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

Supporting Evidence for moving to Phase 3

July 2020

Scottish Government
Riaghaltas na h-Alba
gov.scot

Introduction

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

The criteria for moving into Phase 3 are:

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

Box 1 below shows the relevant WHO criteria:

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

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

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

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

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

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

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

Supporting evidence for the move into Phase 1 was published on 28 May; and for the move into Phase 2 on 19 June.

A further assessment of this evidence has been completed by the Scottish Government to inform decisions about moving to Phase 3 on 9 July.

The data on the R value and infectious pool is sourced from Coronavirus (COVID-19): modelling the epidemic in Scotland (Issue No 8) published on 9 July. This sets out Scottish Government modelling of the spread and level of COVID-19 using data from the week up to 3 July 2020 using epidemiological modelling.

The evidence on supplementary measures has been compiled from a range of data sources including the daily data published on the Scottish Government Coronavirus (COVID-19): daily data for Scotland web page and from weekly reports published by Public Health Scotland and National Records of Scotland. This evidence is based on the latest available data at 09 July 2020.

Evidence of progress against each of the Phase criteria is set out below. Data are included that were available up to the decision point (9 July 2020). A decision to move into Phase 3 was taken on the basis of the information summarised here.

Evidence on Phase criteria

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

R is consistently low

Number of infectious cases is showing a sustained decline

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

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

Scottish Government epidemiological modelling also estimates that around 80 new infections occurred in Scotland on 3 July – a greater than 99% decline from the peak of 21,500 on 23 March. Daily new cases need to be seen in the context of numbers of people in Scotland who are infectious. This is the crucial number as these are the people who can transmit infection to others. Many of those who are infectious (approximately 80%) will have few symptoms and may not realise they are infected but are potential transmitters of the virus. SG modelling estimates the most likely number of infectious people in Scotland on 3 July to be 1,000 (within a range of between 600 and 1700 people who could transmit the infection on to others). This is the fourteenth week in a row there has been a decline in this number.

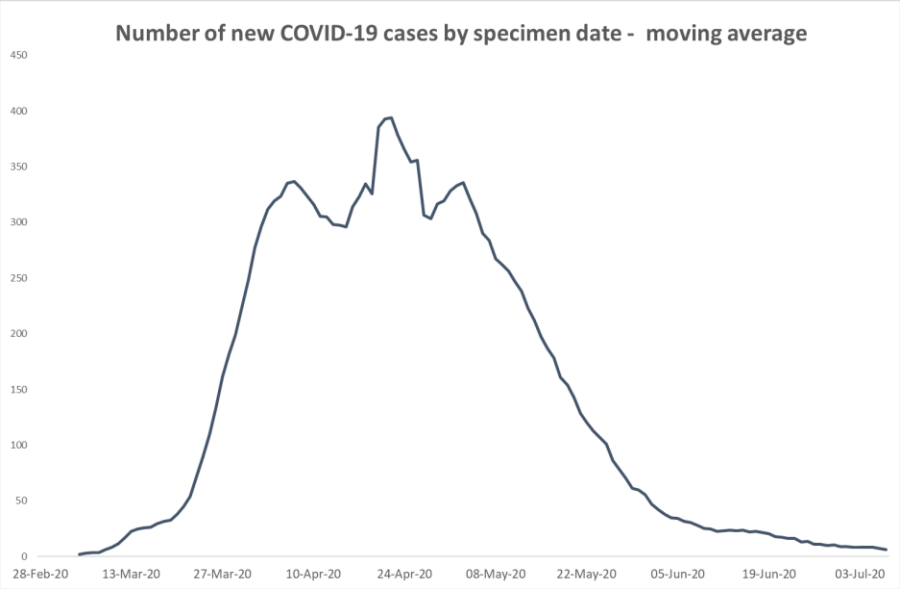
Further modelled information, including short - and medium term forecasts of hospital bed and intensive care requirements, along with the R-value set out above and infectious cases data will be published in a weekly update every Thursday. It takes time for the virus to take its course, therefore we will not fully see the effect of Phase 2 changes in our modelling until mid-July.

Supplementary Measures

Confirmed COVID-19 cases in Scotland by day

The number of confirmed COVID-19 cases by specimen date has shown a sustained decline since peaking in late April 2020, based on the seven day moving average. This is in the context of increased testing and expanded eligibility.

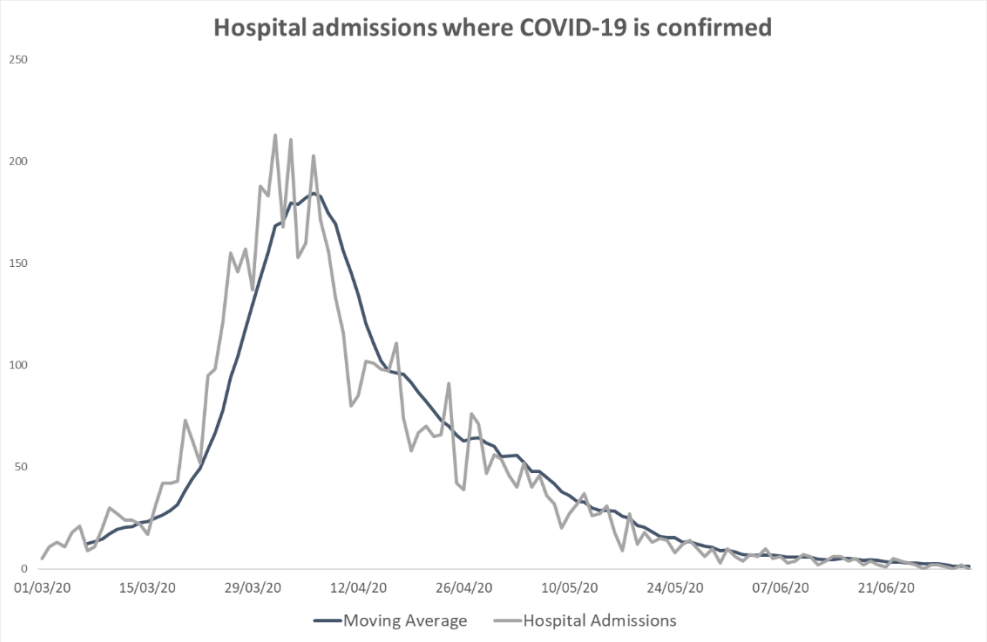
This is data published daily on the Public Health Scotland COVID-19 data dashboard and now includes confirmed cases where people have been tested through the UK Government (UKG) testing programme as well as those through NHS Scotland labs.



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

Hospital admissions by day where COVID-19 is confirmed

The number of hospital admissions per day for those with a positive COVID-19 result has also shown a sustained decline since 7 April 2020, based on the 7 day moving average. In the latest week, to 2 July, an average of one patient was admitted to hospital each day with confirmed COVID-19.

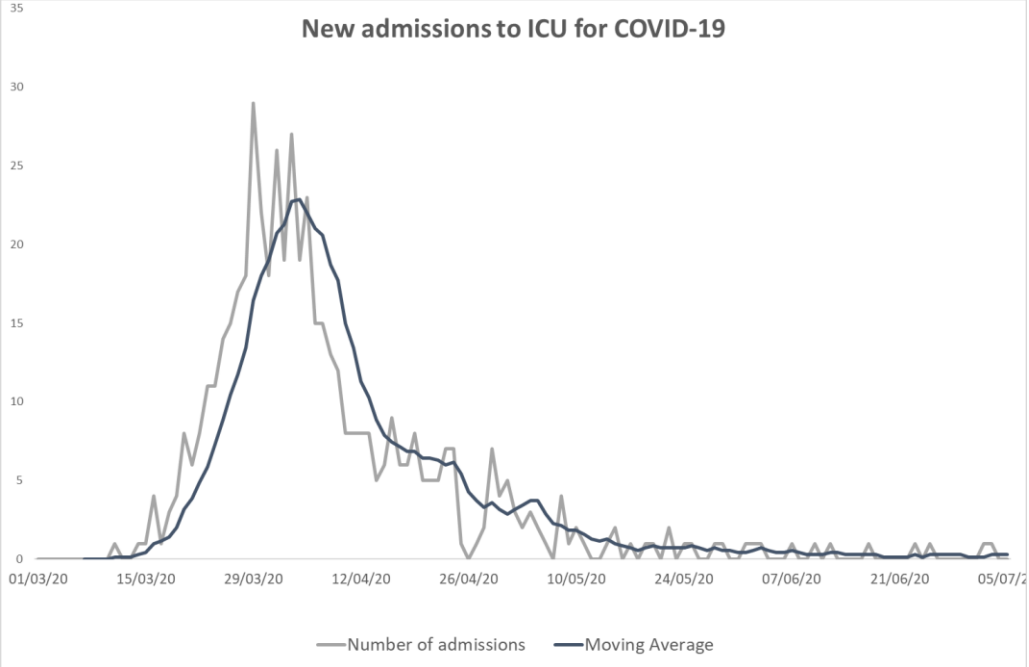


Source: Public Health Scotland
https://www.publichealthscotland.scot/our-areas-of-work/sharing-our-data-and-intelligence/coronavirus-covid-19-data/

Note: analysis of COVID-19 admissions cross-references ECOSS lab data with hospital admission records from acute hospitals. Only confirmed COVID-19 cases recorded on ECOSS have been included in the hospital admissions figure.

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

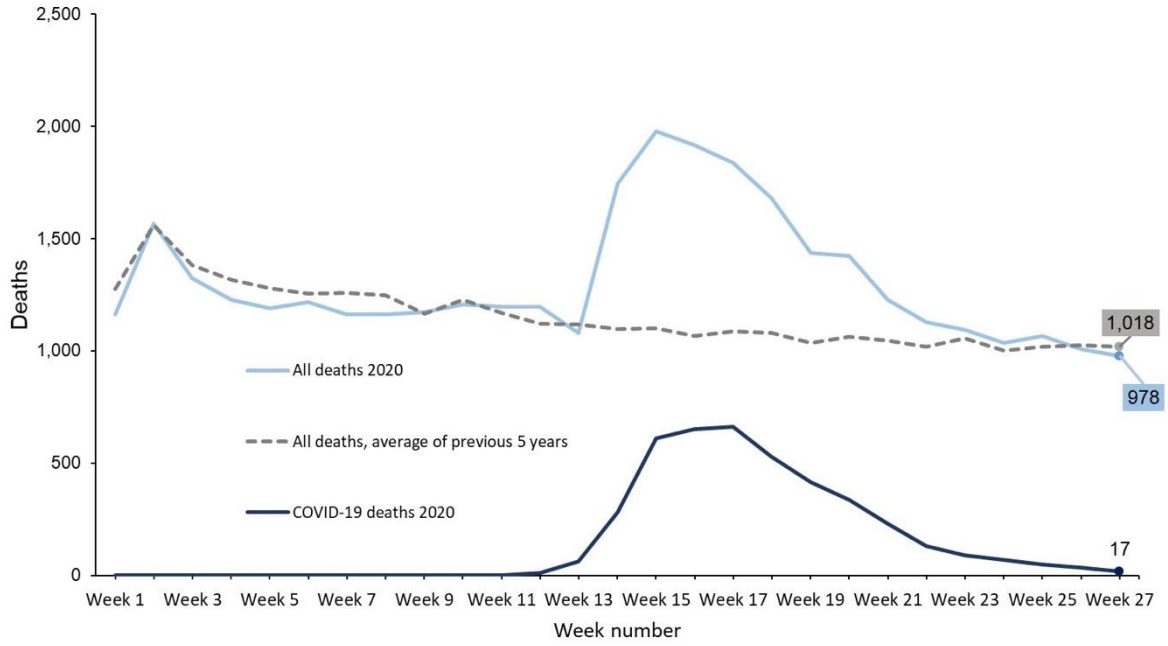
The number of new daily ICU admissions has shown a sustained decline since 4 April based on the seven day moving average. In the week to 5 July, two patients were admitted to ICU where COVID-19 was confirmed before discharge.



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

Deaths by week of registration Scotland to 5 July 2020

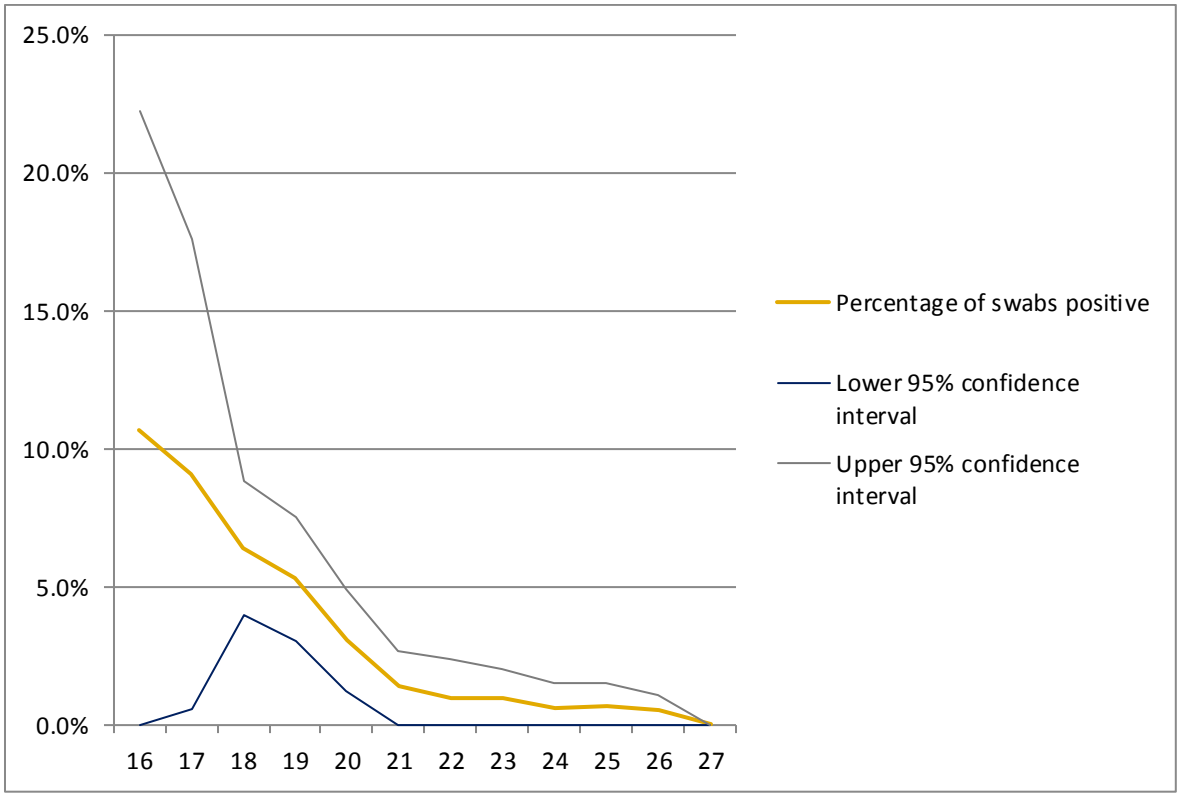
There has been a sustained decline in the number of weekly deaths among confirmed and probable cases. The number of deaths peaked in Week 17 (20 April to 26 April 2020). Total number of deaths is now in line with the 5 year average. The next update will be on Wednesday 15 July.



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

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

The proportion of those have a positive test for COVID-19 out of those who are symptomatic of the virus in community healthcare has seen a steadily decreasing trend since week 16 (13 to 19 April). This data runs up to Sunday 5th July. The weekly swab positivity reached 0.0% for the first time in Week 27 (week ending 5 July), and has been 1.0% or lower for 6 weeks.



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

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

Test & Protect

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

Scotland's approach to tracing uses established, tried and tested contact tracing techniques, delivered by health protection professionals in local teams, with support arrangements at national level.

Test and Protect was introduced across all Health Boards from Thursday 28 May. As of 5 July, we have undertaken contact tracing for 1,506 index cases, representing 785 individuals, identifying 2,136 close contacts and asking them to isolate. We have introduced new digital tools to support contact tracing, and have started the roll out of the national contact tracing support service.

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

Policy Interventions

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

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

Local Outbreaks

Careful consideration is being given to the ways in which we can prepare for when different restrictions prove necessary for local lockdowns in different geographical areas. That has been tested in the experience around Gretna and worked well, both locally in speed and effectiveness of response and nationally through Scottish Government Resilience Room (SGoRR) arrangements. Criteria for triggering local lockdowns, strong understanding of data, clear public communication, clear escalation criteria and understanding of effective compliance are key.

Systems

Since the start of the epidemic we have significantly increased our testing capacity – the original capacity was 350 tests a day. We now have active weekday NHS lab capacity of around 10,000 tests a day and weekend capacity of around 8,000 tests a day. In addition, we have further capacity through the Glasgow Lighthouse Lab that has capacity to process approximately 20,000 tests a day and may process tests taken from across the UK.

National Services Scotland is continuing to develop lab partnerships to further build Scotland's testing capacity. All 14 Boards across Scotland have flexible contact tracing arrangements in place, and all are ready to flexibly support any localised increases in community transmission of the virus that may occur as we take steps to ease lockdown restrictions.

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

Support

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

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

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

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

Digital technology continues to play a vital support role. The initial focus was on ensuring the contact tracing staff were suitably equipped with the relevant software, and that data was able to effectively flow across the system. Both aspects are now up and running, with local teams able to use a tool that integrated with the existing data infrastructure since 28 May. The core enhanced national system went live on 22 June in Grampian; the full roll out is expected by mid-July.

In addition to the tools already developed for local contact tracing staff, we continue to develop online versions of the contact tracing forms for use by the public. Once available, and if required, those who test positive for COVID-19 will be sent a link to the online digital tool in order to pre-populate information on contacts ahead of their call with a contact tracer. At this stage, although it is public-facing, this online form will not be publicly available for general use. The initial intention is that it will only be sent to those who have tested positive. This tool is not a standalone app, rather it will be an online form accessible from any device with an internet connection.

We also recognise that not everyone in Scotland will want, or be able, to use digital technology in this way, and so telephone support remains available for everyone who needs it.

Data

Between 28 May and 5 July, 1,506 cases (positive test results) were identified for Test & Protect. Of these, 785 were unique individuals from which 2,136 contacts have been traced. This means about 2.72 contacts per person have been traced.

The average number of contacts traced per person are around early estimates of the number of contacts a person has at this stage of lockdown, but below the number of contacts expected with no restrictions in place. This could be due to:

- As some lockdown measures remain in place, many index cases are in close contact with fewer people.
- Those engaging with the system are not reporting all contacts.

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

In conclusion, a continuing and sustained decline in transmission coupled with expanded testing capacity has allowed the implementation of a robust testing system. An efficient Test and Protect and contact tracing system has been introduced across all Health Boards which uses established and effective contact tracing techniques, delivered by health protection professionals in local teams, with support arrangements at national level. Localised outbreak reporting and monitoring systems have been agreed and implemented; and data systems have been established to ensure that contact tracing is as reliable, rapid and effective as possible.

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

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

Hospital Associated Infections (HAI)

On 1 July 2020, National Services Scotland published the results of the intensive work to validate the data on the source of infections in hospitals. Previously, we published unvalidated cluster data that was self-reported by Health Boards. Scotland was the first country in the UK to publish both unvalidated cluster data and validated, and hopes that the data helps other countries across the world in their fight against COVID-19.

In spite of the limitations of the unvalidated cluster data, it brought benefits to Scotland's response to the virus by helping health boards to put in appropriate measures to minimise COVID-19 outbreaks, limit the impact to other care services and provide feedback to inform infection prevention and control measures.

Data published more recently is more robust than the previous data because it looks at every single positive case in hospitals and identifies a likely source. This is the most detailed picture of hospital associated infections anywhere in the UK, to date. This data will be published weekly on the Health Protection Scotland website. This data will support our ambition to detect, test, trace, isolate, and treat every case of COVID-19.

On 23 June 2020, the Scottish Government announced additional infection prevention and control (IPC) measures to safeguard patients and staff:

- Extending the use of surgical masks to be worn by all healthcare staff who work within a healthcare setting and may be unable to physically distance from either patients or staff.
- Out-patients, day case attendances and visitors will be asked to wear a facial covering.
- Asymptomatic healthcare staff testing for COVID-19 will be expanded from testing all staff working in an area where there is an outbreak of COVID-19 in a non- COVID ward to include healthcare staff working in specialist oncology wards, long term care of the elderly wards, and long term care wards in mental health facilities.

Furthermore, the Scottish Government recognises the incredible work that Health Boards have undertaken to date on remobilisation plans and on restarting paused services in a safe and clinically prioritised manner. The Scottish Government has emphasised the importance of continually reviewing infection prevention and control

measures, and has asked Health Boards to ensure the effectiveness of their remobilisation plans regarding additional cleaning, the built environment (water), physical distancing, COVID/non-COVID areas for patients, and staff movement and rostering. All of these measures will reduce the risk of outbreaks of hospital associated infections to a minimum.

Prisons

The Scottish Prison Service (SPS) published its COVID-19 Route Map and related physical distancing guidance on 25 June here. The plan sets out a series of indicative steps through three phases. These steps will be taken to ensure the prison service can move forward while acknowledging the measures that will have to be taken due to the unique environment of prison settings. This remains essential to protect the health and wellbeing of those who live and work in prisons and to prevent the spread of the virus. It is likely that individual prisons will move between the phases at different rates due to the local guidance and different accommodation types. More guidance on key dates will be published by SPS in due course.

New powers have been put in place through the Coronavirus (Scotland) Act 2020 for the early release of a specific class of prisoners held in Scottish prisons, where considered necessary. A controlled early release scheme was undertaken in May, in order to provide the Scottish Prison Service with additional operational capacity. This supported efforts to maintain secure and effective operations within prisons, and to keep prison staff, healthcare workers and prisoners safe – including a greater use of single cell occupancy, and scope to allow prisoners to shield or self-isolate as necessary. The early release process has now been completed. 348 prisoners were released under the scheme between 4 May and 1 June, all of whom were serving sentences of 18 months or less, and were within 90 days of their scheduled release. While provision was made in the regulations, none of the individuals released under this process needed to have their release delayed due to having Covid symptoms.

Operational measures taken by prison and health staff in Scotland continue to be effective in reducing the spread of COVID-19 across the prison estate. As at week ending 26 June, there were no confirmed positive cases of COVID-19 in Scottish prisons and just five individuals self-isolating across five establishments.

Care Homes

Since the beginning of March, we have taken regular and firm action to support care homes across Scotland and protect the wellbeing of those who work and live there. Clinical and practical guidance for care homes was first published on 13 March and was most recently updated on 15 May to reflect developing circumstances. We have established a Care Homes Clinical and Professional Advisory Group led by the Chief Medical Officer (CMO) and CNO to provide up-to-date advice on the response to COVID-19 in the care home sector.

We have tasked Directors of Public Health with providing enhanced clinical leadership to care homes. To supplement this, we have asked all Health Boards and local authorities to establish multidisciplinary clinical and professional oversight

teams – including Medical Directors, Nurse Directors and Chief Social Work Officers – to provide scrutiny of care home provision in their areas.

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

We have established a Care Homes oversight board and developed a safety huddle tool that enables care homes to identify residents' care needs and associated staffing requirements. The information is shared with local care home support and oversight teams to allow them to plan coordinated support for local care homes. Work is underway to automate the tool and support universal adoption.

From 25 May, we have offered testing to all care home staff regardless of whether they have symptoms or whether there is an ongoing outbreak in their care home. This is achieved through a range of methods including the UK Government Social Care Testing portal, mobile test units, self-test kits, and the employer referral process. Health Boards have been asked to oversee the implementation of this policy. From 10 June, we started to publish data on the number of tests carried out in each Health Board. We are working with Boards to finalise and review their testing plans. The intention is that these will be made publicly available in July.

Other Vulnerable Settings

The package of measures to minimise infection applies to all adult care homes as above. We will strengthen information on other residential settings including adult mental health, learning disability, and forensic services. In addition, we are putting in place comprehensive and location-specific measures across the mental health inpatient estate to minimise the risk of infection. Patient safety is an absolute priority in mental health inpatient settings.

Secure mental health services are part of the NHS and are following all Scottish Government and Public Health Scotland guidance. This includes measures relating to staff and patients as well as the wider community. In addition, the Minister for Mental Health recently wrote to NHS Chief Executives to set out the presumption that all patients being admitted to a secure hospital should have a negative test before admission, unless the patient does not consent to a test, lacks the capacity to consent, or it is in the clinical interests of the person to be moved urgently and then only after a full risk assessment. We continue to liaise with practitioners across the secure mental health estate on a regular basis and are of the view that the measures being taken by secure forensic mental health services are minimising the risks of an outbreak in these settings.

There are a wide variety of approaches to social care which pose different levels of risk for different individuals, for example, buildings-based services working with multiple people – day care and residential respite – pose greater risk than support at home, working 1:1.

We are working with stakeholders to agree a route map guiding the safe continuation, resumption, and response to changing need for people in the community in receipt of social care services. This includes carers and personal assistants employed directly by people who require support. The route map will be driven by a set of overarching and principles, based on human rights, and support the moving through different stages of recovery from the pandemic.

There may be specific concerns around the vulnerability of some user groups, for example the Scientific Advisory Committee has previously expressed caution over an Alzheimer Scotland proposal to re-open their day centres for older people with dementia with adaptations and reduced capacity. The committee is currently considering the wider issue of reopening day care and respite supports, bearing in mind the broad spectrum of ages and user groups that this covers. We expect a response this week but clearly this is a complex issue given the wide variety of supports, services and user groups involved. The committee is aware of the urgency of the issue.

We will use that scientific advice to inform a submission on national actions to support local decisions on re-opening of day care and services, highlighted in phase 1 of the route map.

The COVID-19 Children & Families Collective Leadership Group brings senior leaders together to review data on children, young people and families with vulnerabilities, and to identify issues requiring action as we move through and out of the crisis. The Leadership Group is supported by a range of organisations, to ensure that the experiences of children, young people and families inform this work. A children's residential care group, supported by SG officials including clinical advisors, considers necessary advice to that sector. Alongside continuing liaison with Social Work Scotland and the third sector, this ensures appropriate guidance for social work and social care services for children and families.

We have established a COVID-19 Advisory Sub-Group on Education and Children's Issues to support the work of the COVID-19 Scientific Advisory Group in providing expert advice to support and inform the development of policy and operational guidance for providers of learning, childcare and children's services. Its members include scientific, public health and clinical experts, and academics, as well as experts in education, early learning and children's services.

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

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

Personal Protective Equipment (PPE)

COVID-19 has presented many complex challenges including the provision of PPE at a time when the global supply of PPE has been, and remains, challenging. The Scottish Government, in partnership with the NHS/NSS, Scottish Enterprise, the National Manufacturing Institute Scotland and private companies, has increased both the volume of PPE being manufactured in Scotland and the amount being imported to provide PPE for both immediate and future needs. We are working with partners within Scotland, across the four UK nations and globally to ensure continued supply and distribution.

Adding to well-established arrangements in hospitals, all Health Boards now have a Single Point of Contact (SPOC) to manage local PPE supply and distribution for health and social care. For social care, in both the private and public sectors, the supply of PPE is primarily the responsibility of social care providers themselves. However given the pressure on normal supply chains due to COVID-19, we have committed to providing top-up and emergency provision to ensure staff have what they need. As of 30 June we have, since 1 March, distributed 203 million items of PPE to hospitals, 18 million to primary care, and 76 million to social care.

Other public services such as the police and fire services have their own routes of supply, but they are joined up with the Scottish Government led working group on procurement and supply for non-NHS PPE. This group ensures that different parts of the public sector are not competing with each other over PPE resources. We have also established a process with a third party supplier, making PPE available to purchase for organisations providing essential public services, where they have difficulty accessing supplies through other means.

Organisations that routinely use PPE are generally well placed in terms of demand prediction and supply. As Scotland moves into the next phase of easing lockdown, it is important that all sectors of the economy and society understand their PPE needs and that members of the public understand guidance or requirements on the use of face coverings. The Scottish Government will continue to work with all sectors to achieve this, including supporting the development of guidance and helping to address PPE demand and supply problems where they arise.

Workforce

Steps have been taken to bolster and support the social care workforce. NHS Education Scotland and Scottish Social Services Council (SSSC) have developed a national online recruitment portal to support local efforts to enable those with relevant skills and experience to re-join the workforce and support health and social care services. The national online recruitment portal went live on 29 March and as of 30 June, 154 individuals have been matched with employers with a further 804 people available to employers should they need them. This complements extensive work on the ground to deploy local health and social care staff to support care homes. A national recruitment campaign encouraging people to consider a career in adult social care ran from 27 January until 20 March. We are currently considering a second phase of the campaign.

Testing

Our approach to testing is focussed on saving lives and protecting the vulnerable, rolling out Test and Protect to interrupt chains of transmission in the community, and continuing the vital surveillance work to support our understanding of the disease in Scotland.

Test and Protect – our direct response to criterion 2 – was launched on 28 May. Anyone in Scotland with symptoms of COVID-19 should contact the NHS to arrange to be tested - either online at NHS Inform, or by calling 0800 028 2816.

Since the start of the outbreak we have significantly increased our testing capacity – original capacity was 350 tests a day. We now have active weekday NHS lab capacity of around 10,000 tests a day, and weekend capacity of around 8,000 tests a day. In addition to this we have further capacity through the Glasgow Lighthouse Lab which has capacity to process approximately 20,000 tests a day and may process tests taken from across the UK.

This increased testing capacity has enabled us to continually expand eligibility for testing, and ensure the necessary capacity exists to support Test and Protect. We are continuing to model the capacity required in the system to ensure that it meets demand and to avoid delays.

Health Boards and NHS National Services Scotland (NSS) are working hard to manage demand across different geographies and maximise daily capacity. This includes using real time data to allow variances in capacity and demand to be managed.

NSS is continuing to develop lab partnerships to further build Scotland's testing capacity. We have introduced new reporting processes for Boards which will give us more robust data on testing for key workers and staff, hospital and care home testing, which will help inform local and national planning and allow us to see where there are gaps.

We are also working with NHS Boards and health care partners on restarting health care services and will ensure there is sufficient capacity to manage additional testing. To enable the remobilisation of the NHS, we will regularly test staff working in specialist cancer units, in long-term care of the elderly, and in long-stay mental health wards.

We will also test any health care staff connected to a nosocomial outbreak regardless of symptoms. This testing will begin from 8 July. Discussions are also under way between health boards and clinical teams about testing patients before surgery, alongside all staff involved in a patient's treatment.

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

Scotland's approach to tracing uses established, tried and tested contact tracing techniques, delivered by health protection professionals in local teams, with support arrangements at national level. All 14 Boards across Scotland have flexible contact tracing arrangements in place. They are all ready to flexibly support any localised increases in community transmission of the virus that may occur as we take our first steps to ease lockdown restrictions.

Data valid as of 5 July:

- 1,506 total index cases, representing 785 individuals.
- 96% of those cases have completed tracing (n=1,452)
- Average contacts made per person traced is 2.72

On 5 July, Public Health Scotland (PHS) began publishing weekly Health Board level figures. The Scottish Government will continue working with PHS to understand what data breakdowns may be available in future to identify more local outbreaks, such as place of contact.

Emergency Legislation

We have brought in new legislative powers to ensure the swiftest intervention if individuals in a care home are being put at risk. The Coronavirus (Scotland) (No. 2) Act 2020 contains powers allowing directions to be made of care home providers; ministers to apply for an emergency intervention order in a care home; and powers to voluntarily purchase a care home or care at home service. These powers can be used where there is an anticipated risk to residents' health, life or wellbeing and allow the highest risk cases to be addressed urgently. These additional measures reflect our commitment to working with all stakeholders to take action, adapt and improve the system as new information comes to light.

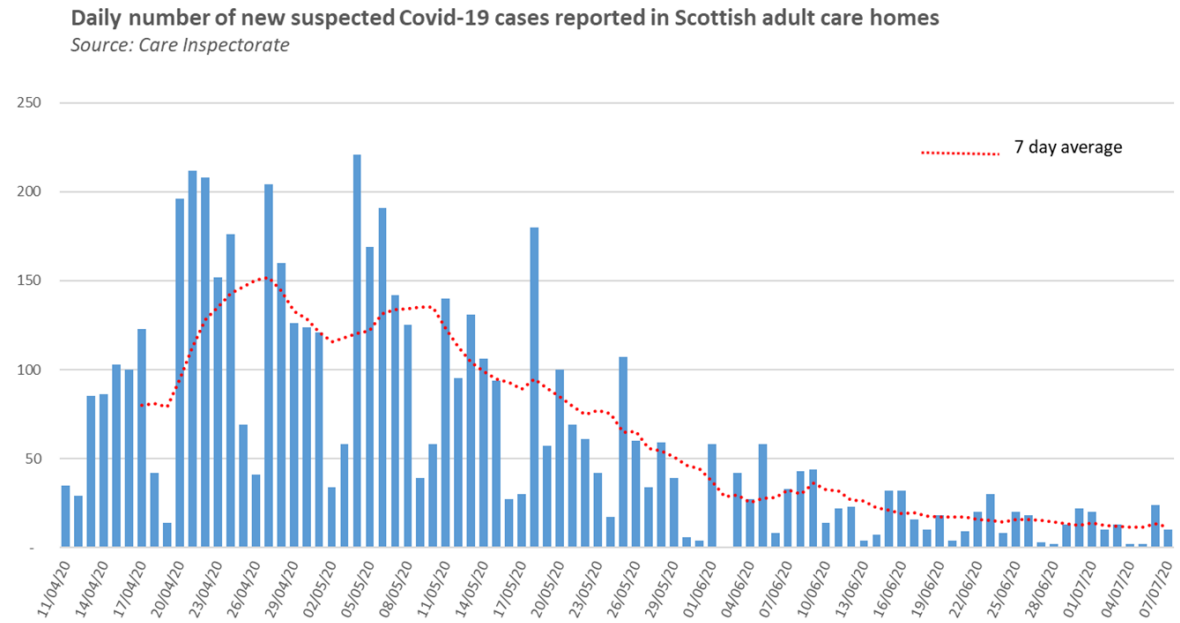
Data

Over the week commencing 29 June:

- At least 2,678 individual care home staff, and 302 residents were tested in care homes with a confirmed case of COVID-19.
- At least 30,673 individual care home staff, and 2,002 residents were tested in care homes with no confirmed cases of COVID-19.

This is based on new data reported by NHS Boards and includes staff and residents tested across all routes. Please also note that we are no longer collecting data from Public Health Scotland regarding testing via NHS labs.

Updates are shown on the chart below - updates are published daily at 2 pm here.



NRS figures for care home deaths

During the last few weeks, there has been a consistent decrease in both the number of care home deaths and the number of homes with an active case of COVID-19.

National Records of Scotland are the official source of COVID-19 deaths. The most recent publication on 8 July shows a steady decrease in the weekly number of deaths in care homes, falling from a peak of 341 at the end of April to 4 deaths from 29 June – 5 July.

As at 9 July, 117 (11%) adult care homes had a current case of suspected COVID-19. From 28 June the Care Inspectorate has revised the definition of care homes with current suspected case to exclude any home that has not notified of a new case of suspected COVID for at least 28 days. For more information about this change,

please see the spreadsheet trends in daily data: https://www.gov.scot/publications/coronavirus-covid-19-trends-in-daily-data/.

On the 9 June, the number of adult care homes considered as active, i.e. have a current suspected cases of COVID-19 was 390 (36%). At the last review date, 18 June, this had fallen to 348 (32%). Since the 28 June, the Care Inspectorate has revised the methodology used to classify which care homes are considered active.

Previously, a care home was considered active if the home notified a suspected case **and** had not subsequently notified the Care Inspectorate that the care home considered itself COVID-19 free. However, subsequent analysis suggested many care homes were potentially failing to notify the Care Inspectorate when they were considered COVID-19 free, or not informing if a suspected case subsequently was found to be negative and therefore there was no COVID-19 in the home. As such, the Care Inspectorate removed any care home that had not notified a new suspected case for 28 days, in line with SAGE guidance on visiting, as well as continuing to remove any care homes notifying that they considered themselves to be COVID-19 free. The first published data using the new methodology was on the 28th June and reported 143 (13%) of adult care homes as active.

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

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

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

Funding

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

In conclusion:

- Cases of infection in hospitals, prisons, care homes and other vulnerable settings have consistently declined since late April.
- Additional, stringent infection prevention and control measures and guidance to safeguard patients and staff in these settings have been established.
- NHS Boards remobilisation plans core aim is to restart paused services in a safe and clinically prioritised manner.
- Well-managed and established plans are in place to meet demand for PPE.

- Application of robust testing measures will ensure that infections are not being moved around the care system, and that staff are routinely tested to ensure their health and wellbeing.
- Early action to address nosocomial infection in healthcare settings that is comprehensive and system wide is being taken.
- Significant national and local funding is in place to strengthen resilience.

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

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

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

Legislation and Regulation

Employers have a statutory duty under Occupational Health and Safety legislation, which is reserved to the UK Government. The regulatory authority is the Health and Safety Executive (HSE). The HSE has recently reinterpreted the Health and Safety and Work Act 1974 to recognise that infection by COVID-19 is an occupational risk and that employers must undertake a risk assessment for transmission and put in place appropriate mitigations, such as physical distancing. For those not covered by HSE, the enforcing authority is local authority Environmental Health, acting under HSE guidance.

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

Officials are working with the wider health and safety community in Scotland, and specifically with Healthy Working Lives and Scottish Hazards around extending access to trustworthy information and advice on addressing the COVID-19 threat in the workplace, particularly for SMEs and for employees with concerns. A Healthy Working Lives mentoring network has been set up, providing an opportunity for professionals to provide peer support on a voluntary basis, in both the preparation required before returning to work and how to continue to work safely once returned to work during COVID-19.

The Scottish Government has issued a joint statement with HSE, local authorities and Police Scotland that sets out the importance of safe working, of the role of the regulators and the importance of engaging the workforce and trades unions in undertaking risk assessments and putting in place means of safe working.

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

Guidance

We have been working with business and industry organisation and trades unions to develop sectoral guidance on safe working. This is in addition to workplace guidance which has been developed by the UK Government and HSE. There are many examples of good practice which are being shared within and across sectors, particularly from essential businesses who have been operating throughout lockdown.

Guidance is being prioritised to support the phasing set out in our Route-Map. We have already produced guidance for retail, manufacturing, construction, forestry and environmental management, food and drink, transport, waste and recycling, parts of agriculture, energy, house moving, research and labs, creative industries, safer public places, telecommunications, tourism and hospitality. Further guidance is in development for a range of other sectors including finance, professional sports, technology, contact centres, micro and small businesses, homeworking and flexible working, libraries and culture.

We are updating existing guidance following changes to policy in relation to physical distancing and face coverings in certain sectors, to ensure that workplaces are supported to implement these changes.

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

As we enter Phase 3 we have suppressed the virus in Scotland consistent with the phase criteria. Phase 3 involves gradual re-opening, resumption and scaling up of economic and social interactions. These are necessary to mitigate the overall harm caused by the pandemic and involve sometimes delicate and difficult balances. They also reflect our legal obligation to retain restrictions in place for no longer than they are deemed proportionate.

As noted below in relation to the re-opening of holiday accommodation, this gradual easing of restrictions increases transmission risk. Cross-border movements of people and goods will continue and increase as we ease restrictions, particularly those that have to this point served to limit cross-border tourism, student and business travel. Consequently, it is essential to our plans for a sustainable recovery that we reduce importation risk to an acceptably low level.

International

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

Regulations

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

Under the regulations anyone arriving in Scotland, from outside the Common Travel Area, will need to

- provide their journey and contact details when they travel to Scotland
- not be allowed to leave the place they are staying for the first 14 days they are in Scotland except in very limited situations (known as 'self-isolating')

The regulations apply to people who live in Scotland and who are returning from outside Scotland, as well as to people visiting Scotland. These measures apply to international travellers into Scotland irrespective of their point of entry into the UK

There are also a number of exempt countries, sectoral exemptions and other categories of person who are exempt from to the requirement to self-isolate.

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

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

Passenger journey

An individual arriving in Scotland (from outside the Common Travel Area) must state on the passenger locator form where their accommodation is and travel straight to that accommodation, preferably by private transport.

They must self-isolate for 14 days and only leave that accommodation in limited specified circumstances. If they live with others who have not been out of the country in the previous 14 days they should - as per the regulations unless subject to a specified list of exemptions - minimise their contact with them and, if they require help buying groceries, other shopping or picking up medication they should, where possible, ask friends or relatives or order a delivery.

Rationale for measures

When transmission was high within community settings, expert advice was that bringing in such border health control measures at that stage would not make a significant impact on community transmission. With the reduction in domestic transmission rates and the continuing requirement to keep the R number low, the risks to public health from imported transmission have become more significant.

Implementation

The low level of arrivals has allowed Border Force to provide regular checks of passenger locator forms and there have been no major issues reported. There has been a high level of compliance with this element of the measures.

As of Thursday 9 July, Police Scotland has only had seven referrals relating to suspected breaches of the self-isolation requirements. No Fixed Penalty Notices have been issued by Border Force or Police Scotland for offences under these Regulations (as of Thursday 9 July 2020).

Public Health Scotland is conducting follow up calls with a sample of travellers who are self-isolating. These calls will provide public health advice, information and guidance to travellers and began in the week commencing 6 July.

Review

The regulations are subject to review at least once every 21 days on a rolling basis. The first review point was Monday 29 June. The review period has involved a cross Scottish Government working group (comprising of colleagues from Health, Justice, Legal, Migration and Transport) to assess both the impact of the regulations and the

ongoing need to implement these regulations. Officials have also participated in a four nation Working Group led by UK Border Force.

Consideration was given to whether alternative arrangements could be put in place at the international border to reduce the risk of importing new cases of the virus, such as pre-departure testing or testing at the border. At present it is not considered that there is an alternative package of methods that would manage the risk of exporting and importing cases from communities with high risks of transmission to the extent that border health measures do. This will continue to be monitored and assessed, to ensure the most appropriate measures are in place moving forward.

The CMOs across the four nations took a collective view on the case for border health measures at the start of May. The CMO for Scotland has reviewed the case for a continuation of the public health measures and stated that it is his view 'that these measures remain necessary and are appropriate in current description.'

It was therefore assessed that there remains a requirement for them to remain in place to reduce the risk of transmission and safeguard health. This outcome was notified to the Scottish Parliament on Monday 29 June.

Exemptions

Further consideration has been given to the exemptions list during this review phase, with particular assessment of country specific and sectoral specific exemptions, often referred to as 'Air Bridges' or 'Travel Corridors'. The proposed exemptions apply to the second point of the regulations – namely the requirement to self-isolate. Passengers will still be required to complete the passenger locator form.

Country specific exemptions

The UK Government published its list of exempt countries and territories on 3 July. The list contains 59 overseas countries and 14 overseas territories

The UK Government has shared an outline of the methodology it has adopted to assess countries as low, moderate, or high risk. This involves considering two measures:

- Estimated point of prevalence – an estimate of the proportion of the population that is currently infectious. The incidence rate measures the rate of new infections and is a useful guide to whether prevalence is likely to increase or decrease. The approach adopted by the UK Government considers both prevalence and incidence.
- An assessment by Public Health England (PHE) of the risk of exposure to COVID-19 derived from data published on-line by each country's government or public institute (this assessment is being used to inform FCO Travel Advice).

This information is then used to place countries within an overall Red Amber Green (RAG) rating. If a country has a point prevalence higher than in the UK the country receives a red indicator and where it is close to the UK an amber indicator. PHE assign a red (high risk); amber (moderate) and green (low) risk rating to countries for

their assessment. Countries who receive green in both categories are assessed overall as green; red in both categories red while those with a mixed assessment are rated as amber

The UK Government has published a list of exempt countries here. The list comprises mainly green (low risk) countries, though there are up to 14 Amber (moderate) countries on the list.

Consideration was given by Scottish Minsters as to whether Scotland will align with the UK Government approach. As the policy intention is based on public health principles, exemptions need to be considered on this basis. It has been assessed that prevalence is as much as five times lower in Scotland than in England and Wales. This may mean that the threshold around which risk becomes greater could be different for each country (and may also change quickly as each country's experience of the pandemic fluctuates).

Scottish Ministers were clear from the outset that a tailored approach is appropriate; that the Scottish Government should apply an exemption to travellers from countries with a lower level of risk than Scotland (green) and not to countries with a higher level of risk (red).

However, the range of moderate (amber) risk countries meant that further consideration was needed by Scottish Ministers. Subsequently, the UK Government provided data from the Joint Biosecurity Centre (JBC) and Public Health England to identify those countries who have a point prevalence significantly above Scotland. Scotland's point of prevalence on 3 July was 0.018% [0.012% - 0.027%].

The majority of moderate (amber) risk countries exempt on the UK Government list currently have a similar point of prevalence to Scotland. However, it was estimated that the point prevalence in Spain was 10 times higher than in Scotland, partly due to two localised outbreaks, and it is therefore considered that lifting restrictions on Spain would not be possible at this stage. Similarly, concerns about a recent outbreak in Serbia have led neighbouring states to close their borders with that country. The impact of that outbreak will not be seen in the data yet, but as a result we have determined Serbia should not be added to the exempt countries list. Spain and Serbia were both on the UK's exemptions list, although Serbia has since been removed following similar concerns to those raised by the Scottish Government.

On Wednesday 8 July the First Minister announced 57 countries and territories (plus 14 overseas UK territories) will be exempt from the self-isolation requirement on arrival to Scotland. The exemptions came into force in the regulations on Friday 10 July. This list will be closely monitored and assessed on a rolling basis within the 21 day review cycle. The list of exempt countries can be viewed here.

Sectoral exemptions

Since 8 June a small number of people travelling to the Scotland in very limited circumstances do not need to self-isolate and/or complete contact detail declarations.

For example, people are exempt if they are travelling to maintain essential supply chains, critical national infrastructure or to contribute to crisis response or other essential government work. Seasonal agricultural workers must remain for 14 days on the farm where they are working and staying. Further guidance for seasonal agricultural workers is available here: https://www.sasa.gov.uk/covid-19-guidance

In Scotland there are some further specific differences from the exemptions in England, Wales and Northern Ireland:

- registered health or care professionals travelling to the UK to provide essential healthcare, including where this is not related to coronavirus, will need to self-isolate for 14 days if they are staying in Scotland
- frequent travellers for work: if they live in the UK but work in another country and travel between the UK and country of work at least once a week; and/or they live outside the UK but work in the UK and travel between their country of residence and the UK at least once a week – they will need to self-isolate for 14 days if you are staying in Scotland.

From 10 July, the following industries have been included in the exemption from the self-isolation requirements:

- elite sporting events - elite sportspersons and support workers on major sporting events – in adherence with the Resumption of Performance Sport guidance
- film and TV production - personnel being engaged to work on a film or high-end TV programme

We have concluded that the regulations introduced on Monday 8 June continue to manage the risk of exporting and importing cases from communities with high risks of transmission. The regulations have been amended to allow some exemptions from the self-isolation requirements through an evidence based risk assessment. Arrivals from the exempt countries and industries will still need to complete the passenger locator form. The review cycle of 21 days and rolling consideration of the exemptions list provides a process for us to ensure these regulations continue to be assessed as appropriate to protect public health in Scotland.

Importation risk from Ireland

In aviation there is currently very little passenger demand, although we are beginning to see some airlines slightly increase the number of flights they are operating. The introduction of these public health measures is expected to limit the volume of international travel to and from the UK, reducing the risk of imported transmission.

Ireland has had success in suppressing the virus. According to the latest data, and Irish government statements, the virus is close to being eliminated at community level, with any incidence currently limited to either long term residential settings, or linked to international travel. On 7 July Ireland had its first consecutive two days with no new deaths of patients confirmed with COVID-19. As of the same date, 19 patients were in ICU with confirmed COVID-19.

The Irish government is advising against all but essential international travel. All incoming passengers arriving at ports and airports are legally required to submit passenger locator information and requested to self-isolate for a 14 day quarantine period (which is not legally enforced). The Irish Government will review this advice again by 20 July, when it is expected that announcement will be made on a green and amber list of countries which Irish people can safely travel to, and from which there will be a relaxation in the quarantine requirement

Intra-UK risk

There is the potential risk of exporting or importing cases from communities with high risk of transmission in Scotland or in the other countries of the UK.

Restrictions on the provision of holiday accommodation have had the effect of limiting to some degree long distance travel within and to and from Scotland throughout the duration of Phases 1 and 2, thus limiting transmission between communities. However all holiday accommodation is able to reopen on 15 July, following the earlier opening of self-contained, self-catering accommodation and travel restrictions for leisure purposes have been lifted.

Managing transmission to and from communities with high rates of transmission in the rest of the UK will depend amongst other things on systems for instituting local lockdowns being developed in each country - e.g. if the UK Government were to lock down localities in England with hot spots, including the use of travel restrictions, then that could have the effect of limiting travel from those areas to Scotland (and anywhere else) without needing separate provision in Scotland.

In the event of a significant local outbreak, Ministers have regulation making powers under the Coronavirus Act 2020 that would allow the re-imposition of lockdown restrictions on a local or regional basis within Scotland if necessary, thus managing the risk of exporting cases from high risk communities.

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

The enhanced surveillance approach will gather routine and new data. In the community this is gathered from all kinds of places including citizens, households, closed settings, primary healthcare, occupational groups, and age groups. These data will be monitored closely for trends and also linked to other data sources to

enable a fuller picture to be understood of COVID-19 across the population – this will allow identification of signals that the severity, transmission, or impact is worsening in the population and then to be able to respond appropriately to those signals and emerging risks. This will allow rapid implementation and action on the ground (including through Test and Protect) by the right actors at the right time.

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

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

Informing the Public

We have published our *Framework for Decision Making* and Route Map, with updates and supporting evidence, and a range of sector specific guidance to provide transparent information on the plans to move out of lockdown safely.

Daily Ministerial briefings continue, led by the First Minister and supported by medical and scientific advisors. They continue to provide clear and consistent messaging and are followed by a Q&A with journalists. This regular briefing has also been used to launch and direct the public to new publications and information on the government's actions to mitigate the harms of COVID-19.

The messaging provided by the daily briefing has been supported by marketing campaigns, primarily focussed on increasing awareness of and compliance with public health measures, and support for those who need it (including for domestic abuse, mental health, and managing finances). Messages have evolved as restrictions have lifted - particularly important as the speed of removing restrictions has varied within the UK.

YouGov polling from 30 June - 2 July shows 80% agree they feel clear about what is required of people who live in Scotland as the restrictions change, with 90%+ awareness of the importance of avoiding crowded places, staying 2m+ from others, keeping hands away from the face, self-isolating, booking a test at the first sign of symptoms, and cleaning hands regularly (the latter - last measured 23-25 June).

Paid-for-media campaigns have targeted a number of different demographics with specific messaging, including:

- General Population – NHS is Open (if it's urgent, it's urgent); Clear Your Head - supporting positive mental health; Scotland Cares – encouraging volunteering and communitarianism.
- At Risk Audiences (adults 70+, adults at increased risk of COVID complications) encouraging additional precautions and offering additional support if required.
- Victims of Domestic Abuse – encouraging access to support services.
- BAME communities – specific public health messaging due to poorer reach of general messaging.
- Renters – supporting tenants concerned about being evicted.
- Those with financial worries as a result of COVID – increasing awareness of benefits and wider financial support available.
- Young people (18-24 year olds, 13-24 year olds) – demographic-specific public health messaging.
- Parents (of children 0-16 years old, of children 2-9 years old) – a range of messaging and support products.

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

A range of documents have been published as part of the *Framework for Decision Making* series, receiving a large amount of public interest. These outline the approach and principles that will guide us and the Route Map we will follow as we make decisions about transitioning out of the current lockdown arrangements. They also set out the supporting evidence and analysis which supports the framework and the decision to move into Phases 1 and 2. The 'Equality and Fairer Scotland Impact Assessment: Evidence Gathered for Scotland's route map through and out of the crisis' provides a wide range of evidence that has been gathered in relation to the Route Map. This evidence sets out the impacts we have identified through data and engagement and the types of mitigation measures that have been put in place, either to reduce the harm for a certain group or to promote a positive impact.

Data on the pandemic has been published on the Scottish Government website daily and is also available in Open Data format. Findings in modelling the epidemic have also been shared online as well as reports of research on public attitudes and behaviours; work to improve access to data is continuing.

A dashboard to set out a clear narrative and provide easy access to consistent data is currently in development and will become available in July. It will bring together disparate elements of evidence to help the public understand the data as they relate to the harms caused by COVID-19, illustrating what is happening on the ground and the progress of the pandemic.

There is work underway to bring together system-wide ethical, trusted, safe and effective access to the relevant public service data and intelligence. Work is also underway to broaden the public understanding of the value of the data by developing a public facing dashboard jointly with public service and academic partners. It will provide access to COVID-19 specific information to support local and national understanding of the progress of the pandemic. This is currently under development with a projected launch date in late July.

Finding out about the public

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

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

i) Compliance with rules and guidance.
ii) Impact of the virus on personal and societal wellbeing.

iii) Trust in government responses to the pandemic, and provision of information.
iv) Monitoring of some of the harm indicators on trust, loneliness, and health.

The main weekly survey is commissioned to inform effective decision making. A monthly summary is published for external audiences. In combination with this, a survey with stakeholders was commissioned to understand the broader societal impact of COVID-19 on wellbeing. The results help us contextualise some of the polling findings and provide a more rounded sense of societal impact.

Recognising that the impact of COVID-19 impacts different communities disproportionately, the Scottish Government has worked with partners and stakeholders to understand the impact of COVID-19 on their work. This includes work to improve understanding of the existing data and to identify gaps. To further this work, an Expert Reference Group (ERG) on COVID-19 and Ethnicity was established to assess and understand impacts for minority ethnic groups in Scotland; the group first met on 25 June and again on 9 July.

There has been continued wider engagement with race equality stakeholders. The Scottish Government's race equality team meet with a range of stakeholders on an ongoing basis. For example, colleagues have joined meetings of the Ethnic Minority Resilience Network on several occasions throughout the lockdown period, as well as other bilateral meetings and conversations. The 'Equality and Fairer Scotland Impact Assessment: Evidence Gathered for Scotland's route map through and out of the crisis', demonstrates the engagement with equalities and fairer Scotland stakeholders that has helped us understand the impacts of COVID-19 and to develop mitigating actions that reduce harm to help us to tackle deep-rooted structural challenges. This publication will be updated for future phases and we will continue to work with stakeholders to ensure our work accurately reflects the lived experience of COVID-19.

Evidence and insights have been published by the Scottish Government to ensure policy decisions are taken in light of the latest evidence. This includes reports in the following areas:

- Economic impact
- Employment
- Family income, wealth and spending
- Health and Social Care
- Children and Education
- Housing and homelessness
- Sustainability
- Fishing industry
- Local lockdowns
- Impact on BAME groups
- Impact on disabled people
- Gender
- Futures approaches
- Lessons learned

Across all areas of government policy, teams have continued to engaged in discussions with stakeholders from their respective areas to understand the impact of COVID-19 on different communities to understand the immediate impacts and to better shape future actions.

Understanding the Impact on Children and Young People (CYP)

Scottish Government teams have worked with partners and stakeholders to understand the impact of COVID-19 on children and young people. A COVID-19 Children and Families Collective Leadership Group has been established in collaboration with SOLACE, COSLA, Police Scotland, Scottish Children's Reporter Administration (SCRA), Children's Hearings Scotland, the third sector, organisations across education, health and social work sectors, and other key organisations. This Group is gathering data and intelligence about the adversities and challenges faced by children, young people and families and to progress local and national actions in response. Current key work-streams involve progressing actions on child protection, disabled CYP, domestic abuse, family support, and kinship families.

Engaging the public

An online public engagement exercise was launched on 5 May and was live until 11 May. In this time, we received more than 4,000 ideas and almost 18,000 comments relating to the Framework for Decision Making and Test, Trace, Isolate, Support strategy. In total, 11,692 respondents registered for this exercise, of whom 3,274 submitted ideas. All comments and ideas published can be viewed on the platform.

A full overview of the engagement exercise is published online. Outputs from this exercise directly fed into the development of the Route Map and tailored reports were distributed to policy teams on a number of topics. Insights from the exercise, alongside topic-specific stakeholder engagement work, are directly informing the development of regulations and guidance across the Route Map phases.

In recognition of the evolving approach to Public Engagement across Government, an expert group has been formed. It met on 26 June to provide advice and guide our public engagement work. That group considered the needs for engagement in the short term to support people's participation in managing the pandemic.

Following that discussion, planning is now underway to develop the next online engagement exercise that will focus on aspects of the management of the pandemic and the maintenance of public trust.

Additionally, some policy teams have taken part in conversations with the public and representative stakeholders in order to engage on specific decisions or issues. For example, colleagues in Housing and Social Justice, alongside Minister for Local Government, Housing and Planning, Kevin Stewart, have engaged with people with lived experience of homelessness to help inform the recovery plan for this area. This type of engagement is continuing as lockdown restrictions are eased.

In June, more than seventy areas of government reported to be undertaking engagement related to the COVID-19 pandemic. The expert group, along with a

Scottish Government team with expertise from across government, is continuing to develop a strategic approach to engagement and participation during the pandemic to connect and share experiences, to identify gaps in skills and resources, and work to align information products and engagement tools that are currently under consideration or development.

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

As Scotland transitions to the next phase of the COVID-19 pandemic, a responsive system of community surveillance for COVID-19 is essential. The national level measures that have become the mainstay of tracking the pandemic will need to be supplemented by local active surveillance. We expect to see less community transmission, followed by clusters of cases, then more sporadic cases (one or more cases, imported or locally detected). These need to be carefully monitored, including outbreaks in special settings.

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

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

Modelling of the pandemic will also continue and will provide an ability to look at the effect of any new cases on the country as a whole and whether this may lead to additional cases that would need to be acted on e.g. around re-imposing lockdown restrictions.

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

Other lead indicators will also be tracked to identify any resurgence of the virus as part of enhanced community surveillance efforts in Scotland:

- NHS24 calls for respiratory symptoms
- Symptomatic patient surveillance at Community Hubs
- Asymptomatic surveillance in dental surgeries (when available)
- Proportion of COVID-19 positive cases (from all tests)
- Nosocomial outbreaks
- Care home outbreaks

There are well established multi-tiered, multi-agency coordinated approaches to managing any public health outbreaks in Scotland. The procedures used are set out in very well established and effective guidance: *The Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led Incident Management Teams*. This guidance is well known and well understood by local health partnerships. Last updated and published in 2017, it is presently being lightly refreshed to reflect COVID legislation and the introduction of Public Health Scotland.

To support the publication of the refreshed guidance officials are developing a position statement that sets out six steps to surveillance and response. Work is also underway with Public Health Scotland to develop a Scottish Workbook, a public facing document that sets out clearly the process of how outbreaks are managed. It is proposed that the workbook is to be accompanied by a set of sectoral Advice Cards that will bring together in one place key information and links to guidance to support action and decision making.

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

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