

Update meeting with SoS: the offer on vulnerability

Core principles and eligibility

- On go-live-day, have to be ready with an offer for the clinically high risk cohort of 1.4m (UK-wide figure).
- In practice fewer will need it, but we might need to support the wider household if all members are required to fully self-isolate (PHE guidance on this point expected tonight).
- Led nationally in terms of setting core expectations
- Local delivery, and local choices about how outcomes are delivered.
- Key features:
 - o Utilise the LA as the core unit. 9 regional Chief Execs coming back with agreed groupings of LAs by COP
 - o Strategic planning of support offer at Local Resilience Forum (LRF) level
 - o Strong dependence on the 'elite' nationwide VCS in delivery, but coordinated via the LRFs
 - o But has to get support where it is most needed and some will only be safely provided by professionals or DBS qualified staff etc.
- ***Policy question: do you want to set a minimum standards/ offer? Do you want this to be promised or an ambition?***
 - o Standard food package to the front door – is this universal or just for those who opt-in as requiring this?
 - o Regular social contact

Operating model

- NHS identify the cohort and inform GP practices
- GP writes out to inform individuals they are in the high risk cohort
- Local hub receives list of high risk cohort and calls individuals using core script to identify need
- Medication delivered as per standard community model, but ramped up to reach outstanding 25%
- Refers to local LA-run hub to pick up social contact and food request.
- Planning and strategic coordination of the region at LRF level
- Delivery at LA level or groups of LAs; must involve the multiple tiers given importance of parish/ district as well as upper tier
- VCS plugged in at LRF planning level and delivering at LA level. LRF will have to ensure each delivery unit is coordinating to meet obligations to keep people safe
- DEFRA working with supermarkets to agree logistics and content of food packages
- Military planners working with LRFs to determine and organise logistics of food delivery involving VCS, supermarkets, fire and rescue etc. Expectation that in early weeks military/ fire and rescue will need to play a bigger role while the model gets off the ground.

Phase 1: from this Friday

- Military planning role MACA request now.

- LRFs mobilising the Emergency Trust VCS to do quick ops response and consider prioritisation as a group, in line with their plans (but dialled up). Consider how to stratify their VCS capacity to match demand and capability
- Precise role between GP and LA hub being decided today re. informing patients and follow up.
- LA hubs have call-centres ramping up existing LA call centre arrangements.
- Call to arms politically for VCS and communities' contribution done via National Effort campaign

Phase 2: circa 2 weeks away

- Maxing out VCS capacity at all levels
- National helpline and call centre to support the local hubs and avoid overloading 111. To be set up through HMRC/DWP.
- LRF structures will be feeding back what is working and not, and solving problems as far as possible regionally before feeding up to centre in line with subsidiarity principles

What needs to happen this week:

- Cabinet clearance: COBR Thursday; PM needs approach documented by Wednesday
- Practical and implementation:
 - o Script for LAs/GPs and text of letter to individuals agreed
 - o Interfaces all worked out between NHS and LAs
 - o Agreement on the offer eg. universal or opt-in
 - o Guidance issued by end of the week with clear comms