

ALLOCATION OF LEVELS TO LOCAL AUTHORITIES

Purpose

1. This document sets out which level, as described in *Scotland's Strategic Framework*, will apply in each local authority area in Scotland from Monday 2 November 2020 (Annex A). It also summarises the reasons underlying the decision for each local authority area (Annex B).
2. The initial part of the document explains how the decisions set out in this paper were made and how these decisions will be actively reviewed in future.
3. An evidence paper setting out the data and analysis supporting these decisions is being published separately.

Context

4. The Scottish Government is committed to suppressing the SARS-CoV-2 virus to the lowest possible level and keeping it there while we strive to return to a more normal life for as many people as possible.
5. In support of this aim the Scottish Government published [Scotland's Strategic Framework](#) on 23 October. The Framework sets out an approach based on levels of protection, each with graduated packages of measures designed to reduce transmission of the virus, that can be applied nationally or to different areas of the country according to the evolving patterns of infection and transmission.
6. The Framework indicates that the measures are most likely to be applied at the level of local authorities, which is the basis of the initial allocation of levels set out in this document. There is however discretion to apply levels in future to whichever geography is most likely to be effective in suppressing the virus.
7. The Framework, including the design of the proposed levels, follows the "four harms" approach set out in the Scottish Government's [COVID-19 Framework for Decision Making](#). This explicitly recognises that action taken to suppress the virus can itself cause harm to wider health and to the social and economic well-being of the nation. While the levels are intended to provide a more consistent basis for public understanding their content will be kept under review to ensure as far as possible they are adequately mitigating wider harms while having sufficient impact on suppressing the virus.

Decision making

8. Given the risk of harm from action intended to suppress the virus, decisions taken on the basis of this Framework and the consequent actions have to be justified, necessary and proportionate.
9. The Framework itself, including the content of the levels, has been subject to a full Parliamentary debate and vote. Any further revisions to the Framework will be subject to enhanced Parliamentary scrutiny.

10. The Framework and associated decision making will be given effect in new regulations from Monday 2 November. These will replace the previous regulations.
11. In relation to decisions to allocate levels to local authority areas, the Framework is clear that they have to be based firmly in the best available evidence, assessed through a process that is open, transparent and collaborative and frequently reviewed so that restrictions are not kept in place longer than is strictly necessary to achieve the aim of suppressing the virus.
12. In summary, the process starts with the daily and weekly analysis of data, agreed with local partners including Directors of Public Health, which will then be considered on a weekly basis by the National Incident Management Team (NIMT), chaired by Public Health Scotland and including representatives from local government. This assessment by the NIMT will focus on the impact of measures designed to suppress the virus (harm 1). The advice from the NIMT will then be considered by chief advisers in the Scottish Government representing all the “four harms”, which again will include representatives from local government. This group will help form recommendations for Ministers on allocation of levels which will be discussed with the relevant local authorities.
13. This is the process that was followed in coming to the initial allocation of levels that will come into force on Monday 2 November. Future reviews following the process outlined above will cover whether existing levels should be maintained or whether any local authority should move up or down levels.
14. The first review of the levels allocated to local authorities will be in week beginning 9 November. Reviews will take place weekly. It is not the intention to review every allocated level every week, but this rhythm creates the opportunity to review levels when necessary and without delay, to ensure that measures only remain in place for so long as that is justified, necessary and proportionate.
15. Although there is a clear commitment to engage on the nature and application of this Framework, including full Parliamentary scrutiny of any future amendments to the Framework, it is ultimately for Scottish Ministers to make decisions to apply or amend the Framework, including allocation of levels, in line with their statutory powers to protect public health.

Indicators

16. The Framework sets out how Ministers will ensure that decisions are informed by data and analysis. The critical indicators which will inform decision making on allocation of levels are:
 - a) The number of cases per 100,000 people over the past seven days.
 - b) The percentage of tests that are positive over the past seven days.
 - c) Forecasts of the number of cases per 100,000 consisting of the weekly number of cases in two weeks' time.

- d) Current and projected future use of local hospital beds, compared with capacity.
- e) Current and projected future use of intensive care beds, compared with capacity

17. It should be noted that there is a reporting delay in testing results so data for indicators (a) and (b) are drawn with a three day lag to allow for results to be available. This means that the data drawn, for instance, on 27 October will have a specimen date of 24 October.

18. All the data used in decision making will be published either on the Public Health Scotland [COVID-19 Daily Dashboard](#) (indicators (a) and (b)) or by the Scottish Government (indicators (c), (d), and (e)). The choice of indicators will be kept under review and updated as new or improved data become available or conditions change. Further detail on the data and analysis supporting decision making is set out in the accompanying evidence paper.

19. Although data is critical it is not in itself conclusive. Wider considerations may well apply in assessing how the virus has, is and will impact on a local authority area. These considerations include (but are not limited to):

- Application of general principles of public health and effective disease control including the precautionary principle which may suggest caution in some circumstances and early intervention in others;
- the prevalence of infection in neighbouring areas including relevance of travel routes in and out of an area;
- trends in the data which may in some cases point to the need for a period of consolidation or stability before the allocation of a level can be reduced;
- the effectiveness and sustainability of local public health measures including Test and Protect;
- the relevance of “special cause” explanations such as particular outbreaks or events that may require more limited or specific action to suppress the virus;
- that hospital capacity may need to be considered regionally and even nationally and not just locally.

20. As the process of weekly review proceeds we expect to come to learn more about what is effective in suppressing the virus. This will lead to ever greater refinement and reliability in decision making. There will of necessity be a focus on ensuring the stability of measures to suppress the virus in particular as we move to introduce this new approach.

Conclusion

21. The Framework published on 23 October sets out a wider context for the decisions summarised in this paper including action underway to encourage and enable adherence to guidance and regulations, and support for business and the economy. The approach is intended to be coherent and comprehensive. No part will be effective on its own.

22. The best way to reduce the level of restriction remains how we live our lives. That means the effectiveness of the Framework relies on everyone doing what they can to prevent the virus spreading, including following the FACTS guidance. If we do that, the virus will be denied the chance to spread, and more of Scotland will be able to move back to lower levels in the framework, and the sooner as many of us as possible we will return to a more normal life.

ANNEX A – ALLOCATION OF LEVEL TO EACH LOCAL AUTHORITY AND SUMMARY OF RELEVANT INDICATORS

This table is drawn from the evidence paper published separately.

Local authority**	Cases / 100k	Test Positivity	Cases / 100k forecast	Hospital forecast	ICU forecast	Present level*	Level from 2 Nov
East Ayrshire	3	3	4	3	4	3	3
North Ayrshire	3	3	4	3	4	3	3
South Ayrshire	3	3	3	3	4	3	3
Scottish Borders	1	1	0	0	0	2	2
Dumfries and Galloway	1	2	2	0	0	2	2
Fife	2	3	2	0	0	2	2
Clackmannanshire	2	3	3	1	1	3	3
Falkirk	2	3	2	1	1	3	3
Stirling	2	2	2	1	1	3	3
Moray	0	0	0	0	0	2	1
Aberdeen City	1	1	0	0	0	2	2
Aberdeenshire	1	1	0	0	0	2	2
East Renfrewshire	3	4	4	1	2	3	3
Inverclyde	1	2	2	1	2	3	3
Renfrewshire	3	3	3	1	2	3	3
West Dunbartonshire	3	3	2	1	2	3	3
East Dunbartonshire	3	4	4	1	2	3	3
Glasgow City	4	4	3	1	2	3	3
Highland	0	0	0	0	0	2	1
Argyll and Bute	1	1	1	0	0	2	2
South Lanarkshire	4	4	4	4	4	3	3
North Lanarkshire	4	4	4	4	4	3	3
East Lothian	2	3	2	0	0	3	3
Midlothian	2	3	2	0	0	3	3
City of Edinburgh	2	3	0	0	0	3	3
West Lothian	3	4	4	0	0	3	3
Orkney Islands	1	1	0	0	0	2	1
Shetland Islands	0	0	0	0	0	2	1
Angus	1	1	1	1	0	2	2
Dundee City	3	3	3	1	0	2	3
Perth and Kinross	1	2	1	1	0	2	2
Na h-Eileanan Siar	1	0	0	0	0	2	1

*Equivalent level to measures in place from 9 October to 2 November,

**Ordered by health board

ANNEX B		
Local Authority	Level	Summary of reasons for allocation of level
Aberdeen City	2	<ul style="list-style-type: none"> • Consideration was given to allocating Aberdeen City to level zero but with indicator (a) at a value of 43 per 100,000 and no special cause apparent it was judged that there remained sufficient evidence of community transmission requiring restrictive measures to suppress. • Consideration was given to whether the measures at level 1 would be adequate to suppress transmission. It was judged that such measures would not be adequate given they would represent a reduction in current restrictions and although there is some evidence of reduced transmission over time, along with value of indicator (a), with indicator (b) at 2.94% positivity there remains a need to maintain current levels of restriction. • In the light of measures in place being currently modelled to reduce prevalence level 2 appears effective in reducing indicators (a) and (b), with such measures being required to maintain progress to lower levels of harm from the disease. • Consideration was given to whether there may be a need to increase levels of restriction which would mean Aberdeen City being allocated level 3. It was recognised that bed capacity in NHS Grampian was not under any significant pressure. Given the full impact of the most recent national restrictions have not been seen in data and their likely further positive impact it was not judged that Aberdeen City requires level 3 measures to suppress the virus and so on that basis Aberdeen City was allocated to level 2, which reflects current restrictions.
Aberdeenshire	2	<ul style="list-style-type: none"> • Consideration was given to allocating Aberdeenshire to level zero and while it was recognised that evidence of community transmission was limited nevertheless with indicator (a) at a value of 31 per 100,000 and indicator (b) at a value of 2.36% positivity there was evidence of community transmission that would require restrictions. • Consideration was given to whether the restrictions at level 1 might be sufficient to suppress the relevant level of transmission. While it was recognised that levels have remained relatively low over time there has been a recent increase in indicators (a) and (b). On that basis it was judged that at this time it was not appropriate to allocate Aberdeenshire to level 1. • It was judged that there was no evidence to support the need for increased restrictions in Aberdeenshire

		and with the full impact of recent restrictions not yet seen in data, it was judged that the level commensurate with current restrictions would be sufficient. On that basis Aberdeenshire was allocated to level 2.
Angus	2	<ul style="list-style-type: none"> • Consideration was given to whether Angus should be allocated to level zero. With indicator (a) showing a value of 52 per 100,000 and indicator (b) showing a value of 2.85% positivity it was judged that there was evidence of community transmission that requires a level of restriction. • Consideration was given to whether Angus should be allocated to level 1. It was recognised that levels across indicators (a), (b) were relatively low and had been historically though these have increased very slightly in the recent period. Indicator (c) modelling suggests that could continue. Subject to improvement, this suggests that a future allocation to level 1 may be possible. However it was considered that for the moment, given the proximity to Dundee City, the potential pressure on NHS services in Tayside, level 1 was not appropriate. • Consideration was given to whether allocation of Angus to level 2 was appropriate at this time. No higher level of restriction that currently in force was deemed necessary. Indeed it was judged that the potential positive impact of current national restrictions should be considered in future reviews (along with any evidence of negative impact of proximity to Dundee City). On that basis Angus was allocated to level 2.
Argyll and Bute	2	<ul style="list-style-type: none"> • Consideration was given to whether Argyll and Bute could be allocated to level zero. The distinctive geography of the area including island communities was recognised as a factor in relation to potential differences within the area in relation to impact of the virus. However with indicator (a) showing a value of 48 per 100,000 and indicator (b) showing a value of 2.9% positivity it was judged that there was some evidence of community transmission that requires a level of restriction. • Consideration was given to whether Argyll and Bute should be allocated to level 1. Again the distinctive geography was recognised and the future potential given improvement to see an allocation at this level was acknowledged. However there was no clear evidence supporting effectively reducing the levels of restriction in place in Argyll and Bute. • Consideration was therefore given to whether allocation to level 2 was appropriate at this time. It

		<p>was judged that there is no evidence of the need for restrictions beyond those currently in place and that the impact of the current restrictions has not yet been seen in the data, notwithstanding which indicators (a) and (b) have remained stable. On that basis it was judged that Argyll and Bute should be allocated to level 2.</p>
City of Edinburgh	3	<ul style="list-style-type: none"> • Consideration was given to whether City of Edinburgh should be allocated to level zero. With indicator (a) at 90 cases per 100,000 and indicator (b) showing a value of 5.77% positivity the levels of community transmission are significant and therefore require significant levels of restrictions. Therefore level zero was not judged appropriate. • Consideration was given to allocating City of Edinburgh to level 1. The levels of transmission suggested by indicators (a) and (b) were judged incompatible with the level of restriction provided by level 1 and on that basis it was not judged appropriate to allocated City of Edinburgh to level 1. • Consideration was given to allocating City of Edinburgh to level 2. Some signs of improvement in indicators was recognised along with the likely significant impact of further recent measures to restrict hospitality, which is a significant factor in the area. Modelling supporting indicator (c) predicts that Edinburgh is likely to continue to improve. It was therefore acknowledged that City of Edinburgh could aspire to future allocation at level 2. For the moment however given the status of the indicators it was judged too early to consider effectively reducing the level of restriction applied. • It was acknowledged that there was no basis in evidence presented to consider allocating City of Edinburgh to level 4. On that basis City of Edinburgh was allocated to level 3, to reflect need for continuation of approximately current levels of restriction.
Clackmannanshire	3	<ul style="list-style-type: none"> • Consideration was given to whether Clackmannanshire should be allocated to level zero. Given there is clear evidence across indicators (a) and (b) of sustained levels of community transmission that was not considered appropriate. • Consideration was given to whether Clackmannanshire should be allocated to level 1. Again with indicator (a) showing a value of 142 per 100,000, which it has done over an extended period, and indicator (b) showing a value of 6.47% positivity it was judged that significant restrictions beyond level 1 are needed to suppress the virus in the area.

		<ul style="list-style-type: none"> • Consideration was given to whether Clackmannanshire should be allocated to level 2. It was recognised that recent national measures may have an impact, but no clear evidence was yet emerging of the extent of that impact and it was acknowledged that a sustained period of improvement would be required. Equally, in relation to NHS Forth Valley, it is forecast that demand will exceed capacity within 6 weeks for hospital beds and within five weeks for ICU beds • Given the high levels of transmission of the virus in Clackmannanshire consideration was given to whether level 3 or 4 might be appropriate. There was no evidence that transmission in Clackmannanshire was significantly accelerating and the likely impact of current measures was acknowledged, though indicator (c) continues to forecast high prevalence. On that basis a level of restriction approximately equivalent to that currently in force was judged appropriate. Therefore Clackmannanshire was allocated to level 3.
Comhairle nan Eilean Siar	1	<ul style="list-style-type: none"> • Consideration was given to whether Comhairle nan Eilean Siar should be allocated to level zero. The distinctive geographic circumstances of the area was acknowledged. Although levels across indicators have been consistently low it was also acknowledged that there had been some cases in the area. These cases were recognised as related to outbreaks that were effectively managed rather than evidence that there was any sustained community transmission of the virus. The importance of effective management of importation of cases was acknowledged and the importance of maintained vigilance across ferry and air routes. • There may be a case at some point to consider whether Comhairle nan Eilean Siar should be allocated to level zero but for the moment it was judged that some level of restriction is needed. • Consideration was given to whether current levels, effectively level 2, are necessary. It was accepted that although the values of indicators (a) at 22 per 100,000 and (b) at 1.06% positivity have been low over time and forecasting supporting indicator (c) supports the likely low prevalence of cases in the coming weeks that it would be appropriate to allocate Comhairle nan Eilean Siar to level 1.
Dumfries and Galloway	2	<ul style="list-style-type: none"> • Consideration was given to whether Dumfries and Galloway should be allocated to level zero. The value of indicator (a) at 71 cases per 100,000 and indicator (b) at 4.03% positivity it was judged to

		<p>demonstrate a relatively significant level of transmission of the virus. On that basis level zero was judged inappropriate.</p> <ul style="list-style-type: none"> • Consideration was given to whether Dumfries and Galloway should be allocated to level 1. Along with the indicators it was also recognised that surrounding areas with significantly higher prevalence presented a serious risk. It was acknowledged that Dumfries and Galloway had dealt very well with previous outbreaks and had formed effective relationships including with neighbouring NHS services in England. However, the evidence of continued transmission was not judged to justify allocation to level 1, and modelling of the coming period indicator (c) suggests level 1 could well be insufficient. • No evidence was identified that gave cause to consider allocation of levels 3 or 4 at this time. Measures being taken with the likely further positive impact of recent national measures were deemed sufficient to allocate Dumfries and Galloway to level 2.
Dundee City	3	<ul style="list-style-type: none"> • Consideration was given to allocating Dundee City to level zero. Given the levels of community transmission suggested by indicator (a) at 185 per 100,000 and indicator (b) at 8.21% positivity it was judged that some level of restriction, indeed significant restriction, was likely for foreseeable future. • Consideration was given to allocating Dundee City to level 1. Again the level of transmission suggested by indicators was deemed incompatible with the likely impact of level one restrictions even allowing for significant impact of recent national restrictions. • Consideration was given to allocating Dundee City to level 2. This was considered seriously given it is effectively the current allocation. It was acknowledged that there had been a steady rise in indicators (a), (b) and modelling supporting indicator (c) identifies a significant risk of high levels of cases in the coming period. Equally, in relation to NHS Tayside, it is forecast that demand will exceed capacity within 6 weeks for hospital beds, and that it can meet demand for ICU beds for at least five weeks. Some early signs of a blunting of rises was acknowledged and those signs will be considered in depth in future reviews of allocation. However, on the basis of the evidence of the current situation in Dundee City it was judged that allocation at level 2 was not sufficient. • Consideration was given to whether allocation to either level 3 or 4 was appropriate. Given the early

		<p>signs of possible improvement and the fact that more recent national measures will not have had their full impact, it was judged that level 4 was not required to suppress the virus and so Dundee City was allocated to level 3.</p>
East Ayrshire	3	<ul style="list-style-type: none"> • Consideration was given to allocating East Ayrshire to level zero. Given indicator (a) showing a value of 229 per 100,000 and indicator (b) showing a value of 9.5% positivity it was judged that there remained sustained and significant levels of community transmission of the virus in East Ayrshire. On that basis allocation of level zero was not deemed appropriate. • Consideration was given to allocating East Ayrshire to Level 1. Again the values of indicators (a), (b) and the trends underlying them reflected in the modelling supporting indicator (c) did not support a reduction in the levels of restrictions in force. This also combines with concern about the capacity of NHS Ayrshire and Arran expressed through indicators (d) and (e). It was not judged appropriate to allocate East Ayrshire to level 1. • Consideration was given to allocating East Ayrshire to level 2. It was acknowledged that we may well be seeing early signs of impact of recent national measures including the enhanced restrictions which apply currently to East Ayrshire. Allocation to level 2 would result in a reduction in the levels of restriction at a point before any sustained improvement was evidenced and consolidated. On that basis an effective reduction to level 2 was not deemed appropriate. • Equally there was no evidence that there is a need to substantially increase the levels of restriction currently applying to East Ayrshire. Effectively the currently levels of restriction should be maintained for the time being. Level 4 was not judged appropriate and on that basis East Ayrshire was allocated to level 3.
East Dunbartonshire	3	<ul style="list-style-type: none"> • Consideration was given to allocating East Dunbartonshire to level zero. Indicators (a) and (b) at values 267 per 100,000 and 11.8% positivity respectively suggest a significant level of community transmission in East Dunbartonshire. On that basis it was deemed inappropriate to allocate East Dunbartonshire to level zero. • Consideration was given to allocating East Dunbartonshire to level 1. In addition to considerations of indicators (a), (b) which are high and have been increasing, modelling supporting indicator (c) forecasts an ongoing significant level of

		<p>community transmission. It was also acknowledged that forecast bed occupancy for NHS Greater Glasgow and Clyde indicates a potential shortage of overall beds within 6 weeks and ICU beds within 4 weeks. On that basis it was deemed inappropriate to allocate East Dunbartonshire to level 1.</p> <ul style="list-style-type: none"> • Consideration was given to allocating East Dunbartonshire to level 2. For the reasons already set out it was judged that there was as yet no clear basis to reduce the currently applying enhanced restrictions in East Dunbartonshire. Further reviews may be in a position to recognise improvement but for the moment at least maintaining the current levels of restriction was judged appropriate. • It was judged therefore that there was no basis to allocate East Dunbartonshire to level 4 and that East Dunbartonshire should be allocated to level 3.
East Lothian	3	<ul style="list-style-type: none"> • Consideration was given to allocating East Lothian to level zero. Given indicator (a) showing a value of 82 per 100,000 with a rising trend over the last week from 61 per 100,000 in the week up to Sunday 18 October and indicator (b) showing a value of 6.01% positivity it was judged that there remained sustained and significant levels of community transmission of the virus in East Lothian. On that basis allocation of level zero was not deemed appropriate. • Consideration was given to allocating East Lothian to Level 1. Again the values of indicators (a), (b) and (c) with a forecast 88% probability of cases being over 100 cases per 100,000 people in two weeks' time did not support a significant reduction in the levels of restrictions in force. Therefore it was not judged appropriate to allocate East Lothian to level 1. • Consideration was given to allocating East Lothian to level 2. Allocation to level 2 would result in a reduction in the levels of restriction at a point before any sustained improvement was evidenced and consolidated and where the data indicates a rising trend in cases per 100,000 over the last week. On that basis an effective reduction to level 2 was not deemed appropriate. • Equally there was no evidence that there is a need to substantially increase the levels of restriction currently applying to East Lothian. Effectively the currently levels of restriction should be maintained for the time being. Level 4 was not judged appropriate and on that basis East Lothian was allocated to level 3.
East Renfrewshire	3	<ul style="list-style-type: none"> • Consideration was given to allocating East Renfrewshire to level zero. Given indicator (a) showing a value of 263 per 100,000 with a rising

		<p>trend over the last week from 177 per 100,000 in the week up to Sunday 18 October and indicator (b) showing a value of 11.22% positivity it was judged that there remained sustained and significant levels of community transmission of the virus in East Renfrewshire. On that basis allocation of level zero was not deemed appropriate.</p> <ul style="list-style-type: none"> • Consideration was given to allocating East Renfrewshire to level 1. Given the values for indicators (a) and (b) and the forecast bed occupancy for NHS Greater Glasgow and Clyde indicates a potential shortage of overall beds within 6 weeks and ICU beds within 4 weeks, it was not judged appropriate to allocate East Renfrewshire to level 1. • Consideration was given to allocating East Renfrewshire to Level 3. Again the values of indicators (a), (b) and forecasting under indicator (c) suggesting ongoing high levels of cases did not support a significant reduction in the levels of restrictions in force. • Equally there was no evidence that there is a need to substantially increase the levels of restriction currently applying to East Renfrewshire. Effectively the currently levels of restriction should be maintained for the time being. Level 4 was not judged appropriate and on that basis East Renfrewshire was allocated to level 3.
Falkirk	3	<ul style="list-style-type: none"> • Consideration was given to allocating Falkirk to level zero. Given indicator (a) showing a value of 108 per 100,000 with a rising trend over the last week from 83 per 100,000 on Sunday 18 October and indicator (b) showing a value of 5.86% positivity it was judged that there remained sustained and significant levels of community transmission of the virus in East Renfrewshire. On that basis allocation of level zero was not deemed appropriate. • Consideration was given to allocating Falkirk to level 1. Given the values for indicators (a) and (b) this was not considered appropriate • Consideration was given to allocating Falkirk to level 3. Again the values of indicators (a), (b) and modelling supporting indicator (c) did not support a significant reduction in the levels of restrictions in force. • The forecast bed occupancy for NHS Forth Valley indicates a potential shortage of overall beds within 6 weeks and ICU beds within 5 weeks. This further confirms it is not appropriate to allocate Falkirk to level 1.

		<ul style="list-style-type: none"> Equally there was no evidence that there is a need to substantially increase the levels of restriction currently applying to Falkirk. Effectively the currently levels of restriction should be maintained for the time being. level 4 was not judged appropriate and on that basis Falkirk was allocated to level 3.
Fife	2	<ul style="list-style-type: none"> Consideration was given to allocating Fife to level zero. The value of indicator (a) at 84 cases per 100,000 and indicator (b) at 5.18% was judged to demonstrate a significant level of transmission of the virus in Fife. On that basis level zero was judged inappropriate. Consideration was given to whether Fife should be allocated to level 1. Although there are no immediate concerns about capacity in NHS Fife through indicators (d) and (e) the values of indicators (a), including a rising trend from 57 cases/100,000 in the week up to Sunday 18 October to 84 cases/ 100,000 in the week up to Saturday 24 October and (b) and (c) with a forecast 93% probability of cases being over 100 cases per 100,000 people in two weeks' time did not support a reduction to level 1. Along with the indicators it was also recognised that surrounding areas with significantly higher prevalence presented a serious risk. It was acknowledged that Fife had dealt well with previous outbreaks and had formed effective relationships with neighbouring authorities. However, the evidence of continued transmission was not judged to justify allocation to level 1. No evidence was identified that gave cause to consider allocation of levels 3 or 4 at this time. Measures being taken with the likely further positive impact of recent national measures were deemed sufficient to allocate Fife to level 2.
Glasgow	3	<ul style="list-style-type: none"> Consideration was given to allocating Glasgow to level zero. Given indicator (a) showing a value of 322 per 100,000 with a rising trend over the last week from 282 per 100,000 in the week to Sunday 18 October and indicator (b) showing a value of 13.23% positivity it was judged that there remained sustained and significant levels of community transmission of the virus in Glasgow. On that basis allocation of level zero was not deemed appropriate. Consideration was given to allocating Glasgow to level 1. Given the values for indicators (a) and (b) this was not considered appropriate Consideration was given to allocating Glasgow to level 3. Again the values of indicators (a), (b)

		<p>modelling supporting indicator (c) forecasting significant case numbers in the forthcoming period and the forecast bed occupancy for NHS Greater Glasgow and Clyde indicates a potential shortage of overall beds within 6 weeks and ICU beds within 4 weeks, significant reduction in the levels of restrictions in force could not be supported.</p> <ul style="list-style-type: none"> Equally there was no evidence that there is a need to substantially increase the levels of restriction currently applying to Glasgow. Effectively the current levels of restriction should be maintained for the time being. level 4 was not judged appropriate and on that basis Glasgow was allocated to level 3.
Highland	1	<ul style="list-style-type: none"> Consideration was given to allocating Highland to level zero. The largely rural nature of the area was acknowledged. Although levels across indicators have been consistently low it was also acknowledged that there have been cases in the area. These cases were recognised as related primarily to outbreaks that were effectively managed rather than evidence that there was any sustained community transmission of the virus. The importance of effective management of importation of cases was acknowledged. There may be a case at some point to consider whether Highland should be allocated to level zero but it was judged that some level of restriction is needed at this time. Consideration was given to whether current levels, effectively level 2, are necessary. The value of indicator (a) at 18 cases per 100,000 and indicator (b) at 1.34% positivity was judged to demonstrate a relatively low level of transmission of the virus. Forecasts under indicator (c) support the view that is likely to continue in the coming period. It was therefore considered appropriate to allocate Highland to level 1.
Inverclyde	3	<ul style="list-style-type: none"> Consideration was given to allocating Inverclyde to level zero. Given indicator (a) showing a value of 68 per 100,000 and indicator (b) showing a value of 3.19% positivity it was judged that there remained sustained and significant levels of community transmission of the virus in Inverclyde. On that basis allocation of level zero was not deemed appropriate. Consideration was given to allocating Inverclyde to level 1. Given the values for indicators (a) and (b) this was not considered appropriate. Similarly, under existing measures case levels are not reducing over the period since 18 October and that suggests that level 2 is likely to be insufficient to control growth at this time.

		<ul style="list-style-type: none"> • Consideration was given to allocating Inverclyde to Level 3. Again the values of indicators (a), (b) and given modelling under indicator (c) forecasts the risk of high prevalence in the coming period, the need for significant restrictions remains. • Along with the indicators it was also recognised that surrounding areas with significantly higher prevalence presented a serious risk. This includes the impact for Inverclyde of forecast bed occupancy for NHS Greater Glasgow and Clyde which indicates a potential shortage of overall beds within 6 weeks and ICU beds within 4 weeks • Taken with the analysis above this did not support a significant reduction in the levels of restrictions in force. • Equally there was no evidence that there is a need to substantially increase the levels of restriction currently applying to Inverclyde . Effectively the currently levels of restriction should be maintained for the time being. Level 4 was not judged appropriate and on that basis Inverclyde was allocated to level 3.
Midlothian	3	<ul style="list-style-type: none"> • Consideration was given to allocating Midlothian to level zero. Given the levels of community transmission suggested by indicator (a) at 107 per 100,000 and indicator (b) at 6.9% positivity it was judged that some level of restriction, indeed significant restriction, was likely for foreseeable future. • Consideration was given to allocating Midlothian to level 1. The level of transmission in Midlothian suggested by indicators was deemed incompatible with the likely impact of level one restrictions even allowing for significant impact of recent national restrictions. • Consideration was given to allocating Midlothian to level 2. It was acknowledged that there had been a steady rise in indicators (a), (b) and indicator (c) suggests significant ongoing caseload. As such, on the basis of the evidence of the current situation in Midlothian it was judged that allocation at level 2 was not sufficient. • Consideration was given to whether allocation to level 3 was appropriate. Given the continued increase in case numbers in Midlothian, it was judged that level 3 was required to suppress the virus and slow the spread within Midlothian.
Moray	1	<ul style="list-style-type: none"> • Consideration was given to allocating Moray to level zero. Given the levels of community transmission suggested by indicator (a) at 18 per 100,000 and

		<p>indicator (b) at 1.36% positivity it was judged that some level of restriction was needed to suppress the virus.</p> <ul style="list-style-type: none"> • Consideration was given to allocating Moray to level 1. Given the recent steadying and lowering of case numbers it was considered level 1 was sufficient to allow maintenance and improvement at this level. • It was not judged necessary to move Moray to level 2.
North Ayrshire	3	<ul style="list-style-type: none"> • Consideration was given to allocating North Ayrshire to level zero. The distinctive geography of the area including island communities was acknowledged. However, given the levels of community transmission suggested by indicator (a) at 239 per 100,000 and indicator (b) at 9.85% positivity it was judged that some level of restriction, indeed significant restriction, was required to control the spread of the virus. • Consideration was given to allocating North Ayrshire to level 1. The level of transmission within North Ayrshire suggested by indicators was deemed incompatible with the likely impact of level one restrictions even allowing for significant impact of recent national restrictions. • Consideration was given to allocating North Ayrshire to level 2. Given the steady rise in indicators (a), (b) and forecasting of ongoing significant case numbers under indicator (c), it was judged that level 2 restrictions were not sufficient to bring the situation under control. • Consideration was given to whether allocation to level 3 or level 4 was most appropriate for North Ayrshire. Whilst there has not been signs of improvement yet within North Ayrshire, on the current indicators, it was judged level 3 was appropriate at this stage to allow impact of measures to follow through. Therefore North Ayrshire was allocated to level 3.
North Lanarkshire	3	<ul style="list-style-type: none"> • Consideration was given to allocating North Lanarkshire to level zero. Given indicator (a) at 346 per 100,000 and indicator (b) at 13.57% positivity it is clear there remains evidence of sustained and substantial community transmission requiring restrictive measures to suppress. • Consideration was given to allocating North Lanarkshire to level 1. The level of transmission in North Lanarkshire suggested by indicators was deemed incompatible with the likely impact of level one restrictions even allowing for some further impact of recent national restrictions. • Consideration was given to allocating North Lanarkshire to level 2. It was acknowledged that

		<p>there been a significant rise in indicators (a), (b) and (c) and whilst there may be the first signs of case numbers steadying, the high levels of transmission and significant pressure on NHS Lanarkshire, it was judged that level 2 was not sufficient to suppress the spread of the virus.</p> <ul style="list-style-type: none"> • Consideration was given whether allocation to level 3 was appropriate. It was acknowledged that there remains evidence of high levels of transmission in North Lanarkshire, there is clear pressure on NHS Lanarkshire and the only very early signs of impact of national measures, on that basis it was recognised that the allocation to level 4 should remain a distinct possibility. However the early signs of potential impact along with clear partnership plans to further suppress transmission meant on balance North Lanarkshire should remain at level 3 with further detailed assessment required at first review point.
Orkney Islands	1	<ul style="list-style-type: none"> • Consideration was given to allocating Orkney Islands to level zero. The distinctive circumstances of the local authority were acknowledged, in particular the importance of effective management of importation of cases across ferry and air routes. • The levels of community transmission within the Orkney Islands suggested by indicator (a) at 22 per 100,000 and indicator (b) at 1.92% positivity and the very recent increase in numbers it was judged that some level of restriction is needed for suppression of the virus. • Consideration was given to allocating Orkney Islands to level 1. Given the low numbers within the Orkney Islands it was judged appropriate to for level 1 measures at this stage. The low numbers and forecast increase under indicator (c) do not require further restriction.
Perth and Kinross	2	<ul style="list-style-type: none"> • Consideration was given to allocating Perth and Kinross to level zero. The levels of community transmission within Perth and Kinross suggested by indicator (a) at 64 per 100,000 and indicator (b) at 3.58% positivity it was judged that some level of restriction was needed for suppression of the virus. • Consideration was given to allocating Perth and Kinross to level one. The level of transmission within Perth and Kinross suggested by indicators was deemed incompatible with the likely impact of level one restrictions even allowing for significant impact of recent national restrictions. Recent movement in case numbers has been upwards. • Consideration was given to allocating Perth and Kinross to Level 2. It was judged that there are early

		signs that measures may be having an impact in Perth and Kinross and transmission rate allowed for Perth and Kinross to be allocated level 2 at this stage.
Renfrewshire	3	<ul style="list-style-type: none"> • Consideration was given to allocating Renfrewshire to level zero. The levels of community transmission within Renfrewshire suggested by indicator (a) at 223 per 100,000 and indicator (b) at 8.58% positivity it was judged that some level of restriction, indeed significant restriction was needed at this time for suppression of the virus. • Consideration was given to allocating Renfrewshire to level 1. The level of transmission in Renfrewshire suggested by indicators (a), (b) and (c) was deemed incompatible with the likely impact of level one restrictions even allowing for significant impact of recent national restrictions, which have seen a steadying, albeit at high levels. • Consideration was given to allocating Renfrewshire to level 2. However, with indicator (c) indicating an ongoing probability of cases being still high in two weeks' time, this did not support a significant reduction in the levels of restrictions currently in force and was not judged appropriate for Renfrewshire to be allocated to level 2. • Consideration was given to allocating Renfrewshire to level 3. Given the very early signs of a slow-down in case numbers in Renfrewshire, it was judged appropriate that Renfrewshire be kept at level 3 at this stage.
Scottish Borders	2	<ul style="list-style-type: none"> • Consideration was given to allocating Scottish Borders to level zero. But with indicator (a) at 33 per 100,000 and (b) at 2.37% positivity there remained sufficient evidence of some community transmission requiring restrictive measures to suppress. • Consideration was given to whether the measures at level 1 would be adequate to suppress transmission. Along with the indicators it was also recognised that surrounding areas with significantly higher prevalence presented a significant risk at this stage. Also cases remain steady rather than decreasing. On that basis it was judged that there remains a need to maintain current levels of restriction. • No evidence was identified that gave cause to consider allocation of levels 3 or 4 at this time. Measures being taken with the likely further positive impact of recent national measures were deemed sufficient to allocate Scottish Borders to level 2 with an aspiration for further progress at a future review.

<p>Shetland Islands</p>	<p>1</p>	<ul style="list-style-type: none"> • Consideration was given to allocating Shetland Islands to level zero. With indicator (a) at 13 per 100,000 and (b) at 0.7% positivity and with both indicators having been consistently low and acknowledging the distinctive circumstances of the area there is some evidence that Shetland Islands may be in a position in future to be allocated to level zero. • However even at very low levels, at this stage there remains a risk of community transmission and potential importation of cases. The importance of effective management of importation of cases was acknowledged and the importance of maintained vigilance across ferry and air routes. At this stage it was judged that the measures at level 1 are still required to suppress transmission. • No evidence was identified that gave cause to consider allocation of levels 2, 3 or 4 at this time. Measures being taken with the likely further positive impact of recent national measures were deemed sufficient to allocate Shetland Islands to level 1.
<p>South Ayrshire</p>	<p>3</p>	<ul style="list-style-type: none"> • Consideration was given to allocating South Ayrshire to level zero. But with indicator (a) at 165 per 100,000 and (b) at 7.85% positivity there remains evidence of significant and sustained community transmission requiring restrictive measures to suppress. • Consideration was given to allocating South Ayrshire to Level 1. Again the values of indicators (a) and (b) did not support a significant reduction in the levels of restrictions in force. This also combines with concern about the capacity of NHS Ayrshire and Arran expressed through indicators (d) and (e). It was not judged appropriate to allocate South Ayrshire to level 1. • Consideration was given to allocating South Ayrshire to level 2. At this stage the trends do not suggest sustained improvement in indicators (a) and (b). On that basis an effective reduction to level 2 was not deemed appropriate. • At this stage there was no evidence that there is a need to substantially increase the levels of restriction currently applying to South Ayrshire. Effectively the currently levels of restriction should be maintained for the time being although any further deterioration in the indicators (a) and (b) need to be considered carefully against the trends with indicators (d) and (e). Level 4 was not judged appropriate at this stage and on that basis South Ayrshire was allocated to level 3.

South Lanarkshire	3	<ul style="list-style-type: none"> • Consideration was given to allocating South Lanarkshire to level zero. Given indicator (a) at 393 per 100,000 and (b) at 14.33% positivity it is clear there remains evidence of sustained and substantial community transmission requiring restrictive measures to suppress. • Consideration was given to allocating South Lanarkshire to Level 1. Again the values of indicators (a) and (b) did not support a significant reduction in the levels of restrictions in force. This also combines with concern about the capacity of NHS Lanarkshire expressed through indicators (d) and (e). It was not judged appropriate to allocate South Lanarkshire to level 1. • Consideration was given to allocating South Lanarkshire to level 2. At this stage the trends do not suggest evidence of a sustained improvement in indicators (a) and (b). On that basis an effective reduction to level 2 was not deemed appropriate. • Consideration was given to allocating South Lanarkshire to level 3. At this stage while there is some evidence that the trends against indicators (a) and (b) may be beginning to flatten this is by no means certain and there is no indication of an improvement at this time. On both indicators South Lanarkshire is currently at the highest level in Scotland and is geographically close to other areas with the strongest evidence of significant community transmission heightening the risk of additional cases significantly. Modelling supporting indicator (c) reflects this. The capacity of NHS Lanarkshire to respond is also a significant concern. • This very serious concern is the potential basis for allocation to level 4. That judgement is very finely balanced. However the early signs of potential impact along with clear partnership plans to further suppress transmission meant on balance that South Lanarkshire should remain at level 3 with further detailed assessment required at first review point.
Stirling	3	<ul style="list-style-type: none"> • Consideration was given to allocating Stirling to level zero. Indicators (a) and (b) at values 96 per 100,000 and 4.34% positivity respectively suggest some community transmission in Stirling. On that basis it was deemed inappropriate to allocate Stirling to level zero. • Consideration was given to whether the measures at level 1 would be adequate to suppress transmission. Along with the indicators it was also recognised that surrounding areas with significantly higher prevalence presented a significant risk at this stage. It was

		<p>judged that it would not be appropriate to reduce restrictions to level 1.</p> <ul style="list-style-type: none"> • Serious consideration was given to allocating Stirling to level 2. At this stage there is insufficient evidence of a sustained reduction in trends against the indicators to fully merit this. In relation to NHS Forth Valley, it is forecast that demand will exceed capacity within 6 weeks for hospital beds and within five weeks for ICU beds. There is also a significant risk of importation of cases from surrounding areas. Further reviews may be in a position to recognise sustained improvement but for the moment at least a higher level of restriction was judged appropriate. • It was judged that there is no basis to allocate Stirling to level 4 and that Stirling should be allocated to level 3 at this stage.
<p>West Dunbartonshire</p>	<p>3</p>	<ul style="list-style-type: none"> • Consideration was given to allocating West Dunbartonshire to level zero. Indicators (a) and (b) at values 180 per 100,000 and 6.84% positivity respectively suggest a significant level of community transmission in West Dunbartonshire. On that basis it was deemed inappropriate to allocate West Dunbartonshire to level zero. • Consideration was given to allocating West Dunbartonshire to level 1. In addition to considerations of indicators (a) and (b) which suggest significant levels of community transmission it was acknowledged that forecast bed occupancy for NHS Greater Glasgow and Clyde indicates a potential shortage of overall beds within 6 weeks and ICU beds within 4 weeks. On that basis it was deemed inappropriate to allocate West Dunbartonshire to level 1. • Consideration was given to allocating West Dunbartonshire to level 2. There are some encouraging trends in terms of improvement against indicators (a) and (b). Further reviews may be in a position to recognise sustained improvement but given geographic proximity to areas with higher levels of community transition and concerns about NHS Greater Glasgow & Clyde capacity, for the moment at least maintaining the current levels of restriction was judged appropriate. • There was no evidence to suggest West Dunbartonshire should be allocated to level 4. • In the light of the foregoing, and given modelling underpinning indicator (c), West Dunbartonshire was allocated to level 3.

<p>West Lothian</p>	<p>3</p>	<ul style="list-style-type: none"> • Consideration was given to allocating West Lothian to level zero. Indicators (a) and (b) at values 235 per 100,000 and 11.34% positivity respectively suggest a sustained and substantial level of community transmission in West Lothian. On that basis it was deemed inappropriate to allocate West Lothian to level zero • Consideration was given to allocating West Lothian to level 1 but for the same reasons as above that was deemed inappropriate. • Consideration was given to allocating West Lothian to level 2. In addition to considerations of indicators (a) and (b) which suggest significant levels of community transmission there is no indication that the trends on both indicators have yet begun to move in a downward direction. There is also significant risk from neighbouring areas where community transmission levels appear to be high On that basis it was deemed inappropriate to allocate West Lothian to level 2. • While evidence confirms West Lothian is likely to have a significant caseload in the coming period, no clear evidence was identified that would suggest level 4 as appropriate so on that basis West Lothian was allocated to level 3.
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