100% non-domestic rates relief for all retail, leisure, aviation and hospitality premises. Most funding has been targeted to the specific sectors and businesses most impacted by COVID-19 restrictions applicable at any point in time. That support augmented UK Government financial support schemes, including the Coronavirus Job Retention Scheme.

We have also included all businesses in Scotland with 10 or more employees in workplace testing. Any business enrolled in the scheme can access free LFD tests. Several pieces of sectoral guidance were consolidated and refined to create guidance to support businesses and workplaces to create and sustain safer workplaces as we moved beyond Level 0 of the COVID-19 levels system.

Moving forward, we have announced a £25 million COVID Business Ventilation Fund which will allow small and medium-sized businesses to claim back costs to improve ventilation and air quality and reduce the risk of COVID-19 transmission. Businesses will also be able to access advice on improving their ventilation. This support will help these businesses make necessary adjustments to their premises including, for example, the installation of carbon dioxide monitors or alterations to windows and vents. The Fund will target higher risk sectors where people spend significant amounts of time in close proximity to each other, such as hospitality and leisure. This support will help businesses to make indoor settings safer, especially through the winter months.

Supporting staff to work from home, where possible and appropriate, has been an important mitigation in controlling the virus and ensuring that we can continue to minimise other economic and social restrictions. To support employers to plan for a gradual return to offices when Scotland moved beyond Level 0, we developed guidance which encourages employers to facilitate flexible working practices based on discussions with their staff and unions where appropriate. It is recognised that a wide variety of working models have been explored by businesses in consultation with their workforce, such as hybrid models of home and office-based working which we continue to encourage.

We still believe that working at home is an important element of minimising the spread of the virus. This will be particularly important over the coming winter months and we strongly encourage employers to work with their employees to consider, for the longer term, hybrid working models. These may of course have benefits which go beyond the need to control the virus – for example, attracting and retaining talent, supporting wellbeing and environmental initiatives. However, we also recognise that employers are best placed to understand how their operations work most effectively and also to understand their employees' needs and requests for flexible working, based on consultation with staff and unions. We trust businesses to make balanced and risk assessed decisions and we also recognise the need to consider the wider impacts working from home may have on a range of areas (such as mental health, retail and investment in city centres). We will be establishing a working group to consider what hybrid working may look like in the longer term beyond the pandemic and will continue to engage with business organisations on these issues.

Throughout the pandemic, we have worked closely with local authorities, their officers and other regulators to maximise compliance with legal requirements on businesses and applicable issued guidance. And we have supported them with supplementary guidance and additional funding.

We will continue to engage with local authorities and other regulators to ensure that compliance with regulations and guidance is maintained in business and event settings, with the support of businesses, and their staff and customers. In particular, we will work with local authorities following the introduction of enforcement of vaccine certification requirements.

We will continue to work with business leaders and representatives to transition from supporting business resilience to focus more on targeted support for economic recovery.

## Looking to the future

This update to our *COVID-19: Strategic Framework* has once again set out the numerous ways in which we are seeking to manage our response to COVID-19 in Scotland to alleviate the various harms of the pandemic.

Even as we now set our sights on recovery, continuing to effectively manage our response to the pandemic remains critical and will require concerted efforts by individuals and organisations across Scotland. We face a challenging winter ahead, due to existing pressures on our health and social care system and with the prospect of potential increases in COVID-19 cases alongside the return of the influenza season.

This update has set out our progress and plans across the six elements of our Strategic Framework:

- **Vaccination:** we have already seen remarkable progress in delivering the first two doses of the vaccine and are now pushing ahead with the vaccination of 12-17 year olds and with booster vaccines to address vaccine waning.
- **Test and Protect** will continue to play an important role in dampening transmission over autumn and winter. In the longer term, as we transition from an acute phase of the pandemic to managing endemic COVID, elements of testing will remain key parts of our response – notably testing for clinical care and testing for surveillance and monitoring. Ensuring capacity for genomic sequencing and surveillance (including wastewater testing) will be key to providing intelligence, and minimising risks of vaccine escape or increase in serious disease that potential variants of concern may cause.
- **Protective measures:** we will retain a limited set of legal baseline measures alongside guidance, for as long as they are necessary and proportionate. We will be ready to respond with targeted and proportionate interventions should epidemiological conditions require that – we have learned that responding earlier and effectively can reduce the need for tougher restrictions later – but hope to avoid the use of such measures.
- **International measures:** we will continue to use proportionate border measures, ideally within a four nations approach, to protect against importation, particularly of new variants of the virus.
- **Adherence:** continued strong adherence to the rules and guidance in place remains imperative. Our new COVID-19 communications campaign for the winter launched on 15 November. We will continue to work with our partners to promote vaccination and testing, and to support adherence to the COVID-19 rules and guidance. In doing so, we aim to avoid the need for further restrictions and to help keep ourselves and others safe.
- **Care and Support:** a key element within our approach to managing the pandemic is the provision of care and support to those people, organisations and businesses affected by the crisis. In particular, significant progress is being made in the treatment of COVID-19 and ‘long COVID’. We continue to work closely with sectors across the economy and broader society to support the further reduction of harms from the pandemic.

In combination, we believe that these measures, supported by the continued efforts and contributions of people, businesses and organisations right across Scotland, will help us to alleviate the broader harms of the pandemic. This will provide the platform for sustainable recovery and a better and fairer future focused on:

- good, green jobs and fair work;
- financial security for low income households; and
- wellbeing of children and young people.

But we will not forget the harm and loss that we have endured during the pandemic. We must, and will, learn lessons for the future – our forthcoming public inquiry will help to explain what happened and why, and help us to manage similar challenges better in the future. We will continue to listen to those affected by COVID-19, including bereaved families, on what they wish the public inquiry to focus on. And we are committed to ensuring that the voices of people affected by the pandemic are heard through this process.

After all the suffering, resilience and sacrifice of the COVID-19 crisis, we all want a more 'normal' way of life. As we recognise the challenges the coming winter will bring it is important to acknowledge the progress that has been made in our response to COVID-19. The last two years have seen huge advances in vaccines and therapeutic developments. Based on current information and understanding, we believe that – while other scenarios are possible - there is a good likelihood that, in time, the pandemic will begin to enter a less acute phase in Scotland, when it will no longer be a public health emergency requiring bespoke legal measures. However, we do not expect the virus to disappear. Instead, we expect it to become an endemic pathogen and the additional activity associated with managing the disease to become something that the NHS has to plan for.

When the COVID-19 pandemic in Scotland moves into this endemic, less acute phase, we expect that more routine public health measures may be sufficient to keep the virus under control in Scotland, though there would continue to be the risk of occasional surges, driven – for example - by seasonality (as we see with influenza), by waning immunity or by new variants and we would need to respond appropriately.

The future management of COVID-19 may potentially include periodic booster vaccinations, ongoing testing for surveillance, monitoring and diagnostic purposes, international travel measures (including those retained by other countries), improved ventilation in buildings, the continuation of enhanced hygiene measures, voluntary wearing of face-coverings when symptomatic, and staying off work when suffering from contagious illnesses.

These measures and behaviours would have positive benefits beyond just tackling COVID-19, with the prospect of wider public health, societal and economic benefits for the long term. Most of these are already in place now, thanks to the efforts and understanding of so many. We are learning how important they are, and how to bring more normality back to our lives. We can look forward with increasing confidence to the removal of the few legal measures that currently remain necessary, while we complete and maintain the protection that good public health measures can give us.



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