Clearance checklist

Inclusion of this checklist is **mandatory**. Please complete the whole list and private office will remove before putting submission in the box. A submission without it will be sent back.

Note: Contact names provided must have seen and approved the submission.

<u>Finance</u>	Does this involve any spending or affect existing budgets?	If yes, named officialDavid Penhallurick□ No
<u>Legal</u>	Does this include legal risk, a court case or decisions that can be challenged in court?	If yes, named official Name Redacted □ No
Communications	Could this generate media coverage, or a response from the health sector?	If yes, named official Name Redacted □ No
Analysis and fact- checking	Does this include complex data, statistics or analysis?	☐ If yes, named official ☐ No
Devolved Administrations and the Union	Does this promote union wide policies, or will it affect Wales, Scotland or Northern Ireland?	☐ If yes, named official ☐ No
<u>Legislation</u>	Does this include options that may require or impact primary or secondary legislation/regulations? If yes, please discuss with the DHSC Legislation Team.	☐ If yes, named official ☐ No
Parliamentary Handling	Does this require engagement with parliamentarians or a statement in Parliament? If so, please discuss with the Parliamentary Affairs Team, and Intelligence, Insight and Engagement Team.	☐ If yes, named official ☑ No
<u>Fraud</u>	Have you considered fraud risks?	☐ If yes, named official ☐ No
Commercial	Does this include commercial or contractual implications?	☐ If yes, named official ☐ No
Technology, digital & data	Does this rely on or have crossover with a tech/digital/data solution?	☐ If yes, named NHSX official ☑ No
Health Data/Personal data use	Does this involve the use of sensitive health/care data? Discuss with the SIRO team. Could this require the processing of Personal Data (Data Protection Act 2018)? Discuss with the Data Protection Officer team.	☐ If yes, named SIRO/DPO official ☐ No
Strategy and Implementation Unit	Does this relate to cross-cutting or longer-term implications for wider DHSC strategy? Does this relate to one of the Secretary of State priorities or a manifesto commitment?	☐ If yes, named official ☐ No
Duties, Tests and Appraisals	 Do the following tests apply and have they been considered; Secretary of State Statutory Duties including on health inequalities Public Sector Equality Duty Family Test Other (please specify) 	If yes, which test?Public Sector Equality DutyFamily Test☐ No

DRAFT

To: SoS Health From: Name Redacted & Amy

Bowen

Clearance: Emily Lawson, Dr Nikita

Kanani &

Julie Alexander, Deputy

Director

Date: 9 February 2021

Copy: Private Office Submissions

Copy List

COVID-19 Vaccine Prioritisation: Cohort 6 Definition

Issue	On 30 December 2020, JCVI advised that Cohort 6 should include 'all individuals aged 16 years to 64 years with underlying health conditions which put them at a higher risk of serious disease and mortality'.	
	This submission sets out the proposed method of implementation for COVID-19 vaccination for cohort 6 as well as defining unpaid carers who also are prioritised in cohort 6, and multiple occupancy settings .	
Timing	Urgent (two working days) To enable operational delivery of the COVID-19 vaccination programme to Cohort 6.	
Recommendation	We recommend that you:	
	Note the method of implementation of COVID-19 vaccination for the previously agreed cohort 6 at paras 2-4 (at Annex A)	
	Agree to the proposed definition of unpaid carers, as there is no single definition or register for adult carers - at paras 9-13	
	Agree to the prioritisation of the individuals under 'multiple occupancy settings;	
	Note that the Cohort 6 Operational Guidance and Unpaid Carers SOP are being finalised in parallel by the Programme.	

Background - Cohort 6

1. We wrote to you on 30 November and 29 December 2020 setting out JCVI's advice on prioritisation for Pfizer and Az COVID-19 vaccines respectively. JCVI advised that Cohort 6 should include 'all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality'. This also includes those who are in receipt of a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19 mortality and therefore clinically