

1. Cabinet Secretary for Health and Sport
2. First Minister  
Deputy First Minister  
Cabinet Secretary for Communities and Local Government  
Cabinet Secretary for Social Security and Older People

17 July 2020

### **Shielding: Transition through 31 July and future approach**

- Purpose** With the shielding programme on track to be paused after 31 July due to low prevalence, this paper sets out possible next steps. It sets out measures that will be in place before shielding is paused, the elements of the existing programme that should continue beyond 31 July, and considers the implications of coming changes to how we identify people at high risk, and proposes realigning support to them in the event of local or national outbreaks in the future.
- Priority** **Urgent.** Feedback from Ministers will be required to shape coming announcements on shielding on 23 July.

### **Background**

1. The 4 CMOs agreed a joint approach in March to identify those at highest clinical risk from Covid. The criteria were based on the best evidence at the time, and while there have been revisions to the shielding criteria, the main categories remain largely the same as in March. There is separate advice to people who are considered at high risk – also referred to as Non-Shielding At Risk (NSAR) – who are predominantly older people and people on the flu jag list. A subgroup of the UK New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) is currently developing an algorithm to allow for a more detailed and evidence based clinical risk stratification.
2. Approximately 180k people have been identified as at the highest clinical risk and have therefore been advised to shield. The letter they received from the CMO serves as a fit note. People were identified by examining central and local records and at the discretion of local GPs and clinicians, and the list is held by Public Health Scotland (PHS). The data are shared appropriately and proportionately with GPs, Health Boards, Local Authorities and NHS Education Scotland (NES), who run the Shielding SMS Service, in order to provide people with a range of services helping people stay safely at home, and to mitigate against the negative consequences of doing so.
3. The most prominent element of support put in place by the Scottish Government has been access to groceries and essential supplies for people who do not have support in place through friends and family. Over 850k free weekly grocery boxes have now been delivered, in addition to which 48k people have requested and received priority access to supermarket delivery slots.

4. Unless there is a significant increase in prevalence in the coming weeks, clinicians have advised that shielding should be paused at the end of July. To ease this transition and to reflect the lower prevalence, the shielding routemap set out further changes in advice to people who are shielding that will apply from 17 July and 24 July.
5. Thanks to having a central list of people who are shielding, we have been able to have a high level of direct user research. The analysis of the most recent survey, exploring mental health and attitudes to ending shielding, shows a very mixed picture: a substantial minority of responders say they are not changing their behaviours despite the recent changes to the shielding advice, and remain very anxious, particularly around the implications of ending shielding for restarting employment and education.

### **Changes resulting from a pause to shielding**

6. Pausing shielding will mean changing the advice and the support available to people on the shielding list.

### Clinical Advice

7. The advice will be brought into line with guidance to the NSAR, which is to follow the general guidance with stringent physical distancing and hygiene measures. The advice will encourage people to consider a “who, what, how, where” approach to staying safe.
  - **“Who?” – what do I need to know about my condition?** Tailored condition-specific advice, accessible directly, developed through our third sector and clinical networks. The guidance provides information to help people understand why their condition has placed them in the shielding group, advice on living with those conditions in the context of Covid as well as the latest shielding advice.
  - **“What?” – How safe is what I want to do?** We will provide advice that breaks down different day-to-day activities by their levels of potential risk.
  - **“How?” – How do I do this safely?** We will provide information on carrying out specific day-to-day activities safely through a series of short, checklist style guides. These guides are being developed for activities, identified through user research, as requiring additional supporting information.
  - **“Where?” – How safe is my local area?** An essential part of guiding the shielded community out of the various phases will be access to information and prevalence data for their local area. Advice was given to the Cabinet Secretary for Health and Sport yesterday on the appropriate level of granularity to share. People will access this information by SMS service or an analogue alternative through LA assistance centres.

### Employment

8. At present, those shielding are not expected to work outside the home. The letter advising people to shield acts as a fit note for employers for the duration of the

shielding period. Around half of the shielding cohort are of working age (age 16-64) and our survey suggests around half of this group are in employment. Currently those who cannot work from home have access to furlough or statutory sick pay.

9. If shielding is paused, shielding workers will be expected to return to work where home-working is not possible, provided workplaces are Covid-secure and those at high risk can stringently follow physical distancing advice and hygiene measures.
10. We recognise that issues around returning to the workplace safely are deeply concerning to both those shielding and organisations that represent them. With the input of our clinical advisers, Scottish government are producing:
  - Guidance for employers that will support return to work discussions that assess and mitigate risks, taking into account factors relating to health conditions, workplace and virus prevalence. This will be developed initially for health and social care workers, but is being adapted for broader use across other sectors.
  - An accessible version of this guidance, designed for employees that will support them during these conversations.
  - This guidance has been endorsed by the clinical cell, and is being tested with stakeholders. The intention is that it should be signed by the CMO, DCMO, CNO, Director Of Health Workforce and the National Clinical Director.
  - It consists of a user-friendly checklist allowing people to calculate their "Covid-age" based on their individual data, which indicates a risk level. People and employers can then read practical workplace considerations relevant to each risk level.
11. We will also develop clear messaging that employers should be proactive in reaching out to shielding employees before 1 August and think creatively about how they can make workplaces safe. We will work with fair work colleagues, local authorities and identify relevant business organisations, as well as unions, to deliver this message. We will also use opportunities, such as the First Minister's daily briefings, to communicate the importance of this.
12. However, we also recognise some roles will make physical distancing difficult or be considered higher risk – there is evidence, for example, that retail, security and transport workers may be at higher risk. As it is employees who cannot work from home who will be most affected, it is also those shielding in the lower socioeconomic demographic that are most likely to return to physical workplaces.
13. Shielding employees who are already furloughed may continue on the scheme, provided their employers agree. However, furlough will end in October, and from 1 August employers will be expected to pay a gradually increasing share of the costs. The furlough scheme also closed to new applicants on 30 June.
14. A pausing to the shielding advice will also remove entitlement to SSP. There is scope under SSP regulations for clinicians to provide fit notes for individual

employees, or, in exceptional circumstances, shielding notices. However, SSP is time-limited, and therefore may not provide financial support for the length of time that the risk of Covid persists. SSP comes at a cost to employers, which may result in some employees being pressured to return to work.

15. Employment Support Allowance may be available to some people after SSP entitlement is exhausted, but it is intended to be a long-term benefit and has a conditionality regime. It is also only £74.35 per week, and therefore would represent an even more significant and unsustainable loss of earnings for many.
16. The UK Government has made clear in recent discussions with officials that their view is that employers have health and safety and equalities duties that will require them to make workplaces safe for those who have been shielding, and that the expected route when this does not happen is mediation or employment tribunals. They also noted that, while not the ideal outcome, it is likely that some issues may need to be resolved by the courts.
17. Our view is that this does not represent a viable solution. The Cabinet Secretary for Economy has written to the UK Government, setting out our position that a more suitable form of support must be provided to shielding employees where they are genuinely unable to return to work due to the risk of Covid-19. We will continue to press this position.

#### Education

18. It is anticipated that from 11 August children will be able to return to school. Detailed guidance as part of guidance on return to schools is being developed for Education officials, teachers and parents and will be published on 30 Jul.
19. It will be the responsibility of Local Authorities to provide advice on the most appropriate form of return. There will be a requirement for risk assessments to be conducted in schools to ensure that all practical measures have been put in place to support the return to education. Whilst the clinical evidence is continuing to show a low risk for children, there will be some instances, particularly for children with severe immune suppressant conditions that may result in some children needing to receive schooling remotely. For teachers, the workforce tool outlined in paragraph 10 above will support risk assessments.
20. LAs and schools will need to plan for how they will manage these cases in the event of a local outbreak, and may need to take immediate steps (including returning the child/staff member home) in line with the shielding advice at the time.

#### Food

21. The deliveries of free grocery boxes will end. The circumstances in which these were introduced are now very different, not just in terms of prevalence, but also in terms of the opportunities open to people to shop safely, including click and collect, deliveries, etc.

22. The last registrations for food boxes will be received on Fri 17 July, and the last deliveries made w/c 27 July. The planned routemap advice will also allow people to visit outdoor food markets from 17 July and indoor shops from 24 July (providing precautions are followed). Reliance on food boxes to shield is considered to be comparatively low. Only around 15% (ca. 26.5k) of those in the shielding cohort were receiving only food boxes (without also having priority online delivery). Our shielding survey confirms that of those, fewer than a third (29%) of respondents would have struggled to access food without the free food boxes.
23. People are also being signposted to other sources of support in accessing food. This includes guidance on the range of help and support available, such as supermarket food boxes, and to Local Authorities, and via the National Assistance Helpline, should they experience barriers to accessing food and other essentials.

#### Pharmacy

24. These will remain unaffected. Many pharmacy delivery services predated the pandemic and will continue.

#### **Existing work to continue after 31 July**

25. In addition to the support outlined above, elements of the existing shielding programme will need to continue beyond 31 July, both to offer immediate support and to be prepared for potential future rises in prevalence. These include:

#### Refining the support available

26. We will continue to user test and refine the services and advice on offer (the “who, what, how, where”) in a process of continuous improvement, and consider adding to the service as opportunities and pressures arise.

#### Update shielding list

27. Pausing shielding does not mean we should stop identifying people at the highest risk. PHS should continue to update the current shielding list, adding or removing people in line with the current criteria, and writing to people who are newly added. This may be necessary for several reasons:

- To inform individuals whose risk is newly identified that they are at higher risk from Covid, and to allow them to register with the SMS service for information and updates to advice. This will be done through a new letter, to be cleared by ministers and CMO, which will be both shorter and lower key in tone than the original shielding letters;
- To remove people from the list who no longer need to shield, and inform them of the fact;
- To remove people who have died and for to whose relatives future letters may be painful and traumatic;

- To quickly contact individuals who are at higher risk in the event of local or national increases in prevalence, and rapidly share their data with partners who need to provide support. However, we are reviewing how widely PHS need to share this data in short term.

28. Officials have engaged with PHS on this, who expect the numbers to be very low. PHS has provided assurance that should the need arise for immediate communication with people on the shielding list, for example in the event of prevalence spikes, PHS can update information and run reports within 24 hours.

#### Shielding SMS Service

29. After 31 July SMS service will cease managing orders of food boxes and supermarket referrals, as well as the associated reporting and data transfer functions between LAs and wholesalers, but it will continue to broadcast changes to advice, signpost to services and provide access to user research. As outlined above, we also intend the SMS service to be the digital route for providing personal Covid forecast data to people shielding. We will be able to scale up the SMS Service again in future if necessary.

#### Citizen facing comms and marketing

30. In addition to the SMS, officials will continue to engage with marketing and insights teams to ensure the consistent messaging and development of content for people at highest risk from Covid.

#### User research

31. The shielding service undertook user research from early on and the citizen response is unusually responsive and engaged, as one might expect. Given the anxieties people have about transitioning out of shielding, we propose to continue the user research and engagement work, so as to better understand the continuing experience of people at the highest risk from Covid in the months ahead.

#### National Helpline and LA centres

32. Ministers have already agreed to extend the national helpline to the end of September. Evidence shows that this is used as frequently by people shielding as by the NSAR.

33. Locally, we will continue to ask Local Authorities to provide local assistance centres and take calls, whether direct or routed through the national helpline, although we will review the weekly shielding reporting requirements after 31 July. SG shielding officials will continue to engage closely with COSLA, SOLACE, Local Resilience Partnerships and LAs on the support being offered locally as the advice and support to shielding and NSAR aligns.

#### **Future approaches to people at highest risk from Covid**

#### Ongoing digital / data projects on risk stratification

34. A subgroup of NERVTAG has developed an algorithm to model the risks of mortality from Covid based on a range of risk factors. The potential use cases for this are:
- Within a consultation between a patient and health professional to support a patient make informed choices about their care and behaviours;
  - For use by the general public to understand their own risk;
  - To risk-stratify the population to identify people who are at the highest level of risk from Covid.
35. The Oxford based research team is demonstrating the algorithm to SG officials shortly, and we are formalising the process of accessing the intellectual property so we can deploy it in Scotland. The working groups to deliver this work are currently being established within the SG Gold/Silver/Bronze Covid Digital and Data group, and will report to ministers separately.
36. This risk stratification of the population will bring considerable challenges. The original shielding categories were based on the best existing knowledge at the time, initially derived from assumptions about flu. The NERVTAG algorithm is being developed as a result of UK hospitalization and mortality data from Covid itself. While that will significantly increase our understanding of who is at the highest risk from the virus, it will also fundamentally challenge the criteria for shielding underpinning the 4 nations approach to shielding during this pandemic. It is not anticipated that the algorithm will produce a binary output on whether someone should shield or not and careful consideration will have to be given as to who should be advised to shield in the case of a second wave or local increase in prevalence
37. While it is likely to be better than the current basis for shielding categories, there are also potential issues with the accuracy of the tool: It will likely underestimate risk for those with people on the current shielding list, because these citizens were shielding when data was collected for the algorithm and therefore less likely to be infected.
38. Early indications suggest a shielding list populated by this algorithm would very substantially differ from the current one, potentially downplaying some existing criteria and demanding the inclusion of new ones – predominantly age, but potentially also others such as BMI and ethnicity. However, as the risk associated with the health conditions currently included in the shielding group is likely to be underestimated, due to individuals not being exposed to the virus while the data was captured, it is not certain that we would be in a position to remove any of these individuals from the shielding group on the basis of the risk stratification tool.
39. Deploying the algorithm and identifying those at highest risk based on the new algorithm may take up to the end of September. In addition to the NERVTAG work, there is concurrent work within the SG to identify risk factors linking Scottish health data with data on occupation, industry, transport, housing,

deprivation, etc. as well as socio-demographic factors that play into the wider harms related to Covid.

40. Clinical groups are in early stages of considering what the shielding guidance should be in the case of a second wave, and what the triggers for such advice will be. Given the harms caused by complete isolation, the advance in scientific understanding of infection mechanisms and the changes in public behaviour it is possible that the advice to those most at risk would not be as drastic as the advice given in March. As an example, the shielding group may be told that exercise and meeting with others outdoors is advised. Unless there is a very serious deteriorating in terms of infections, the emphasis is likely remain on individuals making informed, supported decisions that are right for them.

#### Future support

41. While we do not yet know the make-up of this new cohort, we need to consider how to support people in the event of a future spike in infections. As set out above, support to date has been a mix of food and pharmacy provision plus access to other types of support as required, mostly provided by LAs and third sector partners, including mental health support, financial advice, befriending, pet walking and a variety of other services. Many pharmacy delivery services existed pre-COVID and so that support will remain unaffected. Consideration is however required regarding what might be needed with regards to food support in the event of a future spike in infections.

42. There are several strong arguments against restarting the food box service:

- In March, a universal, free delivery of boxes to people shielding was justified, as both safe access to shops and availability of some goods was limited. Neither of these conditions applies any more – there are many more options available now, whether that be volunteer-led click and collect schemes, supermarket deliveries, food box schemes developed by supermarkets offering greater choice, or other local food schemes;
- Some groups representing people in the NSAR category have criticised the SG for making eligibility for food boxes too narrow. If there is a blurring of the distinctions between shielding and NSAR categories in the future, it would become increasingly difficult to limit eligibility for food boxes. The alternative, making food boxes more broadly available, would likely be unaffordable: the support provided to the shielding group alone will have cost a projected £50.5m by the end of July;
- It may also prove poor value for money, given the alternative access routes for groceries that now exist allow for more choice and variety than existed at the start of the pandemic.
- Our surveys suggest that the majority of people shielding who have responded would be able to pay for groceries themselves. Where people who are shielding in the future cannot afford food, it may be more helpful to approach this as a food poverty issue, for which there are existing support structures, rather than a shielding issue. Irrespective of the approach taken, there will be resourcing implications should this lead to an increase in requests for support due to food insecurity.



- The contract for the grocery box delivery service could only be held open and used for the provision of an identical service in the event of a further lockdown until the contract expires on 7 Oct. If we were to offer a different service in future, e.g. involving the provision of goods for distribution by local authorities rather than individual boxes, we would need a new contract. This could be established quickly if approval were given for a non-competitive action. A competitive tender could take at least two months.

43. Arguments in favour of reviving a food box scheme in the event of a spike in infections centre largely on remaining consistent with the first phase of the pandemic, the symbolic value of the support, and the fact that a universal service will sweep up a range of other needs, such as underlying food poverty issues. However, our recommendation is not to consider reviving the food box scheme in the future. Early discussions with the UKG and other Devolved Administrations suggest that they also have little appetite to revert to a food box scheme.

44. The best alternative is likely to be consolidating the support currently offered across the various cohorts into a single system of local support managed by LAs that brought together support functions for shielding, NSAR and Test & Protect. This would have several considerations:

- From a local partner's point of view, the distinction between shielding and NSAR has always been immaterial. LAs already provide support to people experiencing wider Covid harms, to people in shielding and NSAR groups, as well as to people isolating under Test and Protect.
- Infrastructure exists at the local level to continue this support in whatever form for as long as is required
- This would need to be discussed with COSLA and SOLACE. However it should be noted that post September there is no funding available for this from existing sources, as set out below.
- We will work with colleagues leading work on outbreak management to consider how this work will need to align with planning there.

#### Funding for future support

45. Set up as an emergency response to the pandemic, the £350m Communities Fund has been the source of funding for all this support until now, and is almost depleted. This means there is currently no funding available from the end of September to continue this support, with the exception of funding to cover staff costs for local support for Test & Protect up to December. Given the potentially medium term nature of this local support (which may last 18-24 months in if expectations are in line with Test & Protect) a new and longer term funding stream will be required.

46. As Ministers will be aware, there are a number of similar funding issues that cut across portfolios to fund Covid-related work. It is therefore desirable that funding issue is considered in the round alongside other pressures at Ministerial level.

47. We will continue to bring these strands of work together with input from analytical, clinical, data/digital, policy and marketing/insight colleagues, and develop options for ministers on how we should identify, communicate with and support people at highest risk from Covid in Scotland in the future. That advice may cover:

- Where we may wish to take 4 nations approaches and where we may wish to diverge;
- How we wish to change the distinctions we currently make between “shielding”, “non-shielding at risk” in the light of new evidence on risk;
- How we support to these groups and whether there are opportunities to bring together the best parts of existing local support mechanisms for shielding, NSAR (and potentially the support element of Test and Protect) into one system to support people, should infections spike in the future;
- How the SG is organised to support this work.
- How, in the light of agreements reached in Cabinet on 29 July, such work should be funded, and what levels of funding may be required.

## **Conclusion and Recommendations**

48. In the context of these upcoming challenges, the pausing of shielding at the end of July is very timely. From August, the advice to people shielding and the NSAR will be in alignment, which is an easier starting point from which to reset and reframe the policy for identifying and supporting people at high risk from Covid later in the Summer.

### **49. Ministers are asked:**

- **To comment on the immediate changes in support on clinical advice, employment, education and food up to 31 July as set out in paras 6-24;**
- **Whether they are content with the proposed continuation of work beyond 31 July as set out in paras 25-33;**
- **To note the ongoing work and development of options for future support in paras 34-44, and para 47, in particular the recommendation not to revive the food box scheme in future but pursue local alternatives;**
- **To note the need to Ministerial discussions on funding as set out in paras 45 and 46.**

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Irrelevant &

Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness
1. Cabinet Secretary for Health and Sport	X	X	X		
2.					
First Minister	X	X			
Deputy First Minister	X	X	X		
Cabinet Secretary for Social Security and Older People	X	X	X		
Cabinet Secretary for Communities and Local Government	X	X	X		

Chief Medical Officer  
 Chief Nursing Officer  
 Permanent Secretary  
 DG Health & Social Care  
 DG Education, Communities and Justice  
 DG Organisational Development and Operations  
 DG Constitution and External Affairs  
 Jason Leitch, National Clinical Director  
 Michael Chalmers, Director Shielding  
 Richard Foggo, Covid Director  
 Dominic Munro, Director Exit Strategy  
 Paul Cackette, Director Outbreak Management  
 Roger Halliday, Chief Statistician  
 Name Redacted  
 John Froggatt, Deputy Director, Shielding  
 Head of HSCA  
 Head of Covid Analysis  
 Name Redacted  
 Lynne Nicol, Deputy Director, Planning and Quality  
 John Harden, Clinical Advisor, Shielding  
 Name Redacted  
 Mel Giarchi, Covid Modelling Team  
 John Harden, Clinical Lead, Shielding  
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 Liz Lloyd, Special Advisor  
 Davie Hutchinson, Special Advisor  
 Jeannette Campbell, Special Advisor