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Director, Covid19 Response
DG Health and Social Care
21 March 2020

First Minister
Deputy First Minister
Cabinet Secretary for Health and Sport
Cabinet Secretary for Justice
Cabinet Secretary for Finance
Cabinet Secretary for Communities and Local Government

SUPPORT FOR VULNERABLE PEOPLE WHO ARE SHIELDING

Purpose

1. To seek agreement from Ministers to the high level approach to the delivery of support to people with the highest risk of severe illness from Covid-19 in taking measures to shield themselves. The Ministry of Housing, Communities and Local Government have written to English Local Resilience Partnerships about the arrangements they expect to be put in place for this group. The letter is attached at **Annex A**. It looks likely that UKG will announce their plans to respond to shielding individuals on Sunday 22nd and a press notice has already been sent out. The text is attached at **Annex B**.

Background

2. Our Social Distancing guidance identified groups of individuals, who may need additional support to shield themselves from Covid-19. These include:
 1. Approx. 200,000 people with the highest risk of severe illness from Covid-19 (see below) who are likely to be asked to self-isolate
 2. People with an increased risk of severe illness from Covid-19, including the over-70s, pregnant women and adults who receive the flu jab who are being asked to adhere strictly to social distancing
 3. Other people who need additional support to ensure they decide to self-isolate when they contract Covid-19
3. There are options on how we approach this. While the intention will be to support everyone who needs to be shielded in due course, we would suggest that the initial priority for additional support is the first category, in line with the evidence on mortality risk. This covers people with the highest risk of severe illness, due to underlying conditions.
4. The support will consist of a package of response measures to a) help people to self-isolate and thereby make it less likely that they will contract the virus, and b) protect people from the detrimental effects of self-isolation (such as disruption of crucial health and social care, social isolation, etc. It should be noted that not all members of groups 1 and 2 will need additional social support to self-isolate or socially distance themselves.

5. The high level approach is outlined at **Annex C**.

Timescales

6. High risk vulnerable people are likely to be informed of the need to stringently self-isolate early next week (w/c 23 March). While many people will have some supplies of food and medication, this planning must proceed with great urgency. If Ministers are broadly content with the approach we will provide further detail on operational matters urgently. UKG propose to announce their approach tomorrow.

Further priorities

7. This submission focuses on the first tranche of individuals with the highest priority. Work is underway to develop proposals to meet the needs of the other groups outlined in paragraph 2 and the wider group of people who may require additional help. It is likely that the response will be similar, and will be a natural extension of the plans set out. Confirmation will be put to Ministers week commencing 23 March.

Finance

8. We have not yet had the opportunity to cost the provision of these services. We plan to consider use of funds already announced to provide community support, however some of these have a different focus or purpose. If the approach is agreed we will provide further detail on costs and resources required.

Communications

9. Questions may be asked in response to the UKG approach announcement. Ministers may wish to announce this approach if they are content to agree. If that is the case we will engage urgently with communications colleagues to do this.
10. Officials will engage with Local Resilience Partnerships and Local Authorities as soon as we have confirmation of the approach and get mobilisation underway. Ministers will also wish to formally commission Local Resilience Partnerships to deliver on this and a letter will be drafted for Ministers to facilitate that.

Conclusion

11. Ministers are asked to:
 - **Comment on and approve this broad course of action;**
 - **Agree that officials work with partners to take forward detailed planning to operationalise this approach.**

Donna Bell

I&S



Ministry of Housing,
Communities &
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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,

Personal Data

Jo Gillespie

Deputy Director

Resilience and Emergencies

Annex B

EMBARGOED UNTIL 22:00 ON SATURDAY 21 MARCH

MAJOR NEW MEASURES TO PROTECT PEOPLE AT HIGHEST RISK FROM CORONAVIRUS

- Government urges up to 1.5 million people in England who face the highest risk of being hospitalised by the virus to shield themselves and stay at home
- People with specific underlying health conditions, including some being treated for cancer, will be contacted by the NHS this week
- Plans also unveiled to deliver groceries and medicines for those most at risk from the virus where needed

Up to 1.5 million people in England identified by the NHS as being at higher risk of severe illness if they contract coronavirus should stay at home to protect themselves, the Government urged today (Sunday 22 March).

They will receive communication shortly with detailed advice on behalf of their GP practice or specialist on how best to protect themselves.

A raft of new measures, including a helpline for the most in need of support, have been set out for those considered to be extremely vulnerable due to their medical conditions, so people know exactly how to care for themselves and others in the coming months.

It was also announced that a new Local Support System will make sure those individuals self-isolating at home and who are without a support network of friends and family will receive basic groceries. Community pharmacies will support those who need help getting their medicines delivered.

The Government is working with a partnership of the groceries industry, local government, local resilience and emergency partners, and voluntary groups, to ensure that essential items can start to be delivered as soon as possible to those who need it. The people identified as the most vulnerable in their communities will be contacted directly – including in person where necessary - as a priority.

Members of the armed forces, already in local communities helping Local Resilience Forums and local councils on their coronavirus response plans, will support this effort and are at the heart of local planning in response to this crisis.

Communities Secretary Rt Hon Robert Jenrick MP said:

"Public safety and making sure that those most at risk from the virus continue to get the support they need throughout this period is the Government's top priority. People should stay at home, protect our NHS and save lives.

"This will be an especially worrying time for those with serious underlying health conditions and that is why we are urgently acting to ensure extremely vulnerable individuals are taking extra steps to shield themselves, and that the essential items they need are supplied to them.

"We will ensure that vulnerable and older people in our society are left in no doubt of their importance to us and our determination to protect them as best we can. More people will be required to be by themselves at home. While they are on their own, let's guarantee that they are never alone."

Up to 1.5 million people in England currently live with conditions, or are taking medication or receiving treatment, which health experts have identified puts them at a much greater risk of developing serious complications if they get the virus, which may mean they need hospital treatment.

This includes, for example, those who have received organ transplants, are living with severe respiratory conditions such as cystic fibrosis and severe chronic bronchitis (COPD) or specific cancers like of the blood or bone marrow. And some – though not all – of those receiving certain types of drug treatments including ones which suppress the immune system – leaving the body less able to fight off the virus.

People identified as belonging to one or more of the at-risk groups will be contacted by their GP practice, specialist or both strongly advising them to stay at home for a period of at least 12 weeks.

In the first instance they will receive a letter this week and, where mobile number is known, the NHS will also send frequent text messages shortly to those in this group, to reach the most at risk as quickly as possible with advice.

These communications will set out to reassure them that their ongoing medical needs will be met by the NHS, and contain advice and guidance on how to manage their condition while self-isolating, including getting prescriptions delivered and accessing support for daily living.

For the individuals most at risk of the illness, these actions will save lives.

Health and Social Care Secretary Matt Hancock said:

"We are working incredibly hard, day and night, to protect the nation's public health whilst supporting our NHS so it can continue to look after patients in need of care.

"It is vital that we do everything we can to protect ourselves, our families and our friends from being impacted by the virus. But for those who are at the highest risk in our society, we have to do even more to ensure they're kept safe.

"Whether it's going shopping for a neighbour in need, or keeping inside if you know you're at risk, we all have a part to play in protecting the welfare of those who are most vulnerable."

Dr Paul Johnstone, Director at Public Health England, said:

"The NHS are contacting the people who are most vulnerable to developing a very serious illness as a result of COVID-19 with specific advice to stay at home for at least 12 weeks.

"If you receive a letter it is vitally important that you act on it for your own protection, don't attend any gatherings of friends or families and don't go out for shopping, leisure or travel.

“Those of us who are less at risk can play our part in protecting other people by following the government’s advice on social distancing and volunteering to give extra support to vulnerable people who are staying at home.”

The guidance for people at the highest risk is:

- Strictly avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough;
- Do not leave your house for at least 12 weeks starting on Monday 22 March.
- Do not attend any gatherings. This includes gatherings of friends and families in private spaces e.g. family homes, weddings, parties and religious services.
- Do not go out for shopping, leisure or travel and, when arranging food or medication deliveries, these should be left at the door to minimise contact.
- Keep in touch using remote technology such as phone, internet, and social media.
- Do use telephone or online services to contact your GP practice or other essential services as and when you need.

ENDS

Notes to Editors:

- A link to the guidance can be found [HERE].
- Full list of those falling into the extremely vulnerable group:
 - Solid organ transplant recipients
 - People with specific cancers
 - People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
 - People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - People having immunotherapy or other continuing antibody treatments for cancer
 - People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
 - People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
 - People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
 - People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell disease)
 - People on immunosuppression therapies sufficient to significantly increase risk of infection
 - People who are pregnant and who also have significant heart disease, congenital or acquired

Annex C

Background

12. On 17 Mar the First Minister announced: *“The third and final step is to shield the most vulnerable – by which I mean specifically people with compromised immune systems. GPs and other healthcare workers will be contacting these patients to ensure they are fully supported.”*

13. The highest risk vulnerable group consists of approx. 200,000 individuals who need to be the highest priority in being shielded from Covid-19 through a range of local support.

14. In discussion with resilience partners, they have recommended that we use Civil Contingencies planning to secure a humanitarian response network in line with “Preparing Scotland” guidance. This means that responses are built locally, based on a national framework.

Who has the highest clinical risk?

15. The four CMOs have identified six categories of people at highest risk of severe illness from Covid-19:

- Solid organ transplant recipients
- People with specific cancers
 - People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
 - People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - People having immunotherapy or other continuing antibody treatments for cancer
 - People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
 - People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
- People on immunosuppression therapies sufficient to significantly increase risk of infection
- People who are pregnant with significant congenital heart disease

Identifying individuals

16. Those who have these conditions have previously been advised to be particularly stringent in following social distancing measures as part of their treatment. Renewed guidance is expected to be published by NHS England which will ask these people to take the increased measure of socially isolating. NHS England are expected to announce, on Sunday 22 March, that they will write to all patients with a condition included in a slightly clarified list.
17. Work is underway to identify patients in Scotland and they will be contacted as soon as possible with guidance that matches NHS England guidance. We have a project group set up specifically to identify and develop communications to the most at risk group.
18. NHS Information Services Division has been working with their counterparts across the other nations to understand how they are approaching the task of identifying the individuals. We are keen to take a consistent approach across all 4 nations, albeit contextualising for Scotland. A call is taking place tomorrow to pin down progress.
19. If necessary, there are additional options available to identify the relevant people in order to make contact:
 - LRPs are developing the “ People at Risk Distribution List” (PARD) which identifies people at risk during resilience events. This triangulates data from the NHS and other public services to form a risk profile of individuals. It is not clear whether the level of dis-aggregation in PARD will allow us to identify the highest risk group yet.
 - Local GP records.

In discussion with SOLACE and Regional Resilience Co-ordinators today , the use of PARD is possible, but there are some concerns about readiness of the system across the country.

We would therefore suggest a mixed model: continuing our work with 4 nations colleagues and ISD; simultaneously checking whether PARD is able to identify these individuals; engaging with RCGP to alert them to the possibility that their input may be required, depending on local arrangements and any data gaps.

Ministers are invited to agree the concurrent approach to securing the necessary data.

Contacting individuals and Local Delivery Support for Shielding Services

20. We are asking people at the highest clinical risk to self-isolate for a long period. Our local services must prioritise these high risk individuals – to protect them, to reduce the loss of life from Covid-19, and to reduce the burden on the NHS in responding to patients who are likely to become severely unwell should they be infected.

21. Local Authority colleagues have confirmed that their arrangements for civil contingencies are well placed to respond. Indeed, some have anticipated that this sort of response will be needed for COVID19 and have progressed plans to respond. Local Resilience partners stand ready to make this provision available via Humanitarian Assistance Centres (HAC) or an equivalent arrangement.

The purpose of an HAC is to:

- Act as a focal point for information and assistance for those affected by an emergency, including survivors and the bereaved (this could include making contact with individuals proactively. This could also be done by GPs or other NHS staff, depending on local circumstances);
- Offer access to, and guidance on, services available to allow people to make informed choices according to their needs;
- Ensure a seamless multi-agency approach to care for people at all times (this can include provisions of food and medicines; and
- Facilitate the gathering of evidence to aid identification where necessary.

Depending on the local identification approach necessary, there may be data sharing issues. If possible, we will use data sharing agreements developed for PARD or in respect of civil contingencies to overcome this. If this is problematic we will propose emergency legislation as part of the wider legislation proposed for emergency powers. We will provide urgent advice on this point.

While we are specifically targeting the highly vulnerable as a priority, it is clear that many more individuals may need assistance and this will be built into the identification plan.

In discussion with resilience partners, these facilities are usually put in place for a matter of days, to respond to emergency events. This situation is likely to last for a minimum of 3-6 months, and appropriate sustainability plans need to be put in place. A wide range of services will also be needed within the HAC arrangements, food distribution, community pharmacy, housing etc, Local Resilience Partnerships will assess the range of likely needs and put in place appropriate, sustainable delivery arrangements.

While we have initially focussed on the high risk group, vulnerable for clinical reasons, we are well aware that broader support will be needed for the other groups vulnerable for clinical reasons, but also others who are vulnerable for reasons of finance, living circumstances or social factors. Evolving plans for local delivery will build in those considerations.

If Ministers can confirm that they are content with this approach we will mobilise Local Resilience Partnerships, including local authorities and the NHS to deliver this.

SENSITIVE - DRAFT