

Supplementary guidance to local authorities on feedback of your local shielding outcomes

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This guidance has been issued by MHCLG Shielding Directorate (05/20).

We welcome feedback on this note and how it could be improved via email to shielding@communities.gov.uk

1. Introduction

Government is strongly advising people who have been identified by the NHS as being clinically extremely vulnerable (CEV) which may put them at high risk of severe illness from coronavirus (COVID-19), to follow shielding measures in order to keep themselves safe. MHCLG issued guidance on 24 April 2020¹ for local authorities and local hubs (where these have been established) and Local Resilience Forums/Strategic Co-ordination Groups, who are working closely with Government and other key partners, to support the clinically extremely vulnerable who are shielding from COVID-19.

The total extra funding to councils to respond to the pandemic to date is over £3.2 billion. The funding has been provided to support councils to continue to provide essential services and support to those who need it most. We are continuing to closely monitor council costs and projections, so we have the best possible assessment of costs.

Councils are a key partner and are best placed to meet the needs of their local communities. In the current context of COVID-19, local public services and their partners rely on data on people who are being advised to shield in their local area.

2. Shielding Data

Councils are being provided with the following data to help them identify, contact, and support their citizens who have been advised to shield.

- i. **NHS Shielding Patient List** - For the first time ever, the health sector has shared patient data on clinically extremely vulnerable people who have been asked to shield, with local authorities and local authority hubs
- ii. **'Incoming' registration** data from the gov.uk website and 0800 telephone number, on the registered support needs of a clinically extremely vulnerable person (food and basic care)
- iii. **Food delivery outcomes** data from the wholesalers who deliver food packages to those who have requested support with essential groceries
- iv. **'Closed' (unanswered or inconclusive) contacts** data on people on the Shielding Patient List who have not yet registered their needs and with whom we have not been able to make successful contact with because of non-response or inconclusive calls.

We provided councils with Data Sharing Guidance (April 2020) to understand the data they are receiving and who they can share it with which is updated regularly.

To date, we have prioritised data flows out to councils but with no ask of councils to report back on local shielding outcomes. In consultation with councils, we have now built a technical solution to enable data to flow back to central government.

¹ 'Shielding Clinically Vulnerable People from COVID-19: Guidance for councils, LRFs and other local delivery partners'

3. What shielding data should councils provide?

We are now ready to begin collecting data from councils on three specific outcomes: follow-up on food (where delivery of a national food parcel has failed), National Shielding Helpline closed contacts, and basic care.

This guidance provides further information on each outcome and the codes and format through which we are encouraging councils to provide their data.

Section 4 explains the codes and the different pathways. Table 1 below presents the full list of codes for the three areas, and a description of each code. The colour key indicates codes that result in a successful outcome (green), an outcome that is in process but pending (amber), and an unsuccessful outcome (red). Where you discover that a person has died, you can record this to us, always using the D001 code (coloured black in the table).

Table 1 – Description of outcome codes

Category	Code	Description
Wholesaler delivery follow up	W001	Unable to make contact
	W002	Contact made - unable to deliver
	W003	Contact made - Food delivery no longer required
	W004	Contact made - LA completed food delivery - LA will now deliver food (wholesaler to cancel)
	W005	Contact made - LA completed food delivery - wholesaler to continue food delivery
	W006	Contact made - LA completed food delivery - wholesaler to continue food delivery with addition instructions
Contact with N/R and closed contacts	LACC001	Unable to make contact - webform not completed
	LACC002	Contact made - needs not understood - webform not completed
	LACC003	Contact made - needs understood - webform not completed
	LACC004	Contact made - webform completed
Action on basic care needs	CARE001	Contact not yet attempted
	CARE002	Contact attempted – unsuccessful
	CARE003	Contact made – care no longer required
	CARE004	Contact made – care required – plan pending
	CARE005	Contact made – care required – plan refused
	CARE006	Contact made – care required – plan for care in place
All	D001	Informally Deceased

 Successful Outcome

 In Process

 Unsuccessful Outcome

4. What will local shielding data be used for?

The benefits of receiving shielding data from councils on these three local outcomes include:

- **Greater Transparency** – capturing an evidence base of what actions have been taken to support shielding persons and the outcomes achieved
- **Measuring success** – allowing us to assess the effectiveness of the shielding programme and to track this over time
- **Development** – learning and insights derived from local data can help us further understand what interventions may be needed and how existing elements may need to be re-shaped - in order to offer services that respond to the changing needs of people who are shielding.

5. How often to submit data

We don't want this data request to be burdensome for councils. We will work closely with councils during a two week 'soft roll out' period beginning the week commencing 18th May, allowing us to test the operability of the technical solution, and better to understand and respond to any local challenges to providing robust and timely data.

For the duration of the two-week soft roll out period, councils can record feedback against the outcome codes at any point from the 18th May on food and closed contacts. **For technical reasons, care outcomes should only be entered from the 22nd May.** We would encourage all councils to record data at least once within this period.

Thereafter, we are asking councils to provide feedback on outcomes on a weekly basis (further detail below in section 8). Registration and closed contact data are sent daily on an incremental basis, so we are asking local authorities to feedback *a week after you receive the data*.

We recognise that we need to give councils enough time to provide data on the substantial number of individuals on whom they have been passed data over the last few weeks since shielding began. On the third week from the start of the soft roll out period (by end of week commencing 8 June), we are asking councils to have captured the outcome on all retrospective cases. We remain open to further conversations on whether this is a reasonable expectation.

6. Guiding Principles

In shaping our Shielding data asks, we have adopted the following guiding principles of:

- **No overlap** – avoidance of duplication on any information councils are already feeding into central government, so – for instance – there is no overlap with strategic-level data uploaded by Local Resilience Forums on assessing risks and disruption (monthly) or financial grants (weekly)
- **No extra burdens** – where possible and following discussions with some councils, we have tried to mirror a council's own day-to-day shielding management information, so outcome data collection is not onerous

- **Only useful data** –the purpose and usability of feedback outcome data for councils is paramount. The outcomes we'd like councils to feedback on should add to, and enhance, their own local performance management approaches.

We anticipate that local outcomes will be captured in a management information (MI) dashboard report on the activities and impact of the National Shielding Programme.

7. Selected areas for feedback and outcome codes

7.1 Food

The provision of food is one element of the Government's offer to shielding persons, where they have registered that they need support accessing essential supplies because they have no other means of accessing it via friends, family or other networks. The Government has a contract in place with Brakes and Bidfood, food suppliers, who have been commissioned to deliver weekly parcels containing food and essential supplies. The package is intended to provide enough food for one person for one week.

Since 6 May, councils have been receiving daily data from Brakes and Bidfood reporting on the outcome of deliveries to individuals in each local authority hub area. The following food delivery codes (Table 2) are used in the data returns shared *with* councils and reported against individuals.

Table 2 – Wholesaler Delivery Status

Code	Food Delivery Status
1	Delivered to individual
2	No answer or left on doorstep
3	Rejected as no longer required
4	Unopened box still there from last week
5	Unable to access issue
6	Unable to deliver; delivery box failure; Vehicle failure, road traffic accident, driver's hours, staff problem etc.

As the non-delivery of a food parcel to a clinically extremely vulnerable individual may be a cause for concern, we are encouraging councils to take follow-up action where 'unsuccessful' delivery codes 4 to 6 (above) are reported. In these cases, we would like councils to make, or attempt to make, contact with the individual listed to ascertain whether there is an immediate need for food; why the delivery might have failed; and to establish their ongoing need for Government food parcels.

These potential outcomes have been developed into feedback outcome codes for councils to share data back with us on what happened locally, in table 3 below.

We are keen to understand that the food needs of the clinically extremely vulnerable are being met both in the short term (where necessary by councils on an emergency basis) and

in the longer term through any improvements we can make to the overall operation of the food delivery system. Your feedback on the outcome of your contact with individuals will enable us to do this. And there may be cases where you identify that an individual has died, we'd like you to let us know (use the informally deceased code D001).

Table 3 – Food Feedback Outcome Codes

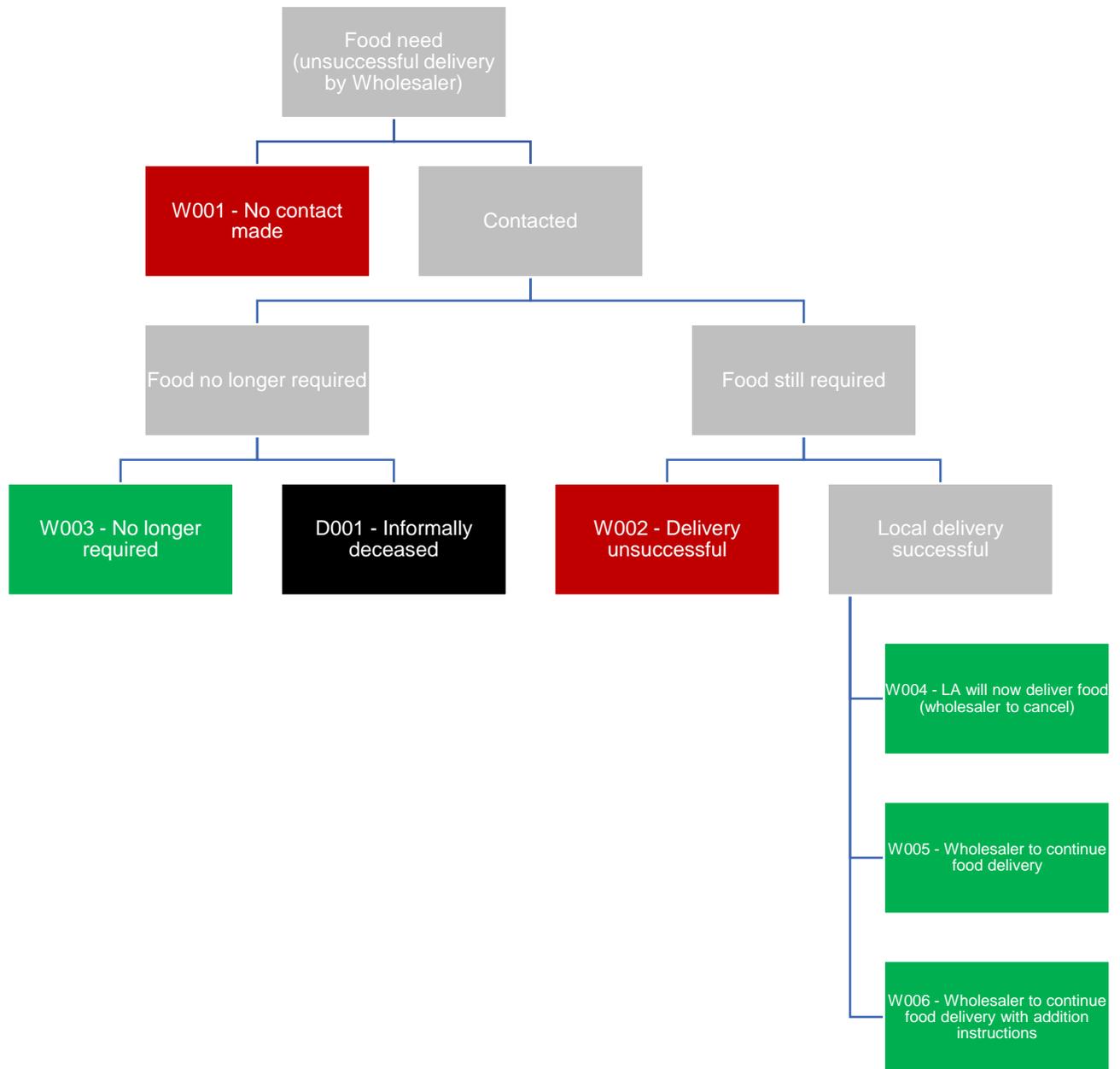
Code	Description
W001	Unable to make contact
W002	Contact made - unable to deliver
W003	Contact made - Food delivery no longer required
W004	Contact made - LA completed food delivery - LA will now deliver food (wholesaler to cancel)
W005	Contact made - LA completed food delivery - wholesaler to continue food delivery
W006	Contact made - LA completed food delivery - wholesaler to continue food delivery with addition instructions
D001	Informally Deceased

The food outcomes decision tree below (Figure A) captures the different pathways for the food outcomes information that you share with us.

We know that many councils are already following up on unsuccessful wholesaler delivery codes 4-6, and this feedback data allows you to tell us the outcome of your work. This system also provides a direct feedback mechanism to inform Brakes and Bidfood of delivery instructions relating to individual properties to support the efficiency and effectiveness of future deliveries.

As this is a clinically extremely vulnerable cohort, we expect local authorities to make every effort to follow up with individuals. This will ensure individuals who need a food box receive one, and that they can also identify any wellbeing issues. The means and number of attempts to secure contact is a decision for councils and their local partners.

Figure A – Food Outcomes



If there is no response over the phone, where feasible, we would encourage local authorities to visit the individual’s home – either through your own staff (e.g. housing estate managers), partners (such as Police or Fire and Rescue community safety outreach), or making use of local volunteer networks.

However, we recognise that it may not be possible to contact everyone and appreciate that you have other responsibilities. If all reasonable options have been exhausted, please record the code W001.

7.2 'Closed' (Unanswered or Inconclusive) contacts

As of 5 May 2020, we have been sharing data from the National Shielding Helpline on 'closed' contacts, and have asked councils and their hub partners to attempt to make contact with those clinically extremely vulnerable people identified by the NHS with whom our contact has been unanswered (uncontactable) or inconclusive. Please refer to the guidance on Uncontactable and Inconclusive Calls issued to councils on 5 May 2020.

Data leads are provided with NHS lists of clinically extremely vulnerable person data, allowing local authorities to assess and cross reference with their own data sets. This may allow councils to quickly identify if they or local partners have already attempted to contact people on the closed contacts list, whether successfully or unsuccessfully.

As democratically elected bodies, councils have autonomy to decide the manner and means by which they contact people who are shielding as part of the programme. Councils will have their own local policies and systems in place with local partners in order to do this. What constitutes a reasonable number of attempts and effort to make the contact with a clinically vulnerable person is therefore at your discretion based on a council's assessment of proportionality and risk.

As a guide, the Shielding outbound call centre attempted a minimum of four and a maximum of ten attempts over three days. Several councils and local hubs have informed us that they have started reaching out to people on their localised NHS and closed (unanswered or inconclusive calls) contact lists. Many are using their local contact centres to reach out to people by phone, but others have cross-referenced the unanswered and inconclusive calls data set with their own customer management systems to identify clinically vulnerable people known to them through council services (e.g. libraries, adult social care, housing).

Some councils are sharing the unanswered and inconclusive contacts list with local strategic partners such as Fire and Rescue services and the Police, to triage community outreach for home visits to people who are not contactable by phone and who have not registered for the service to date.

Upon making successful contact, councils were encouraged to support people to register their support needs via [GOV.UK](https://www.gov.uk) or the registration helpline number 0800 028 8327. In the guidance issued on the unanswered and inconclusive data, we indicated our interest in collecting data from councils on:

- Whether contact has been established with the person
- Whether the local authority can confirm the person's support needs have been registered through gov.uk or the inbound call service
- If the person's support needs have not been registered confirmation that their support needs are being met locally, or that they do not have support needs.

We are now encouraging councils to track outcomes for people included in the unanswered and inconclusive calls data set, to identify whether they have been contacted successfully, and whether they have support needs. We have drawn up some simplified outcome codes for councils to provide feedback on the outcomes they achieve with local people listed in the 'closed' (unanswered or inconclusive) list.

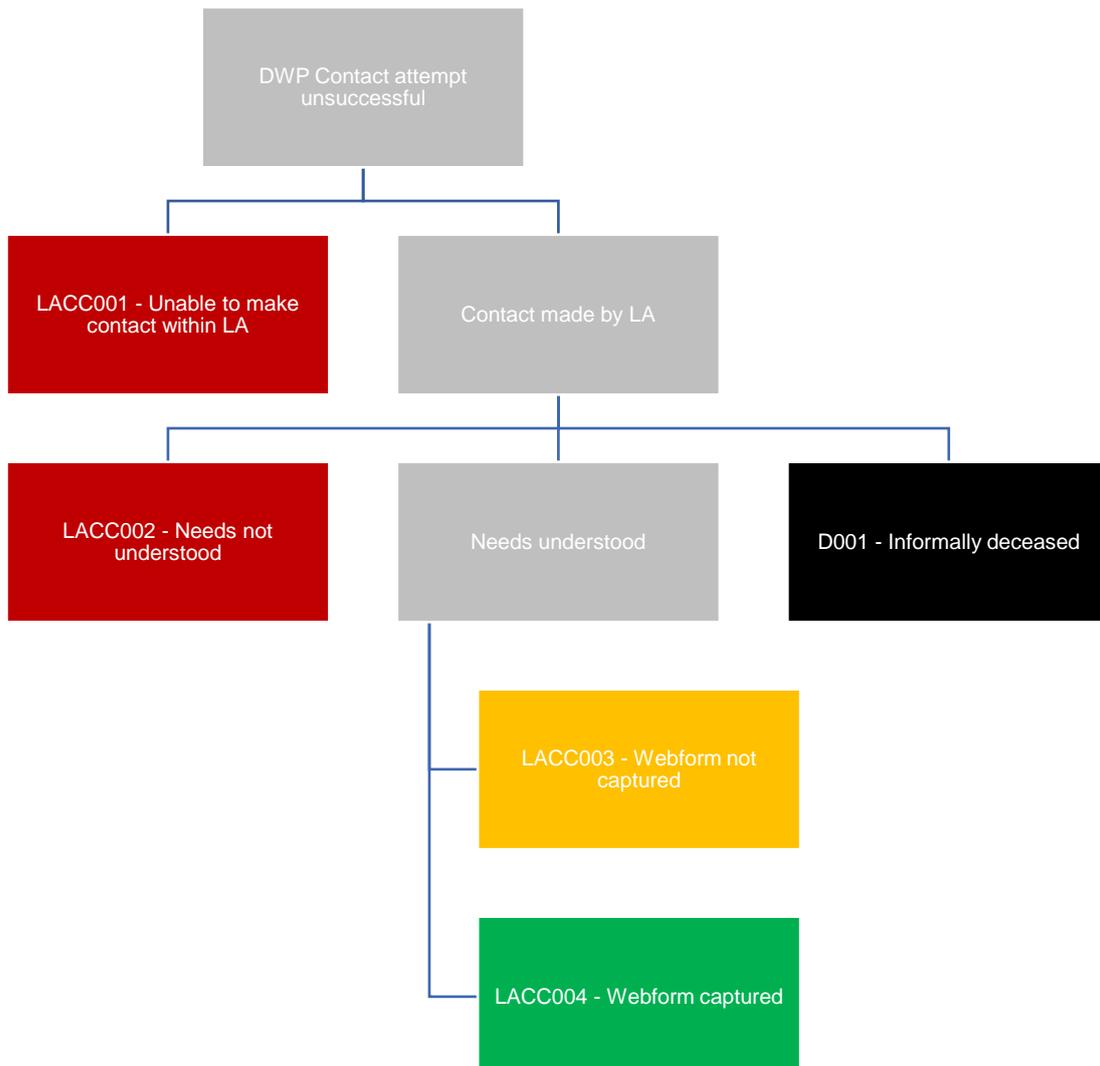
These are listed in Table 4 below. Where you discover that a person has died, you can record this to us, always using the D001 code.

Table 4 – Closed Contact Outcomes Codes

Code	Description
LACC001	Unable to make contact - webform not completed
LACC002	Contact made - needs not understood - webform not completed
LACC003	Contact made - needs understood - webform not completed
LACC004	Contact made - webform completed
D001	Informally Deceased

The local contact outcomes decision tree below (Figure B) captures the different pathways.

Figure B – Local Contacts Outcomes



7.3 Basic Care

The provision of basic care is one element of the Government’s offer to clinically extremely vulnerable individuals who are shielding and need support. The term ‘care’ incorporates a range of support, including Social Care (e.g. Adult Social Care or Children’s Social Care); basic care (e.g. domestic and personal support); and well-being (including social contact). Councils are key to the effective delivery of this component of the offer to those shielding.

The updated LA guidance circulated on 24 April set out how councils should contact those who have indicated - either via the [GOV.UK](https://www.gov.uk) website, call centre or through direct contact with the council/other local partner - that they require help to meet their basic needs (people to talk to, help to bathe, other domestic chores etc.) to ensure these needs are met. Councils are advised to assess what help is required and how best individuals can be supported, using existing resources or the voluntary and community sector as appropriate.

We recognise that care needs should be personalised to the individual, and that councils are best placed to determine and meet these needs. Councils already play a crucial role in the delivery of care in their communities, and in many cases are already collecting and monitoring their own data to assure themselves that the care needs of their communities are being met.

As referenced in the updated LA guidance (24 April), we have been considering how to track whether requests for help with basic care have been met. Following discussions with several councils on what would be an achievable ask, we are now requesting that councils submit high level data on outcomes of local action relating to basic care provision back to the National Shielding Programme. As noted at Section 5, for technical reasons, **care outcomes should only be entered from the 22nd May.**

This activity is designed to be as light touch as possible, utilising existing data flows and capturing feedback on a small number of areas relating to care. Data will be requested against clear coded categories, which we have tested with several councils. The coded categories will help us to understand if contact has been made with the individual that requested care, and whether a plan has been arranged for their needs to be met. Details of the relevant outcome codes for basic care are outlined in Table 5 below.

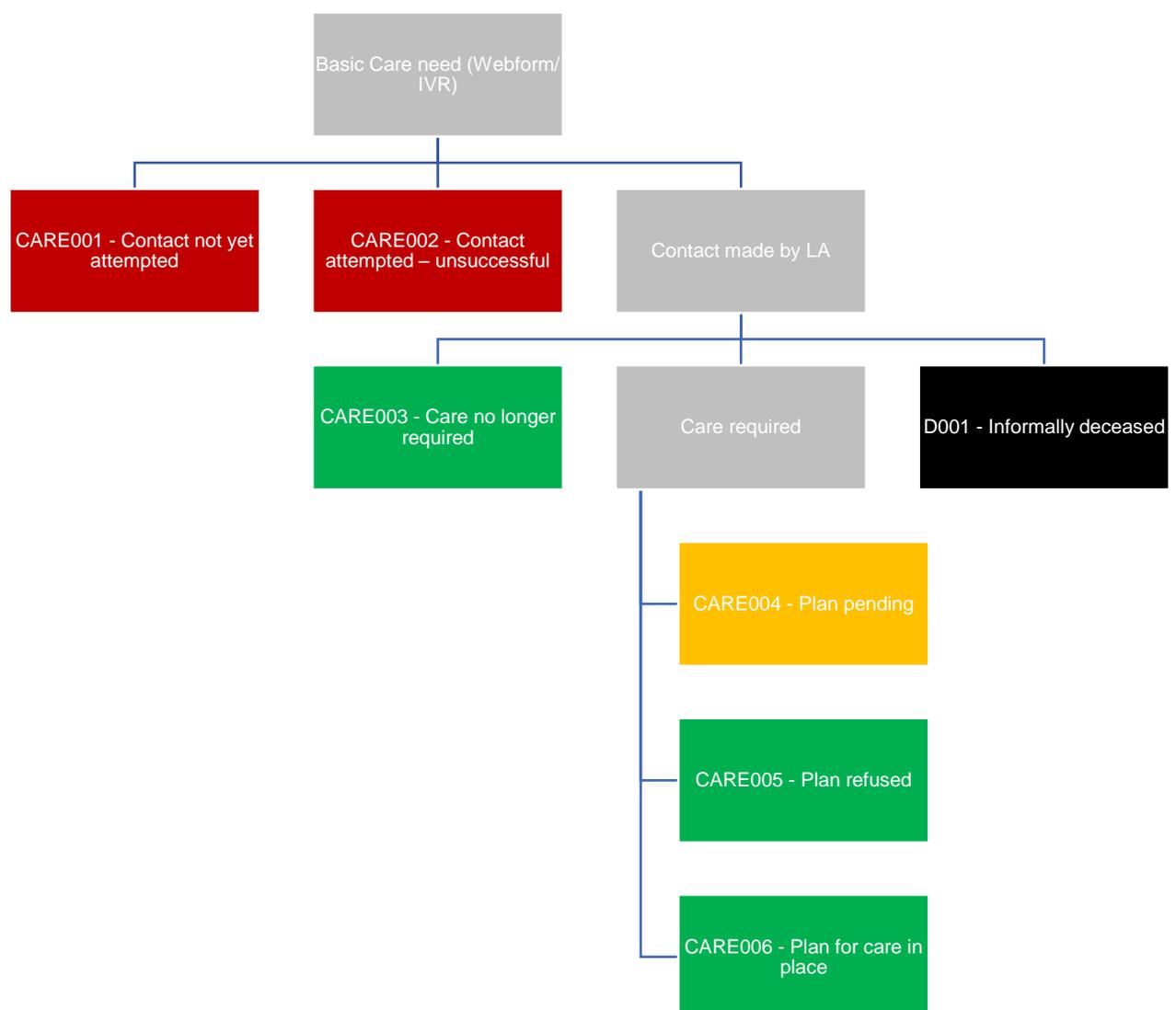
Table 5 – Outcome codes for basic care

Code	Description
CARE001	Contact not yet attempted
CARE002	Contact attempted – unsuccessful
CARE003	Contact made – care no longer required
CARE004	Contact made – care required – plan pending
CARE005	Contact made – care required – plan refused
CARE006	Contact made – care required – plan for care in place
D001	Informally deceased

We have not specified a timeframe, as the nature and complexity of developing and agreeing a plan for delivering care will depend on individual circumstances. Where possible, we recommend that councils ensure they have reached out to people who have requested care within a week of receiving data flagging their need, and that a plan for meeting their care need is agreed within the following week.

The decision tree below (Fig C) captures the different pathways for the care outcomes data councils will share with us.

Figure C – Care Outcomes



8. Guidance on how to report your outcome codes

Local authority hubs can download the template from their GOV.UK data transfer account. The template will be named “LA-Outcome-Template”. This account is also where hubs can upload completed outcome files.

Currently, only local authority hubs can download the outcome code templates, or upload completed outcome code files.

This means that local authority hubs must share the outcomes data template spreadsheet with all local authorities within their hub. Local authorities can then fill in the spreadsheet with their outcome codes, dates, and comments, and send these templates back to their hub to upload to our system.

It is important that the spreadsheet is saved as a .csv file. Instructions on how to fill out the data, save the template as a .csv file, and upload the file are available on the first tab of the template spreadsheet.

9. How we will support you

In addition to this guidance, to help answer any questions that you may have regarding the outcome codes members of the Shielding team will be on-hand to provide support during three online drop-in clinics.

Three 45-minute sessions across the two weeks of the soft launch have been set so that councils and hubs can drop in and ask questions, using GoogleMeet.

The dates and dial-in details for the three drop-in clinics are below:

Wednesday 20th May, 14:00 – meet.google.com/ais-sruh-web

44 20 3956 3169 (PIN: 213646977)

Tuesday 26th May, 15:00 – meet.google.com/xak-dkvj-xyw

+44 20 3957 1608 (PIN: 406727405)

Thursday 28th May, 10:00 – meet.google.com/sbw-xnwh-cmv

+44 20 3937 3745 (PIN: 372868102)