







COVID-19

Scotland's Strategic Framework Update



June 2021

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Foreword from the First Minister

We have come a long way in the battle against COVID-19. Progress has been achieved through extraordinary developments in science, in healthcare and in the sacrifices that we have all made together. In particular, the success of our vaccination programme has been above and beyond expectations.

However, the virus is still out there, it is still mutating and it is still harmful. So we must all follow through with our second dose of the vaccine to make sure of the best possible level of protection.

As the pandemic develops, how we tackle it as a society needs to change to take account of our progress and the changing nature of the challenges coronavirus presents. This update to our Strategic Framework sets out our future plans for the country as our collective endeavours to tackle the virus move through the next stages.

As vaccinations have progressed, we have been able to open significant parts of society and the economy – some wholly, some partly, whilst others have regrettably remained shut. As we learn more about the positive impact of the vaccination programme in reducing the serious health harms of COVID-19, it is imperative that the restrictions in place remain proportionate and necessary and that we continue to take account of the broader harms that restrictions cause.

Vaccines and our other tools are proving hugely effective in reducing the serious harm the virus does to our health, despite the arrival of new, more highly infectious variants.

Assuming the vaccine continues to be effective against new variants, as so far has proven to be the case, we can now plan ahead to remove more of the prescriptive rules and regulations which have formed a difficult, but necessary and justified, part of our COVID-19 response while vaccination rolls out. As we progress further into the next phase of the pandemic, these rules will begin to give way to greater personal judgment and continued good practices such as good respiratory hygiene and cough etiquette and, most importantly, the choice – where available – to get vaccinated.

I would like to take this opportunity to express my sincere gratitude once more to all of those individuals and businesses who have already sacrificed so much to support the country, and also to our NHS and many other workers and volunteers who are helping us to get through this crisis. You have played, and will continue to play, a key role in our COVID-19 response as we now begin to transition to a recovery phase. If we all continue to work together, we can keep on the right track towards happier and better times, and increasingly put the acute phase of COVID-19 firmly behind us.



Rt Hon Nicola Sturgeon MSP
First Minister of Scotland

22 June 2021

Executive summary

We have made much progress tackling the COVID-19 pandemic in Scotland since the previous Strategic Framework Update was published in February 2021. The success of the vaccination programme has allowed us to reduce the direct harm of the virus and has also enabled us to re-open large parts of the economy and society, although many businesses and activities remain under restrictions. The recent increase in cases caused by the Delta variant shows that we cannot assume that the pandemic is over. These two factors mean that we need to adjust our Strategic Framework in response to changing circumstances.

Importantly, while cases caused by the Delta variant have been rising throughout May and June, the number of hospitalisations, patients in ICU and deaths have so far remained much lower than earlier in the pandemic. This improved picture can be attributed to the success of the protective measures in force alongside the roll-out of the vaccination programme.

Until now, our strategic intent has been about suppressing the virus to the lowest possible level while we seek to minimise the broader harms of the virus. Now that the direct health harms caused by the virus are reducing, the broader harms of the crisis grow relatively more important in our decision-making. Consequently, reflecting the success of the vaccination programme, we believe we are now at a stage of the pandemic where we can adjust our strategic intent from:

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

to one where we work:

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

Our Strategic Framework, updated within this document, provides the context and principles for our response to COVID-19. It also provides a foundation for individual sectors of our economy and society to work with the Scottish Government on the policies and plans needed to chart our recovery from the pandemic. We set out later our progress and next steps against each of the six elements of our approach to managing the epidemic: our vaccination programme; the Test and Protect system of testing, contact tracing and self-isolation; protective measures (rules and guidance); measures to manage the risk of importation of the virus; supporting individuals, businesses and organisations with adherence; and providing care and support to mitigate the harms of the crisis.

The system of protective levels has served us well in managing the pandemic and in balancing the harms that it has caused. Looking ahead, we must be careful to only lift our remaining restrictions when the conditions are right to do so. And we must continue to exercise caution even beyond that point. Even with widespread vaccination, COVID-19 is likely to continue to pose a threat in the future.

Deciding when to move beyond Level 0 and lift domestic legal restrictions will be informed by conditions based on clinical advice. These conditions will ensure that the virus remains sufficiently under control in Scotland and that enough people are protected by two doses of the virus to ensure that we remain consistent with our revised strategic intent. At present, our current analysis of the state of the epidemic indicates that the lifting of Level 0 restrictions should not happen until at least all adults over 40 years of age have been protected by two doses of the vaccine. We expect this to happen by 9 August – a date which allows for the immune protection of the vaccine to take effect.

Reaching the stage of lifting remaining legal restrictions will not signal the end of the epidemic. COVID-19 is a disease that we will have to manage for the foreseeable future. To maintain the progress we have made in returning to more normality, it will be important for individuals, businesses and other organisations to continue to stick to a set of baseline measures to stop the virus resurging and to protect those who do not have protection from vaccination. Although some limited legal restrictions may still be necessary, the emphasis will be more on personal responsibility, good practice and informed judgement. This will mean everyone playing their part by taking measures such as: ensuring good ventilation; maintaining good hand hygiene; practising respiratory hygiene; wearing face-coverings when appropriate; and continuing to engage with our Test and Protect system and self-isolating when they are symptomatic or have tested positive.

We will work with business to support a phased return to more office working from Level 0 onwards. However, we intend to encourage continued support for working from home where possible and appropriate – not just to assist with continued control of the virus, but also in the interests of wider wellbeing.

We will continue to monitor the pattern of new cases throughout Scotland and to support enhanced local public health measures to manage outbreaks. As we have done at earlier points in the pandemic, we will apply specific restrictions or higher levels of general protective measures to control any further outbreaks.

There are likely to be targeted restrictions on overseas travel beyond Level 0. However, we will keep restrictions in place only for as long as necessary and proportionate to respond to the threat of importation of the virus.

Businesses, transport, education and other organisations have had to make significant sacrifices in order to adhere to physical distancing measures. Following a review of physical distancing requirements, we will cautiously ease these restrictions to enable the economy and society to operate in a less restricted way, as set out below. The table shows the key indicative dates for moving to and beyond Level 0. We may bring forward or move back these dates if the data indicates that to be necessary, consistent with our revised strategic intent.

Table: Indicative timetable for easing restrictions

Date	Levels Restriction	Physical Distancing
19 July Conditional on a review of the epidemic ahead of this date	All areas move down to Level 0	Reduce outdoors to 0m Reduce indoors to 1m
9 August Conditional on over 40s being fully vaccinated and a review of the epidemic ahead of this date	All areas move beyond Level 0 (Levels restrictions lifted)	All physical distancing regulations lifted

Introduction

As ever with COVID-19, the future trajectory of the epidemic remains uncertain, particularly in relation to new variants. But, increasingly, that uncertainty is being reduced as the promise of the vaccination programme realises its potential.

In early 2021, Scotland was in lockdown and both the economy and people's lives were severely restricted. Vaccinations had commenced and were already helping to protect the most vulnerable but had not begun to reduce transmission of the virus in a significant way.

At the time, the updated Strategic Framework restated our strategic intent: to suppress the virus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible¹.

The Levels approach, contained within the Strategic Framework, provided a versatile and proportionate means for managing our path out of lockdown. The graduated levels of protection range from Level 0 (as close to normality as possible while vaccination proceeds) to Level 4 (severe restrictions). The levels continue to enable Scotland to pursue a tailored path towards sustainable recovery, responding to the circumstances in different parts of the county.

As always, our decisions will be cautious and led by data. It remains our hope to progress to something much more like normality over the course of the summer. However, as we have seen throughout the pandemic, nothing is certain. We may see a resurgence of the virus to a level that demands a more severe response to prevent serious illness and deaths. We designed the current strategy with that in mind: we have the ability to apply different levels to respond to new and sometimes unforeseen developments.

Since February, there have been two very significant developments which could influence our future trajectory. One relates to vaccinations and the other relates to the emergence of a new variant of concern of the virus.

Firstly, vaccine uptake has been unprecedented. The latest data is showing 99% uptake in those aged over 50, and over 3.5 million people have now received their first vaccination dose and 2.5 million people have received their second dose. We remain on track to offer every adult in Scotland their first dose of the vaccine by the end of July, supply allowing, and their second dose by mid-September. Having people fully vaccinated is important in reducing risks of morbidity and mortality from COVID-19. Continued successful roll-out and high uptake of vaccination is therefore key in order to try and get ahead of the virus and best protect our continued path out of restrictions and help us to return to a more normal way of living.

The second development is the emergence of the latest Variant of Concern (VOC) – Delta VOC-21APR-02/B.1.617.2 (the 'Delta' variant) – which is highly likely to be significantly more transmissible than the previous VOC-20DEC-01/B.1.1.7 strain (the 'Alpha' variant).² The Delta variant has caused an increase in infections, particularly amongst the unvaccinated and partially vaccinated population.

Therefore, whilst the roll-out of the vaccination programme is translating into reduced morbidity and mortality from the virus, it is vital that we continue to exercise caution in light of rising cases of the virus.

¹ This has since been supported by two further publications – the [timetable for easing the current restrictions](#) and the revised [Protection Levels](#) which set out indicative dates for when Scotland would move down the Protection Levels, and what people and business could and could not do at each level.

² [S1236_Eighty-nineth_SAGE.pdf \(publishing.service.gov.uk\)](#)

The Delta variant is accelerating this strategic challenge: the race between the virus and our vaccines. It is within this context that we are updating our Strategic Framework. This document sets out how and why our COVID-19 response strategy will change in light of new conditions and what a move beyond Level 0 will look like. It also provides an update on how we are using and adapting the six tools set out within our Strategic Framework to suppress the virus:

1. The vaccination programme;
2. The Test and Protect system of testing, contact tracing and self-isolation;
3. Proportionate protective measures (rules and guidance);
4. Measures to manage the risk of importation of the virus;
5. Supporting individuals, businesses and organisations to adhere to protective measures; and
6. Providing care and support to mitigate the harms of the crisis.

Current position

Our response to the pandemic has considered its impact across each of our defined “Four Harms”, as well as our continued respect and protection for fundamental human rights. The first of these four harms is the direct harm to people’s health. The second is the wider impact on our health and social care services in Scotland and the impacts on non-COVID-19 health harms. The third is the harm to our broader way of living and society, including, for example, the negative effects of increased isolation, particularly for those living alone, and the impact on children’s wellbeing from closing schools and childcare settings. The fourth is the harm to our economy, causing deep uncertainty and hardship for many businesses, individuals and households.³

The balance of these harms has been shifting during the pandemic, particularly as a result of the vaccination programme. The vaccination rollout has been highly successful to date. As a result, we have seen relatively fewer cases ending in hospitalisation and Intensive Care Unit (ICU) admissions, although the potential for direct harm from COVID-19 remains serious. However, there is likely to come a time where, as the vaccines succeed in reducing serious disease, the other three harms occurring as a result of ongoing restrictions begin to outweigh the direct harm of the virus itself. Consequently, if vaccination is resulting in less serious morbidity and much reduced mortality, it would not be proportionate to continue to impose the same level of restrictions on people’s lives.

There remains a degree of uncertainty regarding the impact of the Delta variant on severity of illness, treatment or reinfections. Analysis of vaccine effectiveness against symptomatic disease with the Delta variant suggests that, while vaccine effectiveness is lower in Delta cases compared to Alpha cases after one dose, any difference in vaccine effectiveness after two doses of vaccine is likely to be small.

³ We explain the use of Four Harms in a detailed evidence paper published in December 2020 [[Coronavirus \(COVID-19\): framework for decision making - assessing the four harms - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-framework-for-decision-making-assessing-the-four-harms/pages/1-1-introduction.aspx)]

Following the rise of the Delta variant to dominance in Scotland, the most recent estimate of the R number is between 1.2 and 1.4.⁴ This means that case numbers are increasing and we must therefore continue to exercise caution with our approach to easing protective measures.

The spread of the Delta variant in Scotland is both a real threat and a reminder that variants of concern may continue to emerge and threaten to undo the progress we have made so far. With that in mind, it is important to continue to move cautiously in order to reduce the risk of the virus growing out of control among the unvaccinated population.

As noted above, the balance across the four harms has been shifting, in large part due to the success of the vaccination programme. For example, following the publication of *Re-mobilise, Recover, Re-design: The Framework for NHS Scotland*⁵ on 31 May 2020, we are now cautiously and safely beginning to restart as many aspects of our NHS as is possible and we are developing our plans for NHS recovery from the crisis. This is also the case for other aspects of our public services. Further information on our progress in relation to mitigating the societal impacts of the pandemic can be found in the later section on social harms.

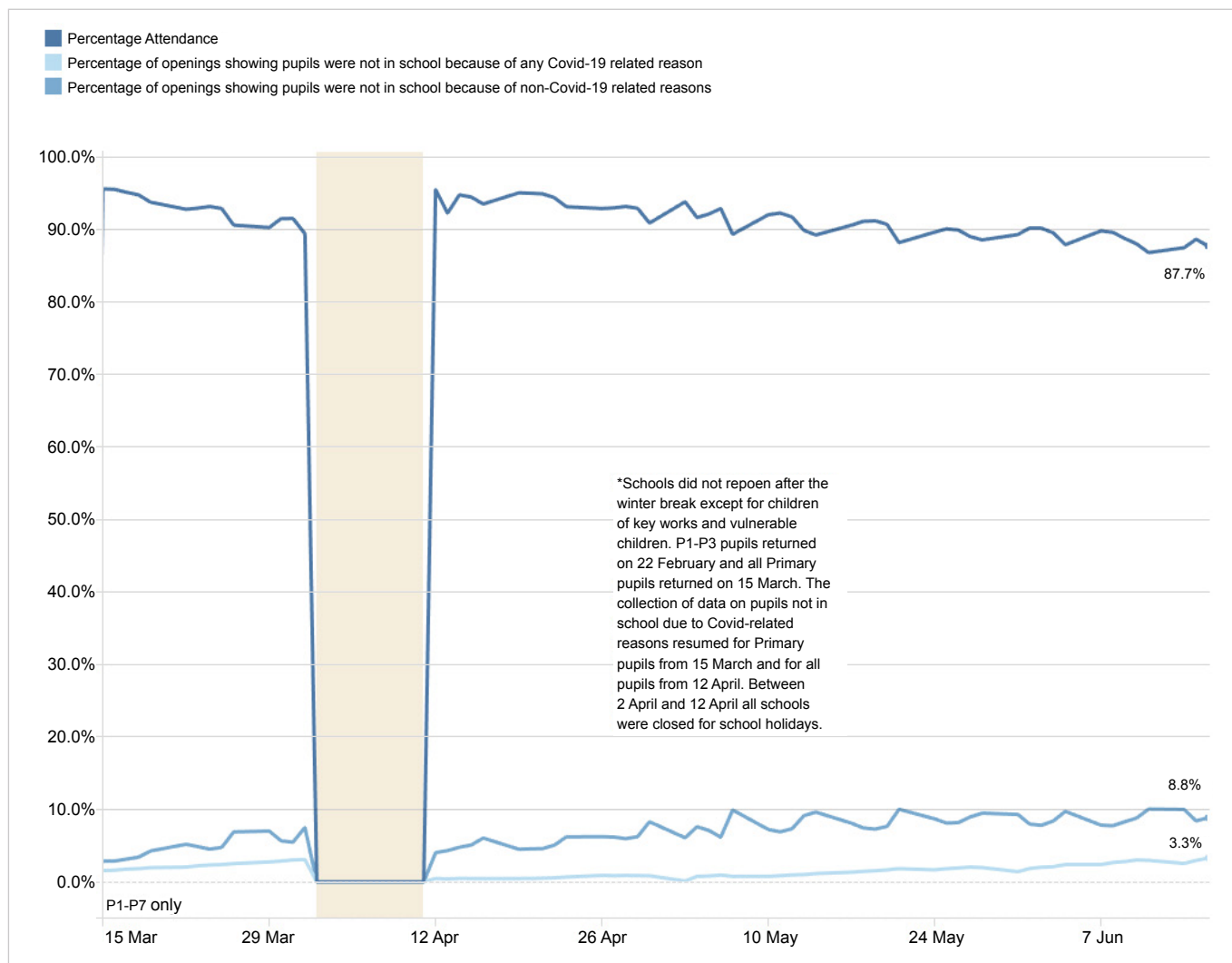
Two areas of broader harm – the educational and economic impacts of the pandemic in Scotland – are highlighted below.

Firstly, learning from our experiences in the first lockdown, we purposefully prioritised re-opening school buildings and childcare settings in our route out of lockdown in 2021 – initially to the children of key workers and vulnerable children, then to younger nursery and primary school-age children and some senior phase pupils, and subsequently to all children and young people. The impact of our approach is shown in Figure 1 below, which indicates attendance at schools from 15 March 2021.

4 [Coronavirus \(COVID-19\): modelling the epidemic - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-modelling-epidemic/pages/10-to-14.aspx)

5 [Re-mobilise, Recover, Re-design: the framework for NHS Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/re-mobilise-recover-re-design-the-framework-for-nhs-scotland/pages/1-to-3.aspx)

Figure 1: School attendance March-June 2021



Collectively, we must continue to minimise the likelihood of disruption to our children and young people’s education after the summer. To do so, we must all continue to play our part in keeping the virus under control, whether by getting vaccinated or by continuing to stick to measures to stop it spreading. Although the overall picture on school attendance above is very much a positive one, the impact of rising case numbers can also be seen on COVID-19 related absences over recent weeks.

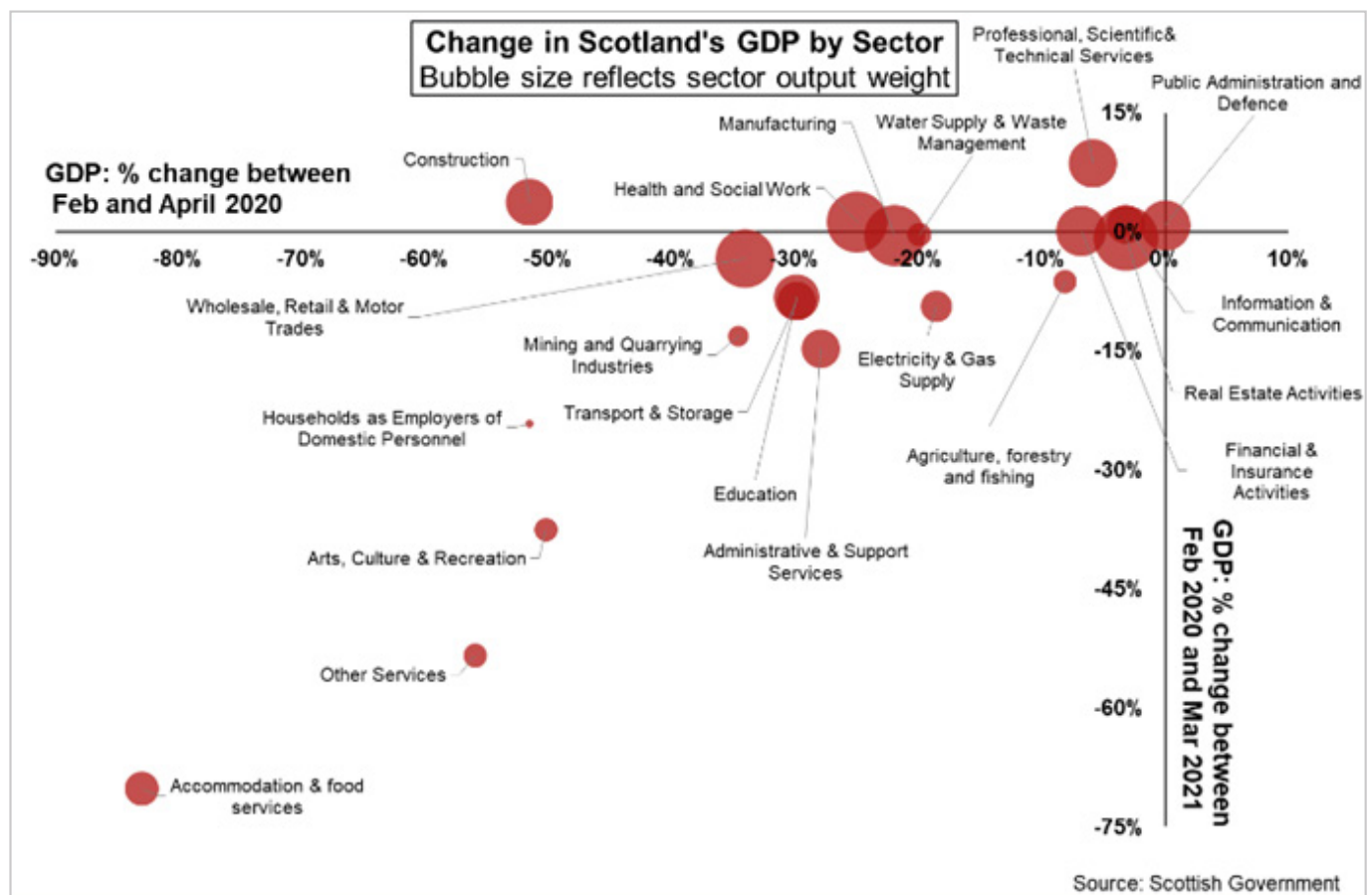
Whilst these absences are still relatively low, and primarily due to self-isolation rather than positive cases, disruption to education is something we are determined to avoid wherever possible. The approach we take to minimising educational harms at the start of the next term will require careful consideration in light of factors such as overall progress on the vaccination programme (including for education staff), a fuller understanding of the impacts of the Delta variant, and our staged approach to the easing of restrictions in wider society. We will continue work over the summer period to develop an approach which will best minimise harms to children and young people, taking into account forthcoming Joint Committee on Vaccination and Immunisation (JCVI) advice on the vaccination of 12 to 17 year olds, and ongoing work to ensure that Test and Protect and self-isolation policy remain aligned with our

evolving strategy. In particular, we will consider whether and to what extent the requirement for young people to self-isolate as contacts of positive cases can be significantly reduced in future.

Secondly, COVID-19 has had a very damaging effect on the economy. And although recovery is well underway for many sectors, several sectors that are enduring ongoing restrictions remain particularly badly affected and others are still constrained and unable to operate at full capacity.

Figure 2 shows the impact that the COVID-19 crisis has had on the economy. At its lowest point in April 2020, Scotland's Gross Domestic Product (GDP) fell to 22.6% below its pre-pandemic level in February 2020. By March 2021, GDP had recovered back to 5.4% below its pre-pandemic level (UK: -5.9%).

Figure 2: COVID-19 impact on the Scottish economy



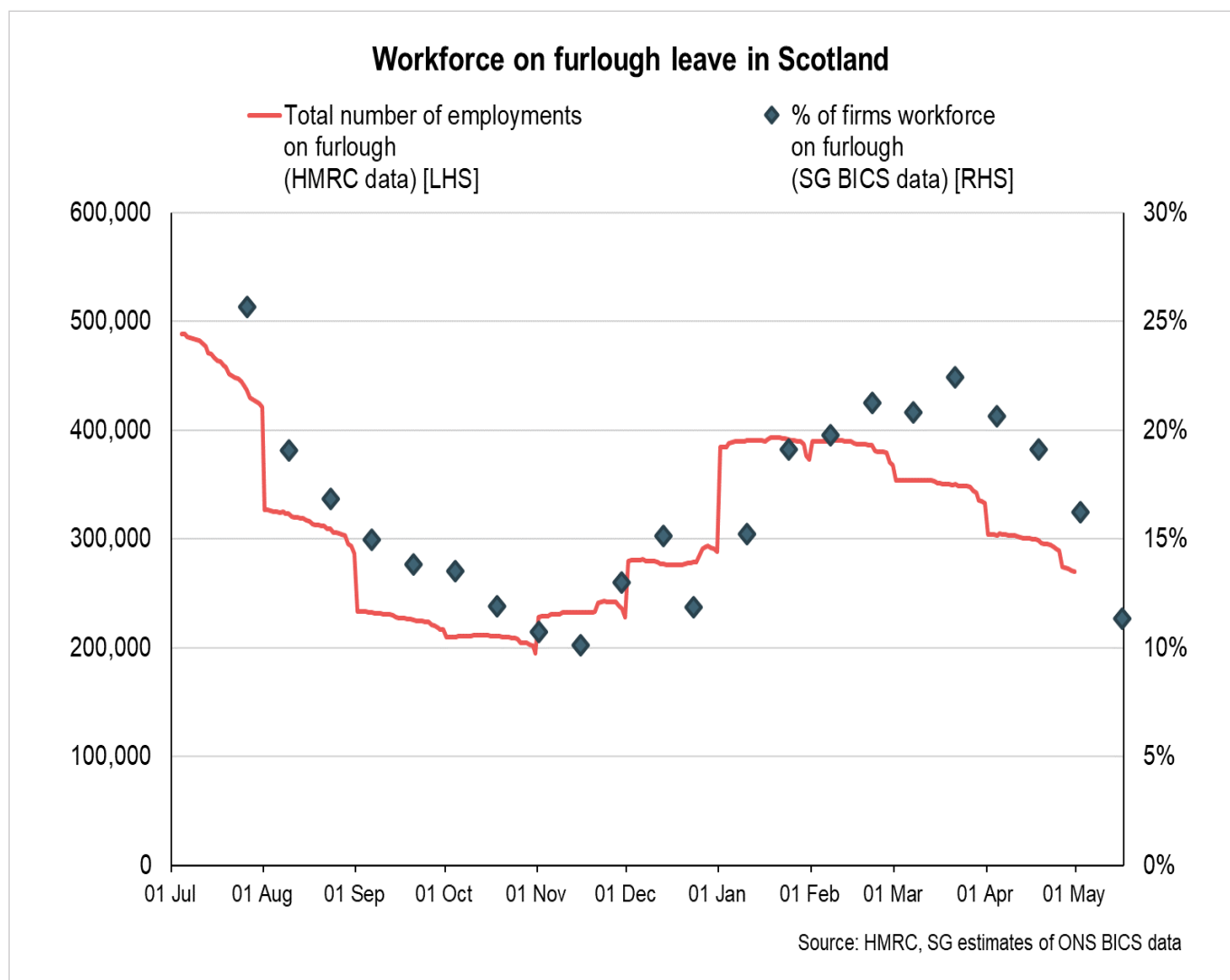
There were significant differences across sectors in the scale of the initial fall in output in March and April 2020 during national lockdown and in the pace of recovery across sectors since then, which has largely reflected the nature of restrictions over the course of the year.

Manufacturing output fell 22% between February and April 2020. However, in March 2021, manufacturing output had recovered to 0.5% below its pre-pandemic level in February, while construction output fell 51.6% initially and in March had recovered to 3.7% above its pre-pandemic level.

Consumer-facing parts of the services sector have been more directly impacted by restrictions on activity, and particularly during the recent restrictions over the winter months. For example, accommodation and food services output fell 83% between February and April 2020 and following some recovery over summer 2020, and in March, remained 70% below its pre-pandemic level. Similarly arts, culture and recreation output in March remained 38% below its pre-pandemic level, having fallen 50% initially between February and April 2020.

The Coronavirus Job Retention Scheme has been supporting the retention of jobs and incomes since March 2020 and is currently set to remain in place until the end of September 2021. Figure 3 shows how the number of jobs supported by the furlough scheme has varied over time as restrictions have changed, gradually increasing from October 2020 as restrictions started to tighten over the winter with 373,000 jobs on furlough at the end of January. At the end of April 2021, there were 269,800 jobs furloughed in Scotland, a rate of 11%. The numbers have been declining since February 2021 as some restrictions have eased. At end of April 2021, the sectors with the highest number of jobs furloughed across Scotland were Accommodation and food services (77,000) and Arts, entertainment and recreation (19,900).

Figure 3: Number and rate of workforce on furlough leave in Scotland



Taking into account the risk that the Delta variant poses and the need for our response to be guided by data not dates, we also recognise the necessity to provide as much clarity as possible to businesses and individuals for the period ahead, particularly as we move beyond Level 0 restrictions. We appreciate that many businesses, particularly in sectors that have been as yet unable to reopen but also in sectors that can open but under ongoing restrictions, need to be able to plan for when they can operate to their full capacity. Recruiting staff and re-establishing supply chains takes time and we will take this into account in our decision-making and communications as far as possible, recognising that improved degrees of certainty will have positive impact on the mental health and well-being of employers and employees.

There is a careful balance that we must strike to ensure that we gain and keep the upper hand against the virus, but also mitigate the damaging consequences that many individuals and businesses have faced as result. Judging this balance has been central to developing our strategic intent as detailed below, and it will remain key in all decisions to come.

Our future strategy

Overview

We set out the strategic intent of our COVID-19 Strategic Framework in October 2020, which in turn continued the principles and approach set out in our [Coronavirus \(COVID-19\): Framework for decision making](#) publication, from April 2020.

In our *February 2021 Strategic Framework Update*, we reaffirmed our strategic intent:

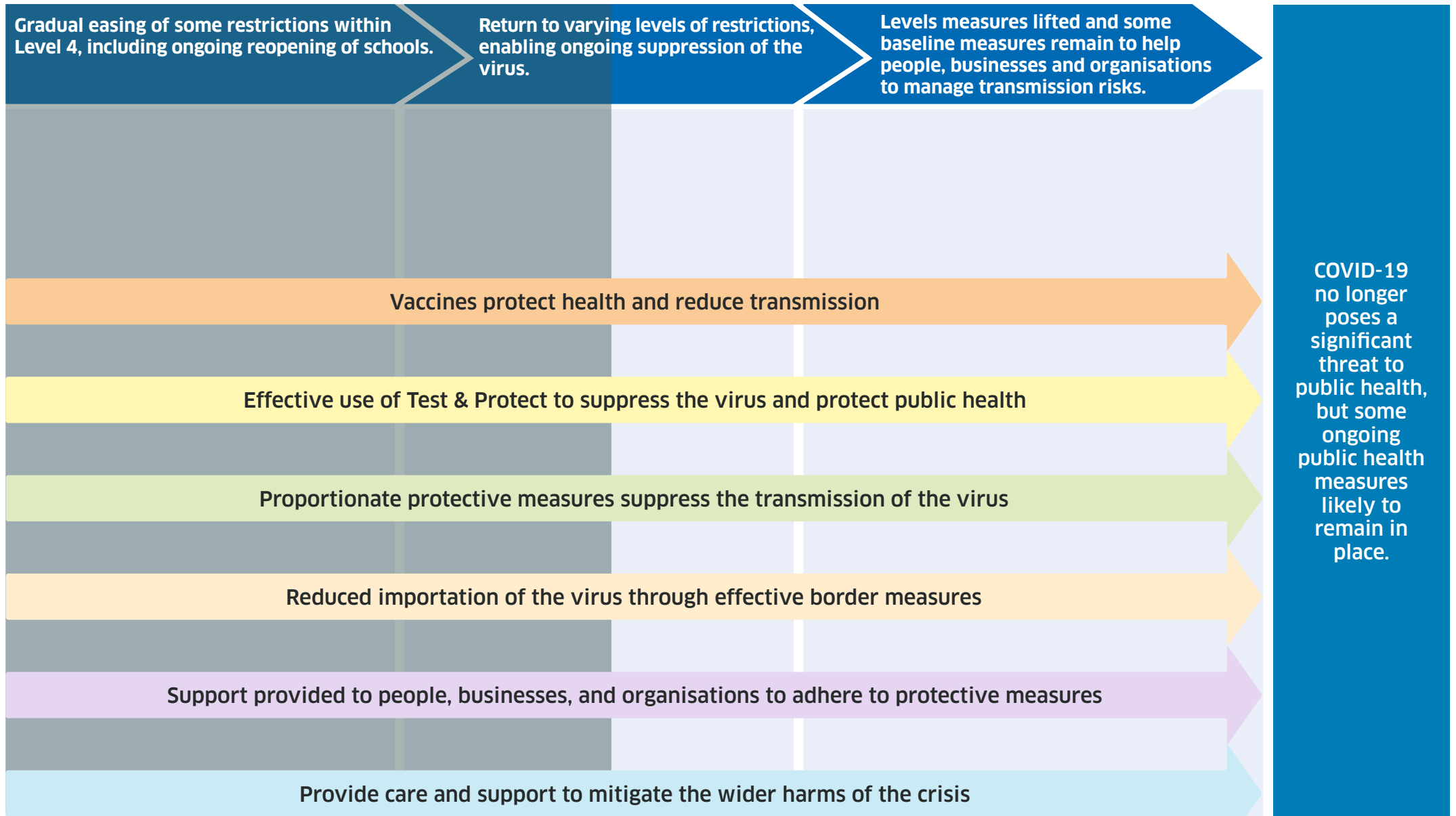
Our strategic intent remains to suppress the virus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible.

We also outlined how the following six tools would work together to suppress the virus to enable a return to more normality. These tools and the associated phases are shown at Figure 4 below:

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

We are not yet in the final phase of the Strategic Framework depicted in Figure 4, where COVID-19 ceases to be such a significant threat to public health, but that remains our goal longer-term.

Figure 4: Phasing of the Strategic Framework

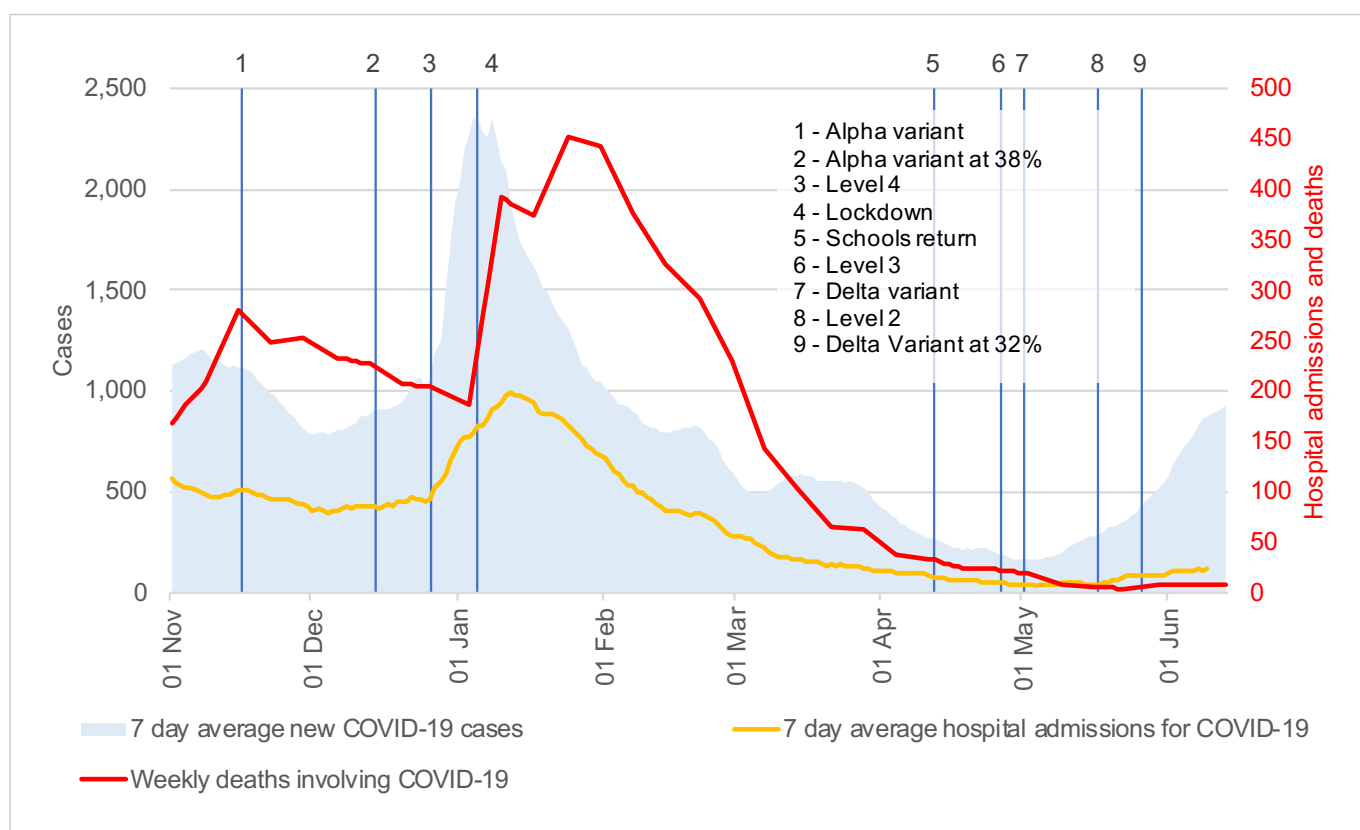


Please check www.gov.scot/coronavirus to ensure you are viewing the most up-to-date information and guidance about coronavirus.

We saw good progress in the first part of this year in suppressing the virus in Scotland and reducing the harm caused by it through deploying these six tools in a coordinated manner.

Figure 5 shows the impact that interventions have had in controlling the spread and health consequences of the virus. It also shows that, while cases have been rising throughout May and June, the number of admissions to hospital and deaths have so far remained fairly low. This improved picture can be attributed to the protective measures in force alongside the roll-out of the vaccination programme.

Figure 5: Cases (left axis), hospitalisations and deaths (right axis) from 1 November 2020 to 13 June 2021



Sources: Cases from [PHS Daily Dashboard](#), hospitalisations from [PHS weekly statistical report](#), deaths from [NRS](#)

From November 2020, consistent with World Health Organisation (WHO) guidance, we deployed our system of protective levels to allow flexible and proportionate restrictions to be applied quickly and explained as clearly as possible. Changes to restrictions to date, as shown in the above chart, have been guided by various epidemiological indicators⁶ and by consideration of impacts on the “Four Harms”: 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. Navigating the right course through this pandemic has involved taking difficult decisions that take account of these various, inter-related harms so as to minimise overall harm. Whilst we have sought to minimise the broader harms overall, this has always been subject to the necessity to suppress the virus. Fundamentally, this approach will continue, but as more of our population receives full vaccination protection, a re-balancing of the elements of our response is both proportionate and necessary to reflect the current state of the pandemic relative to the wider health, societal and economic impact across Scotland.

Since our protective levels were first designed, we have adjusted them over time to take account of the cumulative impact of restrictions, to changes in our understanding of the virus – and our responses to it – and to ensure they remain a necessary and proportionate response to the threat of a level of infections which would overwhelm the NHS and cause significant loss of life. Without these restrictions, morbidity and mortality would have been much higher in Scotland.

Our COVID-19 response remains a race between the virus and the vaccines. We have seen successive new variants rise to dominance in Scotland, including those now known as Alpha and Delta. Each has been more transmissible than previous strains, meaning that a given level of protective measures has less suppressive effect. Since early 2021, this has to some extent been countered by the growing effect of vaccination. More recently, however, the Delta variant has pulled ahead of the effect of vaccines and general protective measures. This has resulted in surges of new cases in an increasing number of areas in Scotland. Enhanced public health measures, including testing, contact tracing and accelerated rollout of vaccination, have been helpful in managing many of these outbreaks, but the situation remains precarious as we navigate the transition from the rise of the Delta variant to the completion of our vaccination programme.

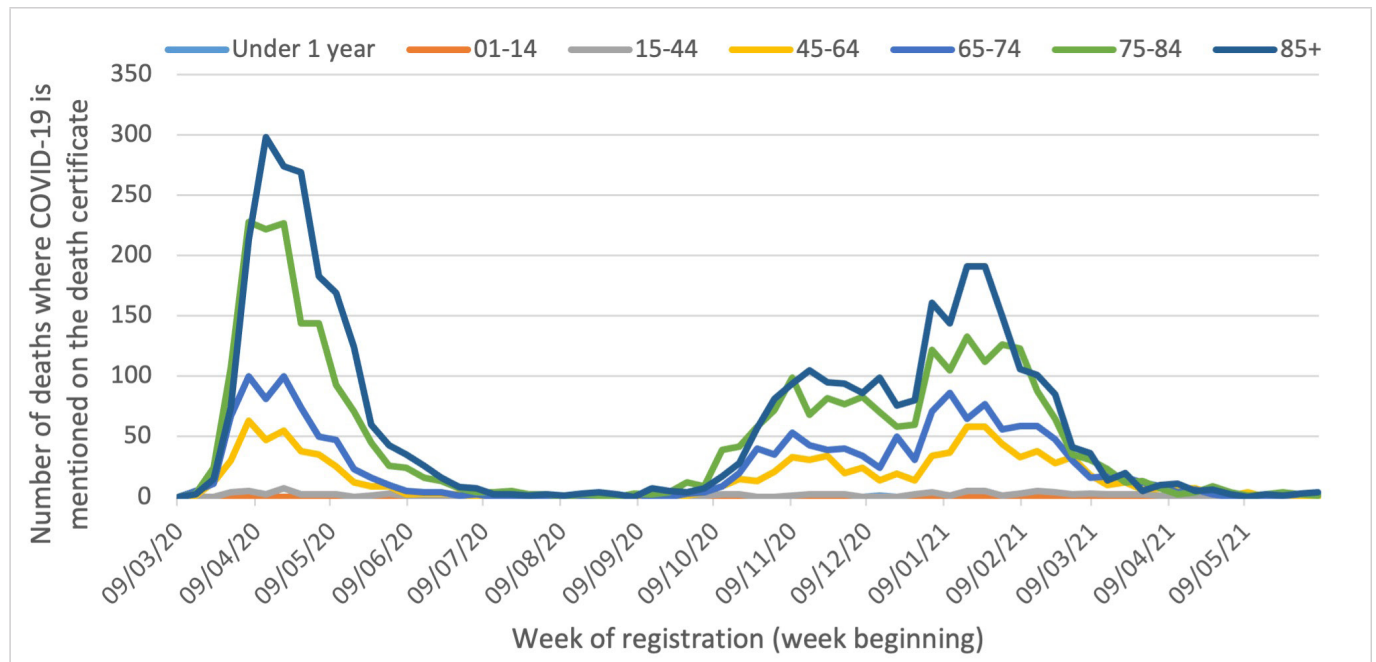
We will continue to monitor the pattern of new cases throughout Scotland and to support enhanced local public health measures to manage outbreaks. As we have done at earlier points in the pandemic, if it becomes necessary to apply specific restrictions or higher levels of general protective measures while vaccination continues, and if we judge that to be justified and proportionate in the face of the harm caused by the virus, we shall do so.

⁶ [Coronavirus \(COVID-19\) protective measures: indicators and data - gov.scot \(www.gov.scot\)](https://www.gov.scot)

The growing effectiveness of vaccination

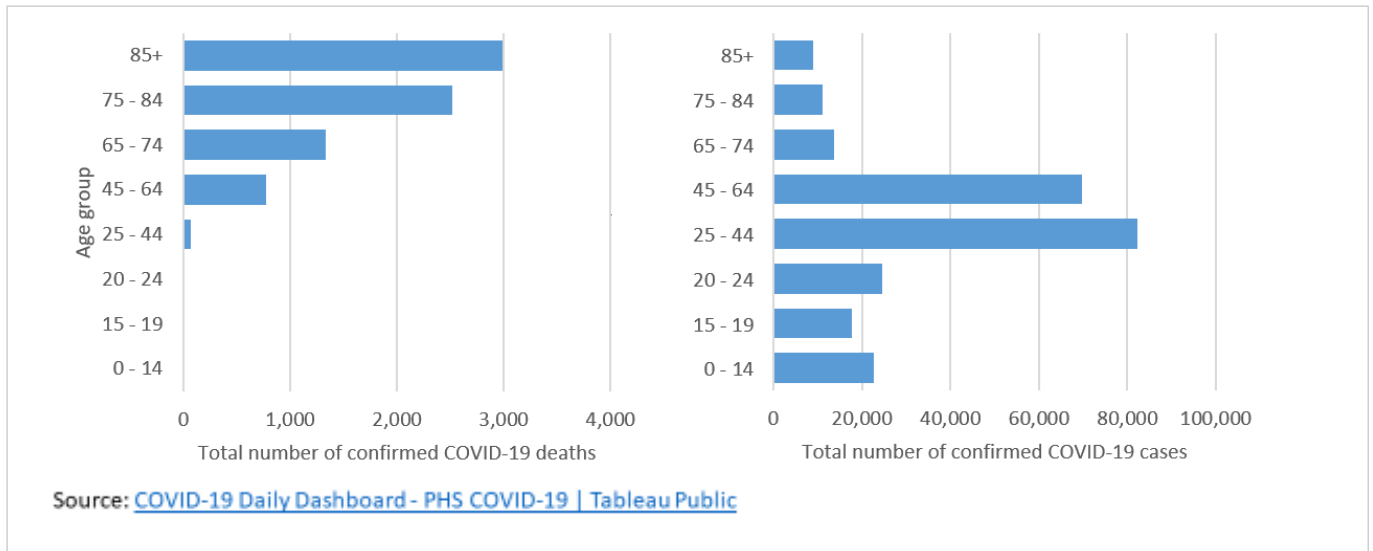
Figure 6 below shows that, compared with the first peak in COVID-19 deaths, the early effects of the vaccination programme were beginning to reduce the proportion of deaths in older age-groups in the second peak. Combined with the success of protective measures in suppressing the second peak, this progress permitted us to consider the increased relaxation of restrictions in certain activities and settings, with important wide-ranging positive benefits for individuals, families and businesses.

Figure 6: Deaths involving COVID-19 by age group from 2 March 2020 to 13 June 2021



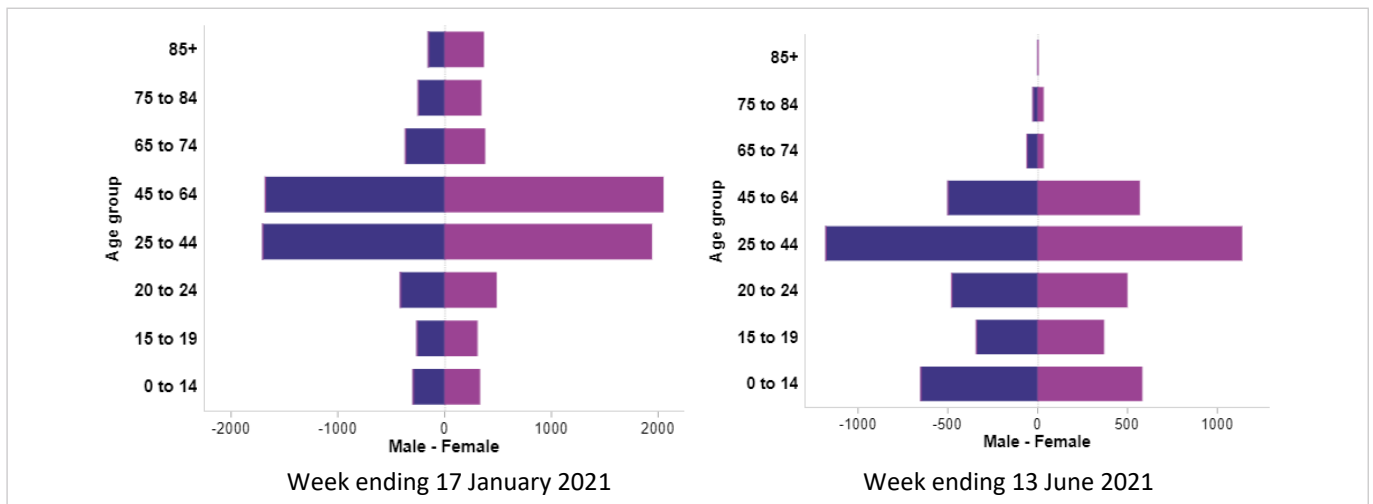
By prioritising the most vulnerable groups, vaccination should significantly reduce COVID-19 morbidity and mortality, illustrated in Figure 7 below.

Figure 7: Age distribution of all COVID-19 deaths and cases up to 16 June 2021



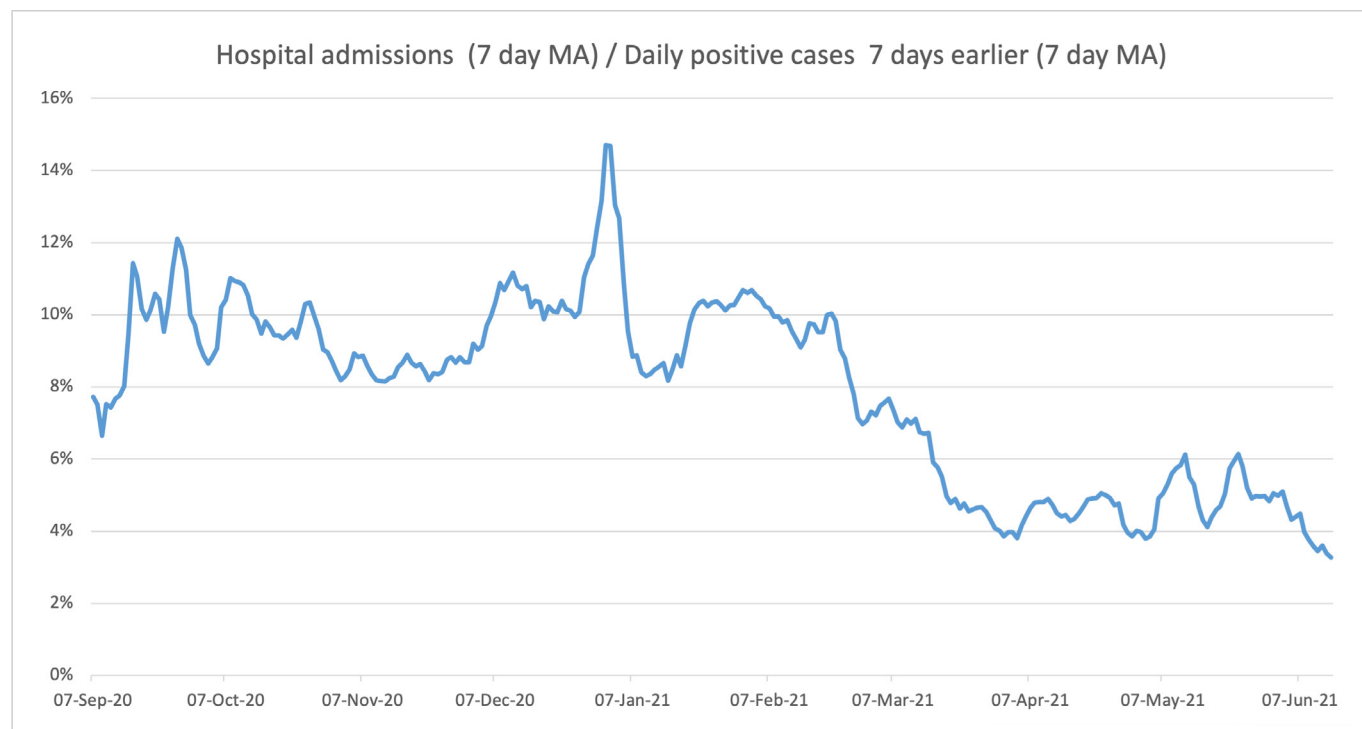
In part as a consequence of the vaccine’s protection of older people (who have been prioritised), a higher proportion of new coronavirus cases are occurring among younger people who are less susceptible to severe COVID-19 disease. This is shown in the increase in the proportion of cases in younger people in the following two charts (from January and June 2021). The larger proportion of cases in the youngest age group may indicate a different pattern of infections caused by the Delta variant.

Figure 8: Changing demography of new infections: Cases by age group and sex in week ending 17 January and 13 June 2021



The evidence also indicates that there has been an important change in the relationship between infections and hospital admissions (which can be seen as a proxy for more serious COVID-19 disease). This change may still be continuing as shown in Figure 9:

Figure 9: Relationship between reported cases and hospital admissions



As the chart above shows, the number of people being admitted to hospital with COVID-19 (with a 7 day lag after the specimen date for a positive case) has fallen as a percentage of reported cases during 2021 from around 10% in January 2021 to around 4% in June.

As well as a lower proportion of cases now resulting in hospitalisation, there is evidence that those who do require hospital care are, on average, discharged more quickly. The reduced length of stay, in combination with reduced rates of admission, is why hospital bed use in Scotland has increased more slowly during May 2021 than in comparable earlier growth phases of the epidemic where positive case numbers have risen quickly. The relationship between infections and hospital occupancy appears to have changed significantly since the start of 2021 but we continue to learn more about the impact of the Delta variant, which may change this relationship again.

Developing our strategic intent

The progress highlighted above – and, in particular, the significant reduction in direct health harm as a result of vaccination since our strategic intent was outlined in October 2020 – means that we have now reached a transition point in our approach to dealing with COVID-19. Notwithstanding the uncertainties surrounding the Delta variant, the link between cases, serious illness, hospitalisation and deaths appears to be weakening and the length of time that people are spending in hospital with COVID-19 is declining. This means that we can move away from the approach of suppressing the virus *to the lowest possible level* and keeping it there. Instead, we can focus our efforts on suppressing the virus to a level which allows us to alleviate the various harms of COVID-19 while we enable Scotland to recover and rebuild for a better future. As set out in the First Minister’s Statement on 26 May 2021⁷, work on our recovery is already well underway.

Our revised strategic intent:

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

As the number of people vaccinated in Scotland continues to increase, we expect that the direct harm caused by COVID-19 will continue to be less severe, meaning that we can manage the virus in a less restrictive way and focus more on risk and personal judgement. However, we must be cautious in making this transition. It is important to note that, whilst the relationship between new infections and hospital admissions is changing, it has not disappeared. A sustained period of exponential growth in cases (which happens when the reproduction rate of the virus – or “R” goes above 1) will still lead to growth in hospital admissions and increased health harms, even if the severity of harm is declining on average (for certain individuals it will remain very serious). The ability of our Test and Protect system to identify new cases and quickly contain outbreaks will also be reduced if case numbers remain high for a sustained period.

For those reasons, we must be careful to only lift our remaining restrictions when the conditions are right to do so, potentially in a phased way. We must continue to exercise caution even beyond that point. The judgement on when, and in what order, restrictions can be lifted is a difficult balance and, as our “Four Harms” approach makes clear, there is a range of considerations to take into account.

⁷ [First Minister’s statement \(26 May 2021\)](#)

Setting the conditions for moving beyond Level 0

To ensure that it is safe to proceed, progression beyond Level 0 will be linked to a 'Gateway condition', based on clinical advice, as was the case in April 2021 for the move to Level 3. This would relate to the amount of vaccine coverage and would be consistent with our revised strategic intent. At present, our current analysis of the state of the epidemic indicates that the lifting of Level 0 restrictions should not happen until at least all adults aged over 40 years of age are protected by two doses of the vaccine. We expect this to happen by 9 August.

Reaching the stage of lifting the remaining levels restrictions will not signal the end of the epidemic. COVID-19 is a disease that we will have to manage for the foreseeable future. To maintain the progress we have made in returning to more normality, it will be important that people continue to stick to a set of baseline measures, covered either by regulations or guidance, to stop the virus resurging and to protect those who do not have protection from vaccination. In practice, this will mean everyone playing their part by taking measures such as: ensuring that there is good ventilation; maintaining good hand hygiene; practising respiratory hygiene and cough etiquette; wearing face-coverings when appropriate; and continuing to engage with our Test and Protect system and self-isolating when they are symptomatic or have tested positive.

As we transition to a stage where levels restrictions are no longer required as a COVID-19 management tool, we will also consider the optimal package of restrictions to use for future outbreak management purposes should that become necessary. Enhanced public health measures will continue to be deployed to manage future outbreaks. These could be applied as area-based restrictions where it is necessary, justified and proportionate to do so to avoid significant harm - including, for example, if a new variant escapes the effect of current vaccines.

The following sections set out our progress against each of the six elements within our Strategic Framework and how we plan to take these forward as we manage the next phase of the epidemic in Scotland. This progress will enable us, in the near future, to return much closer to normality and build the platform for national recovery.

1. Vaccination

Progress

Progress on the COVID-19 vaccination programme has been unprecedented. We know that there are pockets within communities that remain to be vaccinated, who have previously not attended appointments or who have declined to do so. We are working with Health Boards and expert stakeholders to identify the reasons for this and to ensure that people who may experience barriers to accessing the vaccine are supported to do so and their concerns are listened to.

Some examples of outreach include offering vaccinations in places of worship and other community settings, providing concessionary bus travel to appointments and working with community representatives to promote the importance of uptake. We also monitor the number of Did Not Attend (DNA) appointments and are working with Health Boards to identify reasons for non-attendance and make changes to our programme to enable people to attend where necessary.

We have opened a digital solution for 18-29 year olds to encourage uptake among this cohort, who can now register online for their vaccination.

Next steps

The Medicines and Healthcare products Regulatory Agency has recently extended the approval of the Pfizer vaccine to include 12 to 15 year olds. We will continue to roll out the vaccination programme in Scotland in line with advice from the JCVI, which advises all 4 Nations across the UK on vaccine deployment and prioritisation. If the JCVI recommends the use of the vaccine for children aged 12 and over, the Scottish Government will move as quickly as practicably possible to implement its advice. For now, JCVI advice is to offer vaccination to all those aged 18 and over, and some people aged 16 and 17 where there is a clinical basis for this. We are ready to vaccinate younger age groups as supply allows, if that is what the clinical and scientific evidence and advice supports.

We also anticipate advice from the JCVI in the coming weeks about the need for a COVID-19 booster campaign from this autumn. Initial planning is underway in anticipation of this, and Ministers will decide the final policy position following advice from the JCVI. In addition, the Seasonal Flu Vaccination Programme begins in October 2021 and will be vital in protecting the most vulnerable and reducing pressure across the NHS. Given the impact of COVID-19 on the most vulnerable in society, it is imperative that we continue to do all that we can to reduce the impact of seasonal flu and COVID-19 on those most at risk.

Our future vaccination strategy will encompass wider vaccination considerations whilst applying the experience and learning that we have gained over the last year as part of our response to the pandemic.

2. Test and Protect

Progress

To ensure that new COVID-19 cases can be rapidly identified to stop the virus spreading, and to support an enhanced response to new variants of concern, we have significantly increased access to testing. In particular, targeted community testing is available in every Health Board partnership area and across Scotland we have established:

- 8 drive-through regional test sites;
- 51 walk-through local test sites;
- 42 mobile testing units, which can be split across two geographic areas, allowing for up to 84 individual deployments.

Free lateral flow home test kits are available for pick-up without an appointment from all local walk-through or drive-through test sites, they can also be ordered online or by phone, and from early June have been available to collect from local pharmacies – for people to test themselves twice-weekly. This universal testing offer is aimed at finding cases that would otherwise go undetected, so anyone testing positive can self-isolate and avoid transmitting the virus to those around them.

In addition, we have provided an additional layer of risk reduction and confidence in workforces and communities by rolling out further testing in settings such as food manufacturing and distribution businesses and across critical national infrastructure workplaces. Healthcare worker testing has also expanded to cover all primary care staff, hospice workers and those who work in critical non-patient facing roles that are essential to keeping health services functioning. Further, schools testing is available in every community for all Early Learning and Childcare and school staff and for pupils in S1 to S6.

Where positive cases are identified through testing, we are advising close contacts to get tested and this has been successful in detecting additional cases, interrupting transmission and ensuring further contacts are identified and advised to isolate. NHS Scotland's sequencing services also continue to grow – with increasing tests from NHS labs being sequenced to determine variants and mutations.

Next steps

Looking ahead to the period beyond Level 0, our testing regime will continue to be flexible and agile to respond to changing circumstances. Decisions about future priorities for Test and Protect will be regularly reviewed in the light of the changing nature of the pandemic in Scotland and we will work closely with NHS Public Health teams and other NHS delivery partners to maintain public confidence and trust in our testing offer.

Contact tracing and testing of close contacts will continue as we move forward through the pandemic, including beyond Level 0. Test & Protect will change as the population becomes more protected by vaccination, but will still play a role in mitigating clusters and outbreaks where they arise, slowing infection spread and protecting populations at risk.

Evidence is emerging that the vaccination programme is having an effect on the link between infection and hospitalisations. As this evidence base develops, we will continue to review whether existing self-isolation requirements remain necessary and appropriate.

We will continue to ensure that people who are asked to self-isolate are supported to do so effectively. We have published research⁸ to inform our future self-isolation adherence strategy and have widened the eligibility for payment of the Self-Isolation Support Grant, which will continue to be paid for as long as necessary. People self-isolating will continue to have access to financial support through the Self-Isolation Assistance Service and practical support from the National Assistance Helpline and Local Self-Isolation Assistance Service.

Surveillance

Progress

Surveillance is a critical part of our approach to monitoring and managing the spread and prevalence of the virus. It helps us to determine the right strategies and timing to manage transmission in the community.

Public Health Scotland is carrying out a range of surveillance work to better understand the spread, nature and characteristics of COVID-19. This includes:

- monitoring NHS 24 respiratory calls, which can provide an early indication of trends in cases;
- swab positivity testing in primary care settings, which widens our understanding of the prevalence of COVID-19 within the community; and
- antibody tests of residual blood samples to better understand the numbers who have had the virus among different groups.

In addition, the Scottish Environment Protection Agency (SEPA), working in partnership with Scottish Water, Public Health Scotland and the Scottish Government, has formed a network to analyse wastewater samples for signs of COVID-19 from over 100 sites across Scotland, covering more than 70% of the Scottish population. Samples from these locations are tested regularly (at least weekly), which can be increased when local outbreaks are apparent. This gives public health teams a further unbiased indication of prevalence which is independent of case numbers, and this data is used as part of Scotland's community testing programme to direct testing resources.

An enhanced Outbreak Management Toolkit was shared with our partners in June and aims to bring together in one place a number of different materials to support outbreak response. It sets out in three clear sections the approach to surveillance, response and decision-making and includes interactive links to relevant practitioner documents and supporting materials. Local Health Protection Teams will continue to apply a range of measures, including more testing, increasing the speed of vaccinations and enhanced communications.

We are also working with the UK Government jointly on a number of areas, including the Office for National Statistics' COVID-19 Infection Survey and undertaking joint analysis across a number of projects through the Joint Biosecurity Centre.

⁸ <https://www.gov.scot/collections/covid-19-support-study-experiences-of-and-compliance-with-self-isolation>

Next steps

To understand longer-term surveillance needs for respiratory pathogens, including COVID-19, we aim to develop and implement a syndromic surveillance approach that aligns with World Health Organisation and European Centre for Disease Control recommendations. This type of surveillance – which we expect to be up and running in Scotland by this winter – will allow us to bolster international comparisons of our approach and will provide a stronger early warning system that supports our response to outbreaks.

In terms of the future for wastewater monitoring, the Scottish Government and partners are managing the rapid development of the programme to assist with the detection and monitoring of variants of concern.

3. Protective measures

Progress

Our strategic approach to outbreak management is based on five graduated levels of restrictions which were first introduced in Scotland in November 2020 and which have evolved as a result of regular review in light of epidemiological conditions. Each of the five levels (0 to 4) comprises packages of restrictions designed to apply different degrees of downward pressure to the R number.

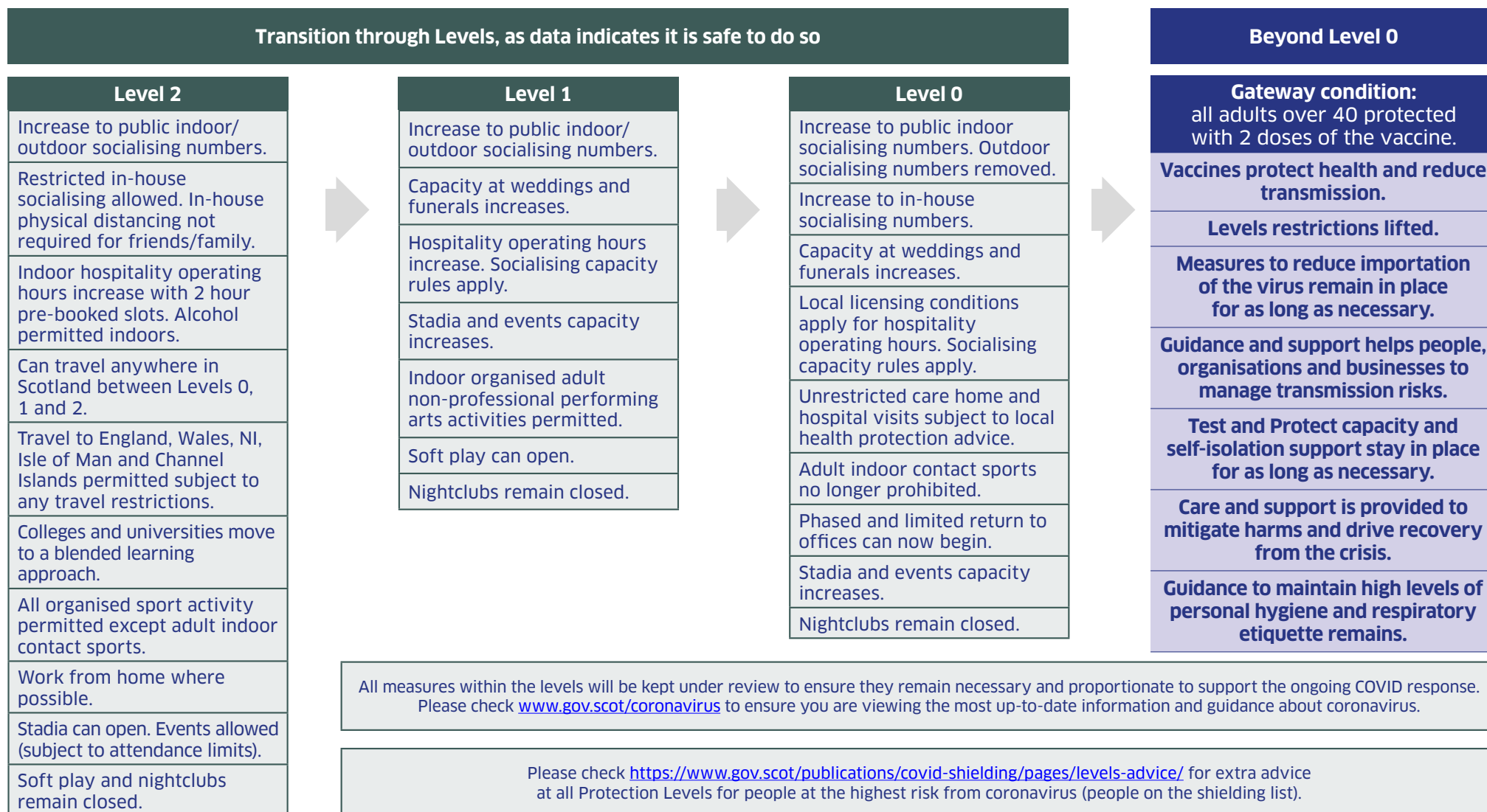
Whilst the levels can be applied locally, regionally or nationally, mainland Scotland and some islands moved 'in lockstep' to join the remote islands in Level 3 on 26 April 2021. Since then, epidemiological conditions have allowed some areas to move faster than others. For example, on 17 May, the majority of Scotland moved to Level 2; Glasgow City remained in Level 3 due to an outbreak, while remote island communities were moved to Level 1 due to very low levels of prevalence there.

From 5 June, 13 mainland authorities remain in Level 2, with Glasgow also moving to Level 2. This decision took into account a range of indicators including current case rates, test positivity, and vaccination rates. A group of 15 mainland authorities moved to Level 1, taking into account lower relative and absolute case numbers, generally higher vaccination rates, low hospital occupancy in the relevant Health boards and low mortality. A number of more remote islands moved to Level 0, taking into account the previously listed indicators, as well as the generally lower level of travel to and from these areas, compared to mainland areas, and the provision of testing for people travelling to these areas.

Next steps

Figure 10 shows the anticipated progress through the Levels and beyond Level 0.

Figure 10: Future plans for easing restrictions



Looking forward, we expect that the role of restrictions in managing the epidemic in Scotland will be significantly reduced as the protective effect of the vaccine both reduces the direct health harms of the virus and helps to reduce transmission.

However as we move beyond Level 0 we must still ensure that sufficient measures are in place to manage the spread of the virus.

It is difficult to predict accurately which set of baseline measures or behavioural changes will be the most successful in the future. Some measures have a greater epidemiological impact than others, with the impact of each measure depending on the context in which it is implemented, how it is implemented, and interactions between sets of interventions.

As such, measures cannot be considered in isolation and rather, should be seen as an interactive package or set of levers to engage in different ways and at different times. More generally, we believe that the adoption of some public health measures (such as the FACTS) have suppressed other health harms such as seasonal influenza and norovirus. So continuing these measures could lessen the impact of these other viruses as well as protect us from COVID-19 itself.

In considering future baseline measures to retain beyond Level 0, we will take account of social and economic factors as well as the epidemiological impact on transmission and will keep measures under review. As has been our approach from the outset, we will continue to use evidence and judgement to ensure all our decisions are necessary and proportionate.

There are, however, some baseline measures which we currently expect to retain even as we move beyond Level 0. These include:

- Good hand hygiene and surface cleaning.
- Continued promotion of good ventilation.
- Requirement for face coverings in certain settings (e.g. public transport, retail).
- Continued compliance with Test and Protect, including self-isolation when necessary.
- Ongoing need for outbreak management capability, including active surveillance.
- While we will work with business to support a phased return to office working from level 0 onwards, we will continue to encourage a greater degree of working from home than pre-COVID-19. Where this is possible and appropriate, it will not only assist with controlling transmission of the virus, but also promote wellbeing more generally.

We intend to encourage continued support for home working where possible and appropriate. We recognise the economic and social benefits of people being able to meet and work together in offices and in urban centres but also recognise the importance of home working as a means of reducing transmission and the wider benefits from home working that have been demonstrated during the pandemic.

As we transition to a stage where levels restrictions are lifted, we will continue to provide advice that will help people to understand the risks involved in mixing in different settings and to exercise good judgement in light of these risks. We know, for example, that close contact with others (particularly indoors) represents a high risk of transmission and that ventilation reduces the concentration of viral load in the air where the virus is present. Therefore, it will continue to be important to consider keeping a safe distance from others, meeting outside where possible and to ensure good ventilation in all indoor settings when socialising, including at home.

We are assessing whether COVID-19 status certification would be appropriate in any domestic settings, to support the opening up of the domestic economy, taking account of ethical, equality, clinical and logistical issues and our broader strategy. We will not use certification in Scotland unless we can address the ethical and equality issues that have been raised by experts. We will take account of learning gained from trial use of COVID-19 certification at large events in England as part of Phase 3 of the Events Research Programme.

Physical distancing

We recognise the significant adjustments that businesses and other organisations have made to adhere to physical distancing measures, as well as the major disruption to people's lives caused by social distancing measures. We also continue to monitor the developing evidence base around physical distancing and to take account of the new Delta variant, with its increased transmissibility. And, as discussed above, we continue to assess the balance of harms, particularly as increasing vaccination roll-out has a positive impact in terms of reducing both transmission risk and the risk of serious disease.

Following a review of the physical distancing requirements, we will cautiously ease these restrictions to enable the economy and society to operate in a less restricted way, as set out below. This will build on our updated guidance on physical distancing in indoor and outdoor private settings, which outlines that friends and family do not need to distance from each other in private indoor or outdoor settings in areas subject to Level 0, 1 or 2 measures.

- From **19 July**, should the data support it, in all public **indoor** settings, people within gatherings which respect the permitted number and household limits would no longer be required to physically distance from the members of their gathering/group, but would be required to maintain a distance of **at least 1m** from all others. **Outdoor** physical distancing rules would be **removed**.
- **When the gateway condition is met, with an indicative date of 9 August**, physical distancing requirements would be removed - **indoors and outdoors**.

4. Managing the risk of importation

Progress

We know from experience that one of the greatest risks to suppression of the virus is importation from abroad.

Measures remain in place to manage the risk of importation from other countries. Whilst we still strongly advise against international travel due to the risks involved, progress in tackling the virus has enabled us to introduce the traffic light system for international travel, enabling some non-essential travel to restart. Using the latest evidence, countries are 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' remain in managed isolation for 10 days.

Next Steps

Testing remains a crucial part of our policy and we are exploring options to expand the options available for arrivals. Work continues to ensure we keep pace with vaccine certification developments and that our solutions meet international standards.

Wherever possible, we continue to seek to an aligned approach to our decisions with the other governments within the Common Travel Area (CTA) but, if we need to, we will make the decisions that are right to protect Scotland.

There are likely to be targeted restrictions on overseas travel beyond Level 0. However, we will keep restrictions in place only for as long as necessary to respond to the threat of importation. These restrictions are reviewed regularly and will be relaxed when it is safe to do so.

Planning is underway to ensure longer-term solutions are in place to support the Managed Quarantine Service, as well as the monitoring of compliance for those travellers arriving from countries where self-isolation at home is required.

Since 19 May 2021, people in Scotland have been able to get a paper copy of their vaccination record if it is needed for international travel. The permanent solution will take the form of an App with a paper option for people who are not digitally enabled. This will be developed in line with the draft data standards in the WHO smart vaccination programme, which is being refreshed to include negative testing and natural immunity to provide COVID-19 status verification. The system will be fully interoperable with all countries in the Common Travel Area.

Local travel restrictions are currently linked to Levels that are applied across Scotland (and rates of incidence elsewhere in the UK/CTA that are broadly comparable to those informing Levels in Scotland). Moving beyond Level 0, travel within the CTA will probably need to be restricted only where significant hotspots emerge (the likelihood of which should decrease as a greater proportion of the population is vaccinated).

5. Supporting adherence

Progress

Adherence to protective measures plays an important role in supporting our strategic approach and self-reported understanding of measures and adherence to them remains relatively high. Recent polling shows 78% of people agree they feel clear about what is required of them under current restrictions. Self-reported levels of high and complete adherence stand at 69% and 28% respectively, consistent with levels since the end of March 2021.⁹ We recognise that following protective measures can be difficult and we have continued to provide support and encouragement for everyone to do so.

Our values-based communications strategy, 'We are Scotland', has motivated citizens to play their part in suppressing the virus and to keep each other safe during the pandemic and we continue to support vulnerable audiences and communities through signposting to critical services. Our current 'Not Giving In' marketing campaign encourages the public to keep sticking with protective measures, even when they have been vaccinated. This marketing activity is supported by news updates and guidance which is provided in a range of languages and accessible formats, both in print and online.

We recognise that businesses have spent a lot of time and money on developing their practices and systems to make their premises as safe as they can be. We welcome their ongoing commitment to protecting their staff and their customers, which contributes to our collective action to suppress the virus.

We have supported businesses to adhere to regulations and guidance through: updating sectoral guidance; the publication of sector advice cards; the publication of a workplace compliance self-assessment tool¹⁰ and the roll-out of the Check in Scotland (QR code check-in/out) platform for the collection of contact details.

We also continue to work closely with Environmental Health Officers (EHOs) and Trading Standards Officers to ensure that they have appropriate powers to effectively enforce regulations. We are working with local authorities and EHO representatives to help them to anticipate demands and manage priorities. We have also helped local authorities to recruit additional staff to carry out essential safety checks.

⁹ Opinion polling for Scottish Government; online survey with sample of 1026 adults 18+; representative of population in Scotland, fieldwork 1-3 June 2021.

¹⁰ [Workplace compliance self-assessment tool](#).

Next Steps

As the vaccine continues to roll out and as restrictions relax, we will continue to monitor public attitudes and behaviours using fortnightly polling. As we move beyond Level 0, it will become increasingly important to empower people to make informed decisions on COVID-19 risk, to keep themselves and others safe.

Going forward, we will continue to improve the Scottish Government website to ensure that public health guidance is as clear, user-focussed and accessible as possible. Our summer marketing campaign will also provide information on making safer choices in a range of different settings and it will encourage employers and employees to continue to work together to minimise transmission risks.

We will also continue to work with business to support ways to help employers to enhance employee and customer adherence to protective measures. This includes creating additional employee training material on COVID-19 safety, drawing on the successful SportScotland COVID-19 e-learning training module¹¹ which has been completed by almost 40,000 people.

¹¹ SportScotland COVID-19 e-Learning [training](#) module.

6. Providing care and support to mitigate the harms of the crisis

The COVID-19 pandemic and the associated restrictions have had a profound impact on our health, economy and society, with damaging impacts on the way of life, human rights and wellbeing of people in Scotland. Protecting and supporting people during these unparalleled times has been the focus of the Scottish Government, and that will continue. The recent Priorities for Government statement puts leading Scotland safely through and out of the pandemic at the centre of these plans, with a focus on improving the lives of the people of Scotland.¹²

The section below gives an overview of some of our actions to alleviate the Four Harms, since publication of the updated *Strategic Framework* in February 2021, setting out how we are supporting particular groups and sectors. Because of the extensive range of our response, the examples below are summary and illustrative and are not exhaustive.

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

COVID-19 treatments

Progress

NHS Scotland has been actively participating in work to evaluate the efficacy of potential therapies for COVID-19. An example would be the participation of Scottish sites in the RECOVERY programme which focuses on those hospitalised with the disease.¹³

NHS Scotland has worked at pace to roll out new treatments where efficacy has been demonstrated. This work is led by the Chief Medical Officer and can be demonstrated by COVID-19 Therapeutic Alerts.¹⁴

We have rolled out innovative approaches to service design, including the development of new pathways of care for people with COVID-19. For example, we have rolled out new remote monitoring services for people to use in the community.

All this work has been evidence-led and based on a strong foundation of clinical input. Clinical advice for Scotland has been produced at a rapid pace and is available through the Scottish Intercollegiate Guidelines Network.¹⁵

Next steps

The Scottish Government continues to closely monitor all emerging evidence on the effectiveness of COVID-19 treatments and their clinical effectiveness in particular patient groups. As yet, there are no preventative medicines to manage COVID-19, only reactive treatments to help manage symptoms. At this time, these treatments are: dexamethasone, hydrocortisone, remdesivir, tocilizumab, sarilumab and budesonide. With the exception of budesonide, all other treatments are administered in hospital.

¹² [Priorities for Government statement](#) (26 May 2021).

¹³ www.recoverytrial.net

¹⁴ See www.publications.scot.nhs.uk

¹⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/988403/S1236_Eighty-ninth_SAGE.pdf

Budesonide is the first COVID-19 treatment for use in the UK within a primary care/ community setting to those aged over 50 years of age who have tested positive for COVID-19.

There are a number of treatments currently in clinical trials which may be used in primary care if they prove to be successful. These include interferon, ivermectin and monoclonal antibodies. A UK national clinical expert group has been established to provide clinical guidance on the use of these treatments in the treatment of COVID-19. The Medicines and Healthcare products Regulatory Agency (MHRA) continues to review the emerging body of evidence regarding potential medicines for treatment or prevention of COVID-19. The Commission on Human Medicines has convened a COVID-19 Expert Working Group that meets on a regular basis to review the latest developments and advise the MHRA.

Long COVID research

Progress

To support the implementation of the clinical guidelines on the long-term effects of COVID-19 ('Long COVID')¹⁶, we are working with specialist clinicians to provide practical information for primary care teams on the identification, assessment and support of people with the condition.

We have published information and advice for people with Long COVID on NHS Inform¹⁷, and are working with NHS 24 to broaden the range of resources that are available on the platform and improve their accessibility.

We have provided over £460,000 to enable Chest Heart & Stroke Scotland to develop its 'Long COVID Support Service'. This will provide advice and support to people living with the condition.

Next steps

Our Chief Scientist Office is funding Scottish-led research projects on the longer-term effects of COVID-19.¹⁸ These projects cover a wide range of approaches and address questions that will greatly increase the clinically relevant knowledge base on long-term effects of COVID-19 infection.

With the support of the Chief Scientist Office and NHS Research Scotland, the Scottish medical research community continues to participate in a range of clinical trials to evaluate the effectiveness of vaccines and treatments for COVID-19.

16 [Scottish Intercollegiate Guidelines Network / National Institute for Health and Care Excellence / Royal College of General Practitioners](#)

17 [NHS Inform advice on Long COVID](#)

18 Further information can be found at [Long COVID Call – Chief Scientist Office \(scot.nhs.uk\)](#)

Support for those at highest clinical risk

Progress

We have continued to protect and support people at highest clinical risk from COVID-19 over the past months. The support available to people on the shielding list has included:

- Letters from the Chief Medical Officer that acted as a fit note for people in Level 4
- An SMS text messaging service that provides information including signposting to support or highlighting local changes in advice
- Access to priority supermarket delivery slots
- A helpline which connects people to Local Authority support on food, medication and other essentials as well as practical and emotional support
- A risk assessment tool and guidance on safe workplaces for people at high risk
- Local neighbourhood data on COVID-19, hosted by Public Health Scotland
- Extra clinical advice aligned to each level about going to shops, work, education, and social contacts
- Priority vaccination for adult household members of adults on the shielding list
- Encouragement to access lateral flow device home testing for adult household members of people on the shielding list

Next steps

The vast majority of people on the shielding list have now had two doses of the vaccine. We are working to understand how vaccination changes our definition of who is at highest risk and while some people may now have enough protection to be removed from the shielding list, the evidence is not yet conclusive for some groups. This could include people with weakened immune systems, people who are very old and/or very frail, as well as people who cannot be vaccinated, or people with certain conditions who might be hesitant to take the vaccine. Until we have enough evidence, we are asking people to continue following the advice and for the wider public to recognise that there do remain individuals in our society who are at high risk from COVID-19.

This understanding of who remains at highest clinical risk from COVID-19 will help with any future booster vaccination prioritisation, and will allow us to contact and advise people in the event of local outbreaks. It will also help us to provide protection and support such as fit notes, if necessary, in the event of local outbreaks, or to prioritise any potential future preventative COVID-19 treatments.

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

Mental Health

Progress

We know the pandemic has exacerbated pre-existing structural inequality in society, putting some communities disproportionately at risk and having more adverse impacts on the mental health of some groups of the population. Our Mental Health -Transition and Recovery Plan, published in October, commits to making the mental health of these groups a priority.¹⁹

The Plan is supported by a £120m Recovery and Renewal fund, announced in February, to transform services, with a renewed focus on prevention and early intervention. NHS Board allocations of £34.1m have already been agreed to deliver:

- Improved community Child and Adolescent Mental Health Services (CAMHS);
- Expansion of community CAMHS from age 18 up to the age of 25 years old for targeted groups and those who wish it; and
- Clearance of any waiting list backlogs for CAMHS and Psychological Therapies (recognising that this may take up to two years).

Next steps

We have committed to increase the direct investment into mental health services by at least 25% and ensure that, by the end of the parliament, 10% of our frontline NHS budget will be invested in mental health services.

The Plan lays out specific actions, including engaging with women's organisations to better understand and respond to gender-related mental health inequalities and actions to address the needs of those with long-term physical health conditions and disabilities. This includes working with employers, disabled people's organisations and trade unions to mitigate the potentially negative impacts of home working on mental health.

We have established an Equality and Human Rights Forum to provide advice on the implementation of the Transition and Recovery Plan and wider equalities work within mental health policy. This includes representation from women, disabled and LGBTQ+ groups. The first meeting of the Equality and Human Rights Forum was held in February and we are now engaging with organisations to better understand and respond to the mental health inequalities that have been exacerbated by COVID-19.

¹⁹ Coronavirus (COVID-19) [Mental Health - Transition and Recovery Plan](#) (8 October 2021)

Mobilisation of health and social care services

Progress

Over the first year of the pandemic, we allocated an additional £1.1 billion to support the health and social care sector to manage the pressures of COVID-19.

Re-mobilise, Recover, Re-design: The Framework for NHS Scotland²⁰ was published on 31 May 2020, setting out how Health Boards will follow national and local clinical advice to safely and gradually prioritise the resumption of paused services.

The Framework is designed to protect the on-going delivery of our highest priority services, e.g. urgent and emergency care needs, cancer and other critical services, alongside the pandemic response, and provides the context for Health Boards' own Remobilisation Plans.

Next steps

It is now time, cautiously and safely, to begin to restart as many aspects of our NHS as is possible. As we move forward into the next phase of mobilisation, we will continue to safeguard robust COVID-19 resilience and support for social care, whilst working with Health Boards and their planning partners on how paused services across the whole system will be safely and incrementally resumed.

The First Minister committed to publish a NHS Recovery Plan within 100 days of the latest Parliamentary term. This is in development and we are taking into account the additional capacity and resources required for its effective implementation.

As part of the overall Recovery Plan, we will drive forward the delivery of transformational change and improvements to services to reduce waiting times for patients. This includes delivering nine National Treatment Centres (NTCs), which will deliver services and significantly increase capacity across 14 specialties, and accelerating the recruitment of at least 1,500 additional frontline staff for the NTCs by 2025/26. We will also implement Early Cancer Diagnostic Centres and optimal pathways for patients.

Our Recovery Plan will also focus on improving and streamlining unscheduled care flows to manage demand and reduce occupied hospital bed days to build capacity for recovery. A Strategy for Unscheduled Care will support the overall Recovery Plan, with the aims of providing care as close to home as possible, reducing hospital attendances, avoiding admissions and optimising overall length of stay.

Hospital Visiting

Since April we have moved to a situation where every patient in Scotland is entitled to at least one visitor, no matter which level their local authority is in. More visitors are allowed as restrictions ease in each area, with the expectation that ultimately full person-centred visiting will be reinstated across Scotland.²¹

²⁰ [Re-mobilise, Recover, Re-design: the framework for NHS Scotland – gov.scot \(www.gov.scot\)](https://www.gov.scot/re-mobilise-recover-re-design-the-framework-for-nhs-scotland)

²¹ [Coronavirus \(COVID-19\): hospital visiting guidance – gov.scot \(www.gov.scot\)](https://www.gov.scot/coronavirus-covid-19-hospital-visiting-guidance)

Social care

Progress

We published *Open with Care - supporting meaningful contact in care homes*²² on 24 February to support services to safely resume indoor visiting. On 17 May we published additional guidance on outings from care homes which stresses that residents should be supported to go on outings away from the care home, in line with general COVID-19 restrictions for their local area, unless there is clear evidence justifying a more restrictive approach.

Next steps

To ensure our social care system consistently delivers high quality services across Scotland, we intend to establish a National Care Service. The National Care Service will require legislation and we will soon start consultation on this with a view to introducing a Bill in first year of the Parliament. We are committed to giving a strong voice to those who rely on social care, unpaid carers and the workforce listening to their needs and acting on what they tell us.

The National Care Service will oversee the delivery of care, improve standards, ensure enhanced pay and conditions for workers and provide better support for unpaid carers.

As part of a rights-based approach to care, we will strengthen residents' rights in adult residential settings. This will include delivering 'Anne's Law' – giving nominated relatives or friends the same access rights to care homes as staff while following stringent infection control procedures, as called for by Care Home Relatives Scotland

²² [Open with Care - supporting meaningful contact in care homes: guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/open-with-care-guidance/pages/1-1-introduction.aspx)

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

Young People

Progress

Younger people have often been seriously affected by this pandemic. Consequently, we have been working with employers and young people to deliver the Young Person's Guarantee. The pandemic has also exacerbated pre-existing structural inequality in the labour market, therefore the Guarantee has equality and fair work at its centre and we have published an *Equalities Action Plan*²³ to ensure that no one is left behind.

Our delivery partners are now returning to more face-to-face support, in line with safer workplace guidance, and with the economy opening up we are anticipating that more employers will offer workplace training opportunities and employment, including apprenticeships.

Next steps

Building on our existing investment in education, skills and training we announced in March a further £70m for the Young Person's Guarantee for 2021/22. Our new lead Minister for this work has committed to:

- investing £45m for local partnerships to provide training and employer recruitment incentives for young people;
- funding colleges to deliver around 5,000 more short, industry-focused courses;
- rolling out school coordinators across the country to support young people to access education, work or training; and
- establishing a new graduate internship scheme and increasing places on volunteering and third sector programmes.

23 [Equalities Action Plan](#)

Schools

Progress

We prioritised a return to in-person learning for children and young people as we emerged from lockdown in 2021.

To date, we have committed more than £400m to support schools and families during 2020/21 and 2021/22, particularly with required safety mitigations, the challenges of remote learning (including recruitment of additional staff, additional digital devices, and additional family support and continuing our work to close the school attainment gap), and through the continued provision of free school meals. For example, over 1400 teachers and over 200 support staff have been recruited in the 2020/21 school year, and around 70,000 devices and 14,000 connectivity packages have been distributed to learners across Scotland to date.

Next steps

Continuing to deliver excellence and equity, despite the pandemic, with the health and wellbeing of pupils at the forefront of the plans, continues to be a priority.

Recently announced wide-ranging plans for education recovery in the first 100 days of government and beyond include:

- investing over £1bn to close the poverty related attainment gap
- recruiting 3,500 additional teachers and classroom assistants
- ensuring every school child has access to the technology they need to support their education
- making free school lunches available to all P4 children before extending to all primary school children, all year round
- increasing the school clothing grant and the Best Start Food grant
- expanding free early learning and childcare and developing the provision of wraparound care and after-school clubs
- providing interim support – including a £100 payment near the start of the summer holidays – for eligible children before the formal expansion of the Scottish Child Payment next year.²⁴

²⁴ Education [Recovery](#): next steps (3 June 2021)

Further and Higher Education

Progress

We have recognised the particular impacts of the pandemic on students and have taken steps to mitigate this. For example, we have extended provisions until September 2021 which allow students in university/college halls to give 28 days' notice to end their tenancy, in line with the private rented sector.

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

Next Steps

In March 2021 and in collaboration with the Learner Journey Task Force, a course completion package for higher education students was announced to support extended study requirements to complete courses or placements (usually over summer) due to COVID-19 disruption. This provides non-repayable payments of up to £1,600 for up to 16 weeks. The Scottish Funding Council has committed to continue payment of weekly bursary awards for further education students extending study into the summer period to complete courses.

An additional £4.4m was announced for college staff and student mental health for 2021/22 and the Scottish Government has also supported the National Universities Scotland "Think Positive" initiative, which now has a COVID-19 focus.

In June, we established a new Summer Student Support Fund of £20m for students unable to find work in the months they do not receive student support.

Enhanced Summer Offer for Children and Young People

All children have been affected by the pandemic, with strong evidence that some children have had worse experiences, exacerbating inequalities. After seeking views from children and young people directly, and recognising the impact the pandemic has had on children's rights generally, particularly around ability to socialise with friends and family, an enhanced programme of summer activities, including digital activity, has been developed which has a specific focus on mental health and wellbeing, through a £20m investment. A Scottish Government marketing campaign will help partners and local authorities to promote the opportunities available to children and young people in their local area as well as to signpost to online resources.

Social Renewal

In June 2020 Ministers created the Social Renewal Advisory Board, which published its independent report in January 2021.²⁵ The report offers a bold roadmap to ensuring that reducing poverty and disadvantage, embedding a human-rights based approach and advancing equality is central to our rebuilding post-pandemic.

Our initial response to the report, published in March 2021, outlines the work already underway to address the Board's recommendations and announced additional investment of £25m to take forward a number of actions.²⁶ We are committed to ensuring that our renewal ensures a Fairer Scotland for everyone, no matter their circumstances.

Housing

Progress

We are deeply 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 £29 million to tenants during the pandemic, including a £10 million interest-free tenant hardship loan scheme for people struggling with rent because of changes to their finances, and money for discretionary housing payments to those needing help with their housing costs.

Next Steps

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.

²⁵ [If Not Now, When? The Social Renewal Advisory Board Report \(January 2021\)](#)

²⁶ Social Renewal Advisory Board: our [response](#) (23 March 2021)

Justice

Progress

Across the wider justice system, we recognise the pandemic has had considerable impacts. As the criminal justice system recovers from the pandemic, we aim to build a justice system that is fit for the future. We established a Recover, Renew, Transform Programme, to consider proposals for recovery and reform of the justice system, including greater use of digital tools, support for victims and witnesses, and ways to prevent repeat offending and manage the prison population, through more effective community-based interventions.

Next Steps

This year we will make an additional £50 million available to this programme to increase capacity across the system. The Scottish Courts and Tribunals Service plan to commence their court recovery programme from September 2021, which will include the expansion of remote jury centres and an increase in court capacity. Wider costs across the justice system, including prisons, community justice and legal aid, have been recognised and allocated funding to ensure a balanced recovery across the whole system.

Consistent with the wider community, the prison service is now gradually and cautiously lifting regime restrictions that were necessary to protect the health and wellbeing of those who live and work in our prisons. From 26 April, the prison service has enabled greater access to in-person visits in establishments with robust local risk assessments in place and implementation of protective measures for staff, prisoners and visitors.

HARM 4: Support the economy, mitigating the devastating impact for business

Progress

Since the start of the pandemic, businesses in Scotland have directly benefitted from £3.6bn in support from the Scottish Government – more than a third of total COVID-19 funding – £2.6bn in grants and £965m in COVID-19 non-domestic rates reliefs.

The Strategic Framework Business Fund – providing grants of up to £3,000 every four weeks – gave us the flexibility to respond to the evolving nature of the pandemic by providing ongoing support to businesses legally required to close or to modify their operations. The last payments from the fund were made in April 2021 and support was front-loaded to help businesses to re-start as restrictions eased further.

Retail businesses were eligible for grants up to £7,500 and hospitality and leisure businesses were eligible for grants up to £19,500, with a smaller retailer receiving more than three months' grant, and a larger hospitality business receiving more than six months' grant in April.

Our funds have generally been targeted to the specific sectors and businesses most impacted by COVID-19 restrictions and we have also increased the Local Authority Discretionary Fund from £30m to £120m to ensure that local authorities can direct funding to specific groups or sectors in their local economies which are in most in need of additional support.²⁷

That support for business resilience offered by Scottish Government sits alongside UK Government financial support schemes, including the Coronavirus Job Retention Scheme (CJRS). Scottish Ministers have consistently called for the CJRS to remain in place for as long as it is needed. It must also be clear to businesses and workers, well in advance of the furlough scheme ending, what further assistance will be in place – to support jobs and necessary labour market transitions in sectors that are most deeply impacted by COVID-19.

Our recent focus has been on supporting businesses directly impacted by local restrictions. Moving forward, we will work with business leaders and representatives to transition from supporting business resilience to focus more on targeted support for economic recovery.

Working at home has been a vital mitigation to control the spread of COVID-19 as it has prevented the need for a large number of people to travel and interact in person. This has, in turn, allowed us to control the virus enough to allow for the reopening of various areas of the economy and allowed for other parts of life to return to more normality. We recognise, however, the impact that working at home has on the mental health of employees and some potential challenges around productivity. We also recognise that businesses have spent a lot of time and money ensuring that offices are as safe as they can be and are very grateful for that work.

²⁷ Information on the range of funds we have put in place to support businesses can be found at: [Coronavirus \(COVID-19\): business support funds – gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/coronavirus/covid-19/business-support-funds)

Next steps

We have committed more than £1.2bn since March 2020 to drive economic recovery. We will launch a 10-year National Strategy for Economic Transformation. This Strategy will set out the steps we will take to deliver a green economic recovery and support new, good, green jobs, businesses and industries for the future. We will also work with industry, trade unions and economists to create a new Council for Economic Transformation to shape this strategy and guide its implementation.

In addition, the second phase of the National Transition Training Fund will provide up to £20m to enable people to retrain and is targeted at sectors which need support to recover from the pandemic or to fill identified skills shortages.²⁸

We want to encourage pioneers and entrepreneurs to help reshape the Scottish economy, creating the best conditions for them to seize the opportunities to produce, to invent and to scale up, and in so doing, create secure and satisfying jobs which pay a fair wage. That is why as part of the Economic Transformation, we will deliver a National Challenge competition, providing funding of up to £50m to the project or projects with the greatest potential to transform Scotland.

We still believe that working at home is an important element of minimising the spread of the virus and we would strongly encourage businesses to continue to support staff to work at home some of the time. However, we also recognise that businesses are best placed to understand how their operations work most effectively and also understand their employees' needs and requests for flexible working, based on consultation with staff and unions.

We will therefore work with business organisations to make the guidance on returning to offices, as we move to Level 0 and beyond, as simple as possible and allow individual businesses to determine what flexible working practices work for them and their staff, while recognising the strong encouragement from Government to support working from home.

²⁸ [Sustainable economic recovery – gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2020/12/Sustainable-economic-recovery-2020-2025.pdf)

The way forward

During the summer, as the vaccine programme rolls out further, we hope and expect that individuals, businesses and citizens will get back to much more normality. The focus will increasingly switch from COVID-19 response to recovery. Whilst life may not look quite like it did before the pandemic as we move beyond Level 0, the vaccine roll-out means that we'll be able to get back to doing many of the things we enjoyed – and perhaps even took for granted – before the advent of COVID-19. For example, friends and family will be able to gather together for long-deferred celebrations; large-scale events will return; venues such as nightclubs will re-open and businesses will get back to operating closer to full capacity.

It is important to note that reaching the stage of lifting levels restrictions will not signal the end of the epidemic but it will mean that businesses and individuals can get on with their lives with reduced impact from COVID-19.

Our journey to this point has required fortitude, sacrifice and shared endeavour. Whilst we still need to persevere a little while longer to reach the stage beyond Level 0, moving steadily and cautiously will allow us to be as confident as possible that when we get there, we can keep moving forward.

Beyond Level 0, we will continue to build on the commitment and solidarity the people of Scotland have shown throughout the pandemic, promoting collective action to keep ourselves and each other safe as part of a '*We are Scotland*'²⁹ approach. We will ensure that our guidance and public health information continues to be clear and accessible, allowing people to manage risks as we move away from prescriptive rules towards an approach based more on personal judgement.

Continued vigilance will of course be needed to ensure risks associated with the importation and spread of new strains of the virus are managed beyond Level 0. In practice, this will mean that we will need to persevere further, at least in the medium-term, with the application of border measures and that we will continue to promote and support continued engagement with testing and self-isolation. Going forward, we will continue to keep our approach to responding to COVID-19 under regular review, informed by the latest scientific advice, including input from the UK Scientific Advisory Group on Emergencies (SAGE) and our own COVID-19 Advisory Group.

To ensure that we best prepare for future public health emergencies, we will establish a Standing Committee on Pandemic Preparedness later this summer. We have also committed to establishing a statutory public inquiry into Scotland's COVID-19 response as soon as possible and, in addition, will work cooperatively as far as possible on any UK-wide public inquiry.

As our new strategic intent makes clear, we are also determined to continue to alleviate the various harms of COVID-19, while we enable Scotland to recover and rebuild for a better future. Working together to keep ourselves and each other safe, ensuring that we learn lessons from the pandemic and remaining on our guard against new strains of the virus will provide us with a firm basis to transition from our COVID-19 response to our recovery from the crisis.

Our recovery will be driven by an ambitious programme to build a modern, high-tech economy, whilst ensuring that our recovery is fair, green and sustainable, continuing to be guided by our National Performance Framework³⁰ – with a determination to emerge from this crisis as a stronger and fairer society, building on the common purpose, sense of community and good practice that has been so evident within our COVID-19 response.

29 [We are Scotland | One Scotland](#)

30 [National Performance Framework | National Performance Framework](#)



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