

Guide for Local Authorities and Local Resilience Forums on the system to support those who are clinically extremely vulnerable to COVID-19

24th March 2020

Purpose

This document describes a new partnership approach between local and national agencies to support those in our communities who are at the highest risk of severe illness ('the clinically extremely vulnerable') if they contract COVID-19 and therefore have been advised to isolate themselves ('shielding') for a period of at least 12 weeks.

This new approach has been developed with urgency and at pace with valuable input from trusted local partners; it will be updated and amended to reflect learning from its implementation around the country.

The audience for this guide is: local authorities, local authority hubs (see paragraph below) and Local Resilience Forums/Strategic Co-ordination Groups, many of whom are already delivering support to vulnerable groups in their communities. This guide applies to England.

Local authorities will be a key component in this approach, working closely with clinically extremely vulnerable individuals, the NHS, food industry partners and the voluntary and community sector (VCS) to ensure the system works. Local authorities have already been commissioned to organise themselves into local authority hubs to support this offer. Local Resilience Forums also have a key coordination and oversight role to play in line with their usual role.

We recognise, of course, that those in the clinically extremely vulnerable group are likely to feel very concerned about their situation and so it is incumbent upon all of us to ensure our engagement is sensitive and considerate at all times and that we seek to meet individuals' needs where possible.

We welcome feedback on this note and how it could be improved, so please forward any comments, suggestions or concerns to shielding@communities.gov.uk
This is a live document and we will issue updates, taking on board your feedback.

Who are we targeting for this additional 'shielding' support?

- There are up to 1.5 million people in England whose existing medical conditions put them at higher clinical risk from COVID-19.
- 'Shielding' is a measure to protect those extremely vulnerable individuals by minimising all interaction between them and others to protect them from coming into contact with the COVID-19 virus.
- They are urged to stay at home, at all times, and avoid all face to face contact - except for with essential carers and healthcare workers - for at least 12 weeks.

This 'shielding' is designed to protect them from serious illness as well as taking pressure off the NHS providing the most acute care.

- The full guidance ("Shielding guidance") is available here: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>
- We recognise that there will also be other individuals and groups, who do not have the conditions listed in the shielding guidance, who have to self-isolate and do not have access to a trusted neighbour, friend or family to help them. This guide does not cover that group. However, local authorities are asked to make sure there is a clearly publicised telephone number which those people can call for help. Existing arrangements are already in place in many areas, including through district councils which have a crucial role to play. Councils in two-tier areas will need to work together to agree the most appropriate arrangements for local hubs and communications with the public.
- Starting early in week commencing 23rd March, those within the extremely vulnerable group will be contacted by NHS England (NHSE) to confirm that they are considered to be at risk of severe illness if they contract COVID-19.
- This group will not be static, approximately 900K people have already been identified who are clinically extremely vulnerable. GPs and clinical specialists will be able to advise additional clinically extremely vulnerable patients to shield or to stop shielding as their conditions change.
- Many of these people will have a support network of people around them who can help with shopping or collection of prescriptions which can be left at the front door.
- But there will be some who have no friends, family or other networks locally to do these things for them for all, or part, of their period in self-isolation

What is the support offer for those in the clinically extremely vulnerable group?

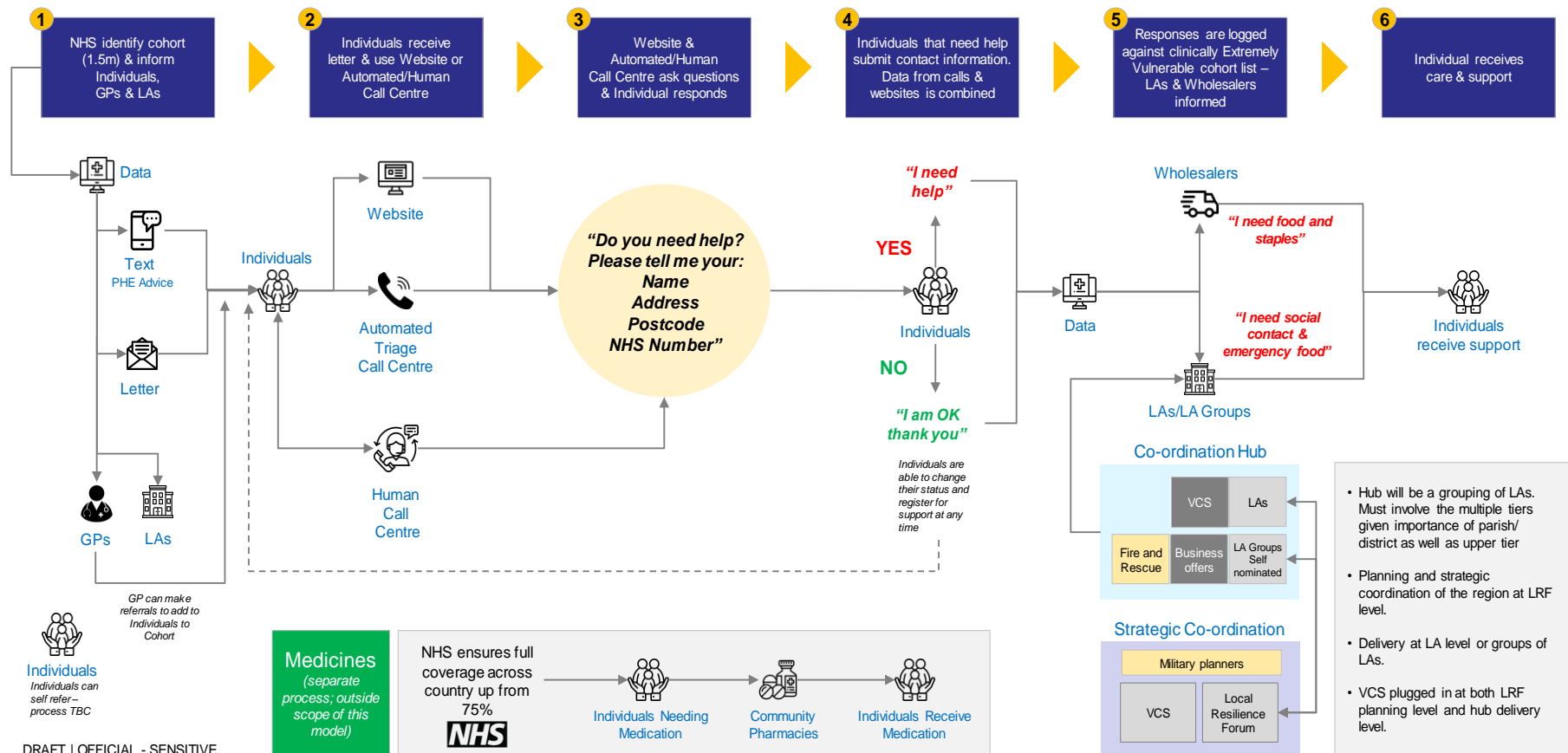
There is a three-fold offer to support those who are being shielded, but do not have a support network that they can rely on:

- Food: we are working with the food industry to deliver basic food parcels directly to their doorsteps, and over time will look at other ways to help. There may be a role for councils here.
- Medicines: community pharmacies will supply and organise delivery.
- Social contact: local authorities, working with the voluntary and community sector, are asked to continue to care for those who might be feeling very isolated.

We are prioritising those in the high-risk group who are unable to rely on family or friends for adequate practical support throughout the period of shielding. For this group we are arranging for the provision of a **basic package of food and household essentials** to be supplied and delivered by major food service suppliers with established national delivery infrastructure. As set out below, this will take a little

while before being fully operational but we have set out some proposals to help those who are in immediate or urgent need - see below.

Figure 1: Operating Model for Contacting and Supporting Extremely Vulnerable Cohort



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How will those in the high-risk group be contacted?

- Public Health England issued guidance at 10pm on Saturday, 21st March with a list of medical conditions that identify those who are clinically extremely vulnerable <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>
- The NHS will inform c. 900k individuals considered to be within this extremely vulnerable group as identified from NHS England datasets via letters due to be received starting from 24th/ 25th March. Where the NHS holds a phone number for the individual, they will also get a text message informing them: that they are in the extremely vulnerable group and they will receive a letter; followed by a further text highlighting the options to access support. DHSC/ PHE will publish an easy read version for those who have English as a second language and/or have lower literacy levels. We are also exploring how best to offer translations. A link to this letter will be incorporated into this guidance note as soon as it is available.
- Any individuals not captured in the initial NHS dataset will be identified and contacted by clinicians and GPs and added to the cohort. We expect this will bring the cohort to approximately 1.5 million people.
- Shortly after the letters are posted, NHS/DHSC will send its central patient data to the named data leads for each local authority hub and to GPs (this data will include names, mobile numbers and addresses).
- The letter will contain a website address and automated helpline number with automatic voice recognition, where those in receipt can input answers to basic questions which will help determine whether they will require support in regard to medication, groceries or social contact. The website is: <https://www.gov.uk/coronavirus-extremely-vulnerable>
- The Government is also establishing a hotline which has been designed to help assess an individual's support needs. It will have the capacity to send outbound automated messages to individuals and will have the ability to contact people who have not responded to either the website or automated messages.
- When individuals log on to the website they will be asked if they can include their NHS patient number (which will be included in the letter from the NHS) but this will not be a requirement. If an individual cannot provide their NHS identification number the underpinning IT system will check that the address and/or name provided matches that provided by the NHS or the GP.

The role of Local Resilience Forums

Local Resilience Forums (LRFs) play a critical role in the ongoing response to COVID-19 over a wide range of aspects. They provide a forum to discuss, address and escalate local issues to central government. While local authorities will act as the key deliverer of this offer to clinically extremely vulnerable individuals, it is important that LRFs maintain situational awareness of how this cohort is being supported. LRFs should also continue to act as a strategic forum for local partners to develop an overall view of demand and supply of support in each area and to identify and address any issues arising from how the system is operating locally.

LRFs are standing up their Strategic Coordination Groups (SCGs) to support local authorities in the delivery of essential goods to extremely vulnerable people who do not have alternative means of accessing these.

The SCGs will provide a forum for local authorities and other local partners to identify any gaps or issues in how the system is operating locally, and to help to coordinate the deployment of local VCS and any LRF assets as required to address these.

Where possible, we would encourage the use of existing tested structures which allow for the sharing of resources.

LRFs and local authorities have well established structures in place to work with the VCS as well as Category 1 responders and the private sector, and these will be different in each area. To support local engagement of the VCS, MHCLG has shared a list of all the VCS organisations by local authority area with LRFs on the secure Resilience Direct platform.

Medicine delivery will be arranged separately through the NHS and their pharmacy system. Local authorities and LRFs will not be required to coordinate this part of the offer.

What do I need to do in my Local Authority Grouping or Hub?

- **Figure 1** (page 3) sets out the steps taken by NHS and local authorities when contacting the c. 1.5m individuals considered to be within the high-risk cohort.
- Local authorities have already organised themselves into groupings/ hubs and if your hub includes other councils, you should be making contact in advance of the support being rolled out.
- Local authorities should continue to attend Local Resilience Forums/ Strategic Coordination Groups to maintain a sense of the county and regional capacity to help. We will regularly review how the system is operating and there will be the opportunity to make refinements in the light of experience.
- Delivering this support system will require sustained collaboration between the public sector, Local Resilience Forums (LRFs), voluntary organisations and the private sector. Arrangements will be different across the country and each local authority will, of course, refine the arrangements to suit the needs of the area.
- MHCLG recently sent a separate letter to LRFs which updates them on this new programme, and requests that they provide any necessary strategic support to the local authority hubs in its delivery. A copy of this letter is at **Annex A**. Local authority hubs will also know who in their area has been contacted as eligible for the support, as above.
- If the hubs span more than one council, please set up shared phone details offering support, and include that phone number on each individual LA website.
- Once the lead contact council in the hub receives the list of the clinically extremely vulnerable cohort for your area, please identify those people whom you

already know to be particularly vulnerable and/or to have specific needs (including dietary requirements). We recommend that you work with your local health partners. Please contact those particularly vulnerable people to give support and advice.

- As responses start to come in from the website and call centre, you will see that some may require social support as well as food. We would like you to reach out to them, particularly if they say they have no social support. You will have their contact details.
- Each week NHS Trusts will send NHS Digital the list of patients who have been added to the cohort of extremely vulnerable people. As the number of grocery deliveries will gradually increase over the first few weeks, you may wish to consider how you will work with the VCS to meet demand – especially urgent demand, and particularly in weeks 1 and 2.
- The food industry is able to deliver some food direct to hubs in week 1, should it be required. This food will be what is available to the suppliers at the time and will not mirror the content of doorstep delivery packages but will provide you with access to some supplies to support the most vulnerable who need food immediately. Further detail on this offer is set out below.
- You will have access to the data for your area created from the gov.uk form and the automated call centre that people with an NHS letter have been directed to. Specific, named data leads in the local authority hubs will receive security credentials that allow them to access the data, and the data will be available to be downloaded and edited locally, for example to be matched against local authority records. This data will be updated daily.
- The initial service will just include the names, addresses and answers to the questions asked on the gov.uk/call centre service. The data access service will iterate over coming days, potentially for example to enable councils to indicate back to the centre who has had contact from the local authority.
- Food wholesalers will also have access to a much more limited cut of this data (names, addresses and whether the individual is in need of a food parcel) to organise direct food deliveries. Again, this service will also iterate, for example to enable the food wholesalers to indicate who they have delivered food to, so that this information can also be provided to the local authority hubs. (See below for details on food parcels).
- These additional responsibilities will be assessed and funded as part of funding provided to local authorities to meet covid-19 pressures.

In summary:

- The initial list of the clinically most vulnerable individuals will be shared with you directly.
- Please immediately identify those you know to be particularly vulnerable and/or with specific needs and reach out to them.
- Data leads from the local authority hubs should download the data from the website – this will provide an indication of who needs food, medicine or social care. Instructions on this will follow.
- Food will be distributed by food distributors. Where you are aware of people requiring food urgently, or who have specific requirements, you will need to step in. We're looking at ways to help with this – see below.

- Medicine – as above: community pharmacies will supply and organise delivery.
- Social care: local authorities will be expected to provide this support to this cohort of individuals.

Additional military planners support

In response to the additional work required by LRFs to fulfil this strategic coordinating function, MHCLG has secured a further cohort of military planners (up to 3 per LRF) who will be made available to support planning and preparation for multi-agency support to local authorities, specifically around social care, vulnerable groups and death management systems. The initial tranche of planners were deployed from Sunday 22nd March. Further information is at **Annex A**.

Engagement with the VCS

Different areas will have different approaches to engaging VCS support to LAs and other bodies during emergencies, and we want to leave flexibility for your areas to use their existing structures and processes wherever possible to address local need. We have shared with LRFs a list which contains, by local authority area, details of charities in the following categories: organisations that can provide volunteers, local councils for voluntary service (along with an assessment of their preparedness), LRF VCSE Contacts, local food banks, other local food distribution charities, local emergency response charities, local community transport charities, local homelessness services.

LRFs should use their TCG and SCG structures to gather and assess feedback from LA hubs to understand local need, how well the offer is meeting this need, trends, and any system improvements. SCG structures will also provide an opportunity for local areas to flag issues to central government through MHCLG RED.

British Red Cross

British Red Cross (BRC) is represented on every LRF, so LRFs should liaise directly to ascertain how they can best help local needs, including deploying their volunteers, making welfare calls and delivering drugs and essential provisions.

Standard parcel of food and essentials

The food industry will organise for free food parcel deliveries to the individual's front door which will arrive within 1 week of an individual requesting it and parcels may be delivered any time between 6am and 10pm. The parcel will comprise a box of household essentials – food (non-perishable goods) and basic supplies. As far as possible, this is a package that is universally suitable, but it cannot cater to all special dietary or religious requirements. The packages will include tinned meat and tinned tuna but as the product is packaged there is no risk of individuals having to touch foodstuffs that are unsuitable.

For the first phase (and potentially for the whole 12 weeks) we regret that there will be no scope to amend the order for particular faith and dietary requirements – at least in the first instance. This is made clear initially on the website, and that the

parcel itself includes a note flagging that those with special requirements should check the ingredients, and if there is a problem with having enough food to meet their needs, they should contact their local authority. The delivery will be contact free to protect the vulnerable individuals, so the box will be placed on the doorstep. If individuals are not physically capable of bringing the shopping into the house they will be advised to contact the Local Authority for further assistance.

The food industry can deliver 50k parcels to the doorstep in week 1, 150k parcels in week 2 and 350k parcels in week 3, rising to over 400k in week 4 should this be required. However, as outlined above, we would expect that a large number of people identified as medically vulnerable will have some form of social network around them who can help to support them throughout their period of shielding (and will not need to take up the offer outlined here).

This initial standardised set of grocery packages and food supplies for hubs are free to the local authority and individual recipients. We are also exploring with the food industry whether it might be possible to move to a less standardised product, using the usual retail channels, to help prioritise supply for these clinically vulnerable people and others in intense need. We will update local authorities and LRFs in future as these discussions progress.

Meeting emergency or urgent need during the early stage of the Local Support System

To meet any emergency, short-term need, our food industry partners may be able to quickly deliver some bulk supplies to the 132 local authority 'hubs' (or to a location serving groups of hubs) which you have moved quickly to form into across the country. Food delivered in this way will not mirror the contents of the boxes and will draw on what's available to suppliers.

The national offer of emergency food will be equivalent to the volumetric equivalent of around 10,000 boxes and we will aim to deliver this in around week 1 of the offer. The emergency goods will not be packed into the individual boxes which the full Local Support System (see above) will provide as the system gears up but will be larger consignments of basic foodstuffs which you can store and distribute locally as needed.

You will be allocated a proportion of the volume of food available and deliveries should arrive in the coming days on an emergency basis only, for those who are in immediate, urgent need of food. The items will be 'ambient' and do not require refrigeration or other special storage facilities.

You can choose in your hub whether you wish to receive a share of this food; and you can also choose whether to handle it directly yourselves or to handle it with your VCS partners, bearing in mind it is meant for this group of clinically vulnerable people. We recognise that in some places you may prefer to establish robust systems before receiving such supplies.

In order to deliver these bulk orders to you, we will require a location and contact name/number for each hub's storage facility. This might be a school or church hall or other large space which could accommodate pallets or large boxes of goods. We would expect it to have appropriate security and to possibly be staffed to ensure that the food reaches the medically most vulnerable.

We are unable to guarantee a delivery time i.e. it could be any time on a given day, so you will need to make sure someone is ready to receive the goods. The fewer bulk orders we make the easier it is for our food industry partners; so if you are able to just supply one storage point in a hub, then that could help with logistics. But we will be guided by what works best for you and your residents.

To reiterate, this is not intended to replace the full Local Support System offer described above - which will see 'picked and packed' boxes arriving from food industry warehouses to the front doors of the most medically vulnerable who have no social network to support them. There is no obligation to accept this bulk delivery.

But if local hubs do wish to accept this offer - and have the means to receive and store produce and disperse through local delivery mechanisms – we hope this offer will act as an emergency early provision of food to ensure that those who need it now will not be left without.

We are also separately pursuing discussions with the supermarkets to develop a model which can identify the most clinically vulnerable who are isolated to enable click and collect and/or home deliveries to be prioritised. We will keep you informed as this model develops but we are hopeful that this may be able to offer the personalised choice many people will want and mop up much of the demand.

Data Sharing

We are producing some guidance for local authority hubs on the conduct and management of health data within the COVID-19 outbreak which will be sent to you separately. NHSX will also be writing to local authorities directly on the powers enabling you to process patient data for COVID-19 response. In these circumstances it could be more harmful not to share health and care information, than to share it.

The Information Commissioner has assured NHS that she cannot envisage a situation where she would act against a health and care professional using or sharing data to deliver care and support, which is the clear priority in this health emergency. Local Authority data controllers are still required to comply with relevant and appropriate data protection standards and to ensure within reason that they operate within statutory and regulatory boundaries.

We now have contact details for each of the hubs. We will confirm with you shortly plans for transferring the data.

Annex A: Letter to LRFs



Ministry of Housing,
Communities &
Local Government

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To: Local Resilience Forum Chairs
and Secretariats

Dear LRF Chair

Please note that we are sharing the below information with you in confidence in advance of a government announcement, to enable you to prepare at a local level. Please therefore treat this communication as sensitive.

Thanks to you and your colleagues for the work already done to support communities and businesses in your local area impacted by COVID-19. I want to update you further on the next steps in response and to ask for your support in ensuring arrangements are in place to support the most medically vulnerable.

The government is undertaking significant work at pace to create a system to support those whose underlying health conditions mean they are at highest clinical risk for COVID-19 and are therefore likely to be advised by the government to self-isolate for the main period of the coronavirus epidemic.

As set out in public announcements, these individuals are currently advised to pay particularly strong regard to the public advice to reduce their social contact. In the coming days we need to be ready to go even further, to ensure that those with the most serious health conditions are largely shielded from social contact for an extended period during the epidemic so that that the period of maximum shielding coincides with the peak of maximum transmission. All of these people will shortly be contacted, by letter, to let them know that they are at high-risk of severe illness if they contract COVID-19.

The local support system we are developing will enable the delivery of groceries and medicine to this group, if they do not have alternative means of accessing these in place. It will require sustained collaboration between the public sector, LRFs, voluntary organisations and the private sector. Arrangements will be different across

the country and each area will of course design its own way of combining the respective input of each party.

Local authorities will be a key delivery agency, working closely with at-risk individuals, food industry partners and the voluntary and community sector (VCS) to ensure the system works. Local authorities have already been commissioned to organise themselves into local authority hubs to administer this offer and should have reported to you on how they will arrange themselves in your area.

LRFs are expected to stand up their Strategic Coordination Groups (SCGs) to provide the overarching strategic framework in which local authority hubs will operate to support delivery of essential goods to at-risk people who do not have alternative means of accessing these. LRFs will play a strategic coordination function in terms of keeping an overall view of demand and direction of supply of support. You will need to work closely with local authorities, local VCS, the private sector and other public sector resource to coordinate the deployment of this resource across local authorities. Where possible, we would encourage the use of existing, tested structures, which allow for the sharing of resources.

I know that LRFs have well established structures in place to work with VCS, as well as Category 1 responders and the private sector, and these will be different in different areas. However, to support your engagement of the VCS we will be sharing a list of all the VCS organisations by local authority area. This list is provided to further bolster LRFs' existing knowledge of their local VCS organisations, to support delivery of this work.

In response to the additional work required by LRFs to fulfil this strategic coordinating function we have been working to secure further support to assist you. A further cohort of military planners (up to 3 per LRF) will be made available to support planning and preparation for multi-agency support to local authorities, specifically around social care, vulnerable groups and death management systems. The initial tranche of planners will be deployed from Sunday 22nd March.

Priority tasks would be assigned through the local co-ordination arrangements, but envisaged tasks will include:

1. Support LAs with mapping out local social care workforce, supply and provider issues;
2. Identify opportunities for the LRF to provide and co-ordinate multi-agency support to fill gaps (including the use of other agencies that are less affected eg Fire & Rescue Services, volunteers, informal support and VCS partners);
3. Implement systems of multi-agency support for accelerated hospital discharge, working with NHS command & control systems;
4. Develop systems to offer a range of practical support to the vulnerable who are socially distancing / self-isolating, with local health partnerships;
5. Develop and implement LRF action plans to augment capacity in death management systems, in line with the new Cabinet Office excess deaths guidance.

These military planners will also assist in reviewing options to provide food, medicine and basic supplies to the most vulnerable people who will be 'shielded' in their homes, and potentially to their fellow householders.

They will support logistical planning and coordination through to the operationalisation of services to deliver goods to distribution points for delivery by local volunteers/VCS/others of supplies to affected households. They will also be able to advise on military capability and track emerging requests from local areas.

In order that we can deploy the planners as quickly and efficiently as possible please can you provide as a matter of urgency the contact details of the key person who will be the lead contact for the planners in your LRF. Please send these details to redcontrol@communities.gov.uk

Yours sincerely,

A handwritten signature in grey ink that reads "Jo Gillespie". The signature is written in a cursive style with a large initial 'J'.

Jo Gillespie

Deputy Director

Resilience and Emergencies