

# **Possibility of Edinburgh moving to level two this week**

**by Joseph Anderson Local Democracy Reporter**

**Health officials are recommending Edinburgh is moved to level two of the Scottish Government's coronavirus restrictions this week.**

The directors of Public Health Scotland are believed to have advised the Scottish Government that the capital has met all of the criteria for being moved down to level two, from the current Level three restrictions.

Ultimately though, the decision will be taken by Scottish Ministers, who are set to meet early this week to discuss which local authority areas should be moved up or down the 'COVID protection levels'.

A formal announcement will then be made in the Scottish Parliament, as in previous weeks.

If the Scottish government disagrees with Public Health Scotland's recommendation for Edinburgh, then Deputy First Minister John Swinney will hold a phone call with The City of Edinburgh Council leader Adam McVey and Chief Executive Andrew Kerr, when they would be able to plead the city's case.



Councillor Cammy Day. Photo: Martin P. McAdam  
[www.martinmcadam.com](http://www.martinmcadam.com)

Depute council leader Cammy Day, who represents Forth, said: “We have listened to and acted upon Public Health guidance for quite some time now, despite the immense pressure on families and businesses

“The city of Edinburgh has now seen consistent improvements in the criteria for level two and I would urge Scottish government to move the city of Edinburgh to level two with immediate effect to help people struggling at home and give businesses a Christmas lifeline to survive.

“Stalling any decision will have a hugely adverse effect on our communities and businesses across the capital city.

“Our citizens should continue to be cautious, abide by the regulations and keep safe.”

Public Health Scotland uses five criteria to determine its recommendation for each local authority area.

These include: the number of cases per 100,000 people, the test positivity rate, the future cases per 100,000 people, the number of people likely to need acute hospital care in future weeks, and the number of people likely to need intensive care in future weeks.

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