

## **COVID-19 Guidance to local authorities on support to Clinically Extremely Vulnerable individuals**

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## 1. Overview and purpose

1.1) This advisory framework document sits alongside the overarching [COVID-19 Contain Framework](#)<sup>1</sup> and [Department of Health and Social Care \(DHSC\) advice to Clinically Extremely Vulnerable \(CEV\) individuals](#). This framework has been updated from the version shared with Councils on the 13<sup>th</sup> October 2020 following feedback via the Shielding Strategic Engagement Forum (SEF) and nine regional briefings. At the point when the last version of this document was produced, the government had implemented a Local Alert Level system in which **support for CEV individuals** could be introduced in the very highest risk areas or if National measures are introduced, based on clinical advice and only for a limited period of time. This was always intended to be less restrictive than the original Shielding guidance. Since then, on the 5<sup>th</sup> November 2020 nationwide restrictions<sup>2</sup> were introduced and all councils in England are now delivering support for CEV individuals. We will continue to update and share the document as the approach to outbreak management develops.

1.2) Any decisions on reintroduction of support for CEV individuals will be agreed at national level.

1.3) Support to CEV individuals will continue to be delivered in partnership, with the NHS, local and national Government working together to collectively form a package of guidance and support. This framework sets out the role for councils in supporting CEV individuals to successfully follow advice. It is intended to help all councils to prepare for the event of a short-notice decision to introduce additional support for CEV individuals at any geographical level. While it gives flexibility to councils to provide appropriate support to those CEV individuals who need it and is not intended to prescribe the specific actions that councils should take, it does set out clear outcomes, principles and high-level reporting requests, based on our learning to date. Central Government funding for a local support offer will be provided to deliver these outcomes, and we have written to councils with further details.

1.4) In circumstances where additional precautions are advised for CEV individuals, councils will be responsible for assessing food and basic support needs and facilitating the delivery of that support. Under the current national restrictions, councils are receiving data on CEV individuals who have self-declared that they have a support need via the National Shielding Service System website. This system is the sole platform through which CEV individuals are encouraged to declare a support need and generates management information on the scale and broad nature of need. Once in receipt of this registration data, councils are currently required to carry out local follow-up action to determine the appropriate response.

1.5) Should a council foresee any particular obstacles or concerns in preparing for and/or whilst delivering the model of support set out in this framework, they should escalate this to their regional Shielding team contact within MHCLG.

1.6) This document may be updated in future to reflect changes in policy, guidance or planning assumptions, or to incorporate feedback and learning from councils. MHCLG will review the guidance regularly.

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<sup>1</sup> The Contain Framework sets out the government's overarching aim to empower local decisionmakers to act at the earliest stage for local incidents, and ensure swift national support is readily accessible where needed.

<sup>2</sup> <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

1.7) As part of planning and delivery of additional support and guidance to CEV individuals, we advise councils to continue to engage through their Local Resilience Forums (LRFs).

## **2. Funding to support CEV individuals**

2.1) The Government recognises that provision of support for CEV individuals creates pressures on councils, and Government funding will help meet these costs. We have written to councils with further details, including the terms on which funding is provided.

2.2) Where additional guidance and support applies, councils will be expected to use funding to cover the overheads of setting up and managing the local system, contacting CEV individuals within the relevant area, assessing the food and basic support needs of CEV individuals where required, and facilitating the delivery of that support where necessary, as well as reporting on key aggregate outcome measures. As outlined in this framework, the funding will account for the direct provision of food on an exception only basis.

## **3. Planning guidelines for supporting access to food or basic support needs**

3.1) Local health systems, including councils and the NHS, should continue to support CEV individuals in the usual way, regardless of whether specific local or national support for CEV individuals is in place:

- a) Local health partners and councils should continue to ensure provision of required care and support for CEV individuals as part of existing safeguarding responsibilities; and ensure appropriate measures are taken to protect these individuals when accessing care and support;
- b) Primary care colleagues should continue to maintain the Shielded Patient List (SPL).

3.2) In the event that support for CEV individuals is introduced in a local authority area(s) (whole or part of), or on a national basis, there are five stages councils will need to consider and prepare for:

- i) Contacting CEV individuals in the area of intervention - particularly individuals who were previously receiving support and those recently added to the SPL - to understand their detailed support needs. Councils will receive data from those who choose to register through the National Shielding Service System (NSSS) website and councils should use this data to prioritise contact with those who have indicated a support need;
- ii) Implementing a localised support model for access to food and basic support needs (medicines will continue to be provided through community pharmacies);
- iii) Reporting back to MHCLG on key aggregate outcome measures to support funding agreements;
- iv) The process of clinical review points for pausing or relaxing measures;
- v) The end of additional guidance for CEV individuals and associated support.

## **4. Contacting CEV individuals where additional support for CEV guidance is in place**

### **Principles:**

- **CEV individuals understand guidance and how it applies to them**

4.1) Central Government will engage directly with local NHS bodies, Directors of Public Health and councils to inform them of any change to the guidance for CEV individuals in their local area. Once a decision has been made to introduce support for CEV individuals, central Government letters will be sent to all CEV individuals on the SPL within the area of intervention advising them to take additional precautions and for how long. This letter can be used as evidence for the Job Retention Scheme (Furlough), Statutory Sick Pay (SSP) and Employment and Support Allowance (ESA) purposes (where individuals are eligible) and will signpost them to further support available within the area affected. This national communication should be reinforced locally through updated online guidance and via outreach through local support groups and in a range of locally used languages. [Whilst parents or guardians of CEV children are not eligible for SSP, they are eligible for Furlough, ESA or Universal Credit if they are unable to work from home and need to stay at home with a CEV child who is unable to attend school \(provided they meet other eligibility requirements of the schemes\).](#)

**- The requirements of those who need support are understood and recorded**

4.2) Councils will need to assure themselves that they understand the needs of CEV individuals throughout the period of additional support for CEVs. Re-introduction of a national registration website, as the sole platform through which CEV individuals will be encouraged to self-declare a support need, is providing councils with data on those who newly register a request for support. We have used national patient communications to encourage people to register, including through the letter received by those on the Shielded Patient List upon introduction of additional support for CEV individuals in their area. Councils also have an important part to play in amplifying this advice through their local channels. We want to avoid a scenario where councils establish local registration platforms encouraging CEV individuals to bypass the new national system.

4.3) We have built a new nationalised system to record individual needs to underpin a local support offer, having involved councils in its scoping and design. This system is known as the National Shielding Service System (NSSS) and is now in use with further planned enhancements to follow. We have issued technical guidance to councils on the new system and the data they can expect to receive, in order to build the necessary connections with their local data and customer management systems.

4.4) Councils should direct CEV individuals who present locally to register through the NSSS wherever possible. In cases where they are unable to do so, the council should ensure a web form reflecting the CEV individual's needs is submitted via the system: a feature of the new NSSS is that councils will be able to register support requests on behalf of CEV individuals via the web form and re-submit the web form to change support preferences. This will help ensure accessibility for those who would otherwise struggle to access or use the website. Registering of all locally presenting CEV individuals will ensure these cases feed through into the management information produced by the system (the 'dashboard'). We propose that this 'systems' data will act as central government's Management Information (MI) on all declared support needs at council and national level.

4.5) In addition to those who newly register a need for support, as a minimum, councils should be ready to contact all CEV individuals who have previously received support to access food or with basic support needs as well as those recently added to the SPL. Councils may wish to prioritise proactive contact based on any individual risk profiles, local data on support needs from the previous national shielding period and any relevant local data sources.

4.6) Registration data will help to identify high-level needs (i.e. request for support in accessing food) but not the detail of their nature. Patient contact should be informed by data from

the previous national shielding service registration process (i.e. via gov.uk - the last available data was captured on 17 July 2020). Councils will continue to receive regular updates of the SPL as they are produced, which will detail individuals who are added to or removed from the list. Those CEV individuals that are removed from the list will be notified by letter. NHS Digital will continue to provide the SPL directly and on a weekly basis through their SEFT tool. Guidance has been shared with councils on this. This can be found at: <https://digital.nhs.uk/coronavirus/shielded-patient-list/guidance-for-local-authorities>.

- **Establishing a support model for access to food and basic support needs**
- 4.7) Under a localised model, councils will be responsible for ensuring CEV individuals have access to food and essentials, and that (as now) their basic support needs are met. [Free delivery of medicines will continue to be provided through the community pharmacy network. We are working across government and with external partners to assure pharmacies' capacity and resilience to deliver during the winter period.](#)
- 4.8) For more information on the NSSS please consult the NSSS Guidance for Local Authorities document. Version 2.1 was shared on 10<sup>th</sup> November and can be found [here](#).
- 4.9) A support model will need to be flexible enough to accommodate changes in the Shielded Patient List or other changes to clinical advice, as our understanding of COVID-19 continues to improve.

## **5. Food access for CEV individuals where additional support for CEV guidance is in place**

### **Principles:**

- **All CEV individuals should be supported to access food where it is required and where they are unable to rely on family, friends or other support networks.**
  - **Support should be provided in the most cost-effective way, including making full use of commercial or other options as far as possible.**
  - **Direct provision of food should be on an exception only basis.**
- 5.1) Councils will have local discretion to decide how best to facilitate access to food for those in need. Any model should be designed to avoid unnecessary dependence and focussed on helping individuals to access commercially available food offers where possible, as well as drawing on support from volunteers to help with shopping as needed. Where individuals can access commercial offers independently, they should be expected to do so. We expect, therefore, that councils will need to operate a form of triage system as part of their patient contact strategy, to ensure that additional support is targeted on those who need it.
- 5.2) Councils may wish to consider:
- proactively working with CEV individuals who need support to overcome barriers to access supermarket delivery slots

- leveraging NHS and local volunteer networks as effectively as possible
- making links to local support schemes, e.g. food banks, voluntary sector referrals, vouchers, or cash grants
- where these options are not suitable, as a last resort, directly supplying suitable food to individuals

5.3) Where food is supplied directly to individuals, councils should:

- consider how to take account of the dietary and cultural needs of CEV individuals as far as possible
- leverage local commercial food offers as appropriate, including pooling buying power where appropriate (i.e. with neighbouring councils)
- consider how best to ensure this is accompanied by ongoing support to unblock any remaining barriers to more independent and sustainable means of accessing food where possible.

5.4) Annex B includes examples of food triage, to assist councils with their planning.

### **Supermarket priority slots**

5.5) The National Shielding Service System (NSSS) will encourage and enable CEV individuals who need help to access food to use the registration webform so that their data is sent directly to the supermarkets enabling them to register themselves for priority deliveries. The data is managed by central government, including the sharing of data directly with supermarkets. Councils may register individuals through the registration form on behalf of a CEV individual if they are for any reason unable to do so themselves (see para 4.4).

5.6) If previously registered on NSSS for supermarket priority delivery slots CEVs will not need to re-register.

5.7) CEV individuals will only need basic information to hand to register for access to supermarket priority delivery slots: their name, NHS number, date of birth and address.

5.8) Local supermarket delivery capacity issues can be raised with MHCLG contacts who will raise with Defra who have a policy relationship with supermarkets.

## **6. Basic support for CEV individuals where additional guidance for CEV individuals is in place**

### **Principles:**

- **CEV individuals who do not have alternative support networks, should have their basic support needs met.**
- **Support should be provided in the most cost-effective way, including use of your local network of volunteer support where appropriate.**

6.1) Councils are best placed to work with CEV individuals to identify whether they: can support themselves; seek assistance from family and friends; or require additional help or advice through the council or other organisations. We expect councils to use their expertise in assessing any requirements for basic support (broadly understood as additional support needs arising from following clinical advice that are outside of any pre-

existing social care needs) and provide tailored support where needed. We recognise these requirements may evolve, for example, feedback suggests that mental health and wellbeing may be a more prominent concern when people are advised to follow more restrictive measures. We recognise that councils are going beyond their usual remit to provide additional support to CEV individuals to adhere to clinical guidance.

6.2) Feedback from councils and CEV individuals suggests the level and nature of support is wide ranging. However, we anticipate basic support needs might cover:

- Wellbeing: social contact, providing reassurance, check-ins, welfare calls.
- Social and Digital Inclusion: supporting people to access services online.
- Advice and signposting: e.g., to local specialist support services such as employment, finance, mental health services or voluntary organisations for help with more practical needs where usual support is not able to be provided.

6.3) As with food access support, we would expect councils to make full use of NHS responders and your local network of volunteer support, where possible and appropriate, to ensure basic support needs are met in the most cost-effective way.

## 7. Data-sharing

### Principles:

- **Central Government will continue to update the Shielded Patient List (SPL) to enable councils to plan and target support; and councils will receive data on registrations made through the new National Shielding Service System (NSSS). Details are set out in the NSSS Guidance for Local Authorities, which has been shared with councils.**
- **The new NSSS will enable people on the SPL who register for support to have their data sent directly to supermarkets in order to match them with existing customer accounts, so that they can access priority delivery slots.**
- **Councils should direct CEV individuals who approach the council first to also register through the National Shielding Support System (NSSS) wherever possible. In any cases where they are unable to do so, the council should ensure a web form reflecting their needs is submitted. In practice, this means that councils are expected to retrospectively submit a registration for CEV individuals who may have sought help locally but not registered through the system.**
- **Where councils are supporting CEV individuals to adhere to advice, councils are asked to report data on outcomes. This will help central Government to ensure there is a consistent and high-quality support offer across England, and to report transparently on the support provided.**

Any reporting requests will focus on ensuring that a consistent and high-quality support offer is available to all those advised to take additional precautions. We expect that councils will want to collect similar data for their own purposes.

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7.1) Section 9 and Annex F in the [NSSS Guidance](#) set out in detail the aggregate reporting fields and management information councils are expected to return. A form for councils to complete was circulated on 10<sup>th</sup> November. This information should be returned weekly and on a cumulative basis. The data fields include:

- Contact
  - Number of CEVs contacted by the Council (contact can include text, letter, call, visit)
  - Number of CEVs that the Council was unable to contact
- Access to Food
  - Number of CEVs who did not need support with access to food after follow-up
  - Number of CEVs directly supported to access food (paid in part or in full by the Council)
  - Number of CEVs redirected to other sources to access food e.g. supermarket slots, voluntary organisations
- Basic Support (support other than food)
  - Number of CEVs who did not need basic support after follow-up
  - Number of CEVs provided with basic support
- Spend
  - Overall estimate of spend on support, including associated staff time and system overhead costs  
(Below breakdown of spend to be provided where, and as far as, possible. This information is critical in enabling us to understand the future funding needs of Councils and building the evidence base for any future funding.)
    - Approximately what percentage of that overall spend was for contacting CEVs, triaging individuals' needs, and signposting to available support?
    - Approximately what percentage of that overall spend was for CEVs directly supported to access food at the expense of the council (paid in part or in full)?
    - Approximately what percentage of that overall spend was for providing basic support?
    - Approximately what percentage of that overall spend was on other activity to support CEVs, not captured in the categories above?

7.2) We are also asking councils to self-assess delivery of support to CEV individuals by asking: How confident are you that the Council can meet CEV requests for support over the next week? (1 (Not confident at all) - 4 (Very confident)). This question is seeking views on confidence in [delivery](#) for supporting CEVs, as per the expectations in the Framework. This question will not be used for anything other than to identify where councils may require additional support. Definitions of the data fields can be found in the NSSS guidance and in Annex C of this document.

## 8. Clinical review points

### Principles:

- **Local Government will be aware of clinical review points to consider advice to CEVs and notified of likely changes to clinical guidance at the earliest opportunity.**
- **CEV individuals should not be advised to take additional precautions for any longer than is necessary.**

8.1) A decision to pause measures (as with introduction of measures) can only be taken by Ministers, on advice of the Chief Medical Officer.



8.2) Additional precaution advice can be very restrictive for individuals, and we are committed to the principle that people should not be advised to follow these measures for any longer than is necessary.

## 9. End of measures and associated support

9.1) When a decision is made to lift additional advice for CEV individuals in an area, central Government will write to all CEV individuals in the area informing them of the change. This may include a staged relaxation of measures to enable individuals to adjust accordingly.

9.2) Throughout this process central Government will engage with councils to ensure local decision makers are aware in advance of any potential changes to advice for CEV individuals. Support should be provided for the duration of the CEV individuals additional support period and funding will be provided for that. Councils may, if they wish, provide support beyond the pausing of that guidance.

## 10. Local preparedness

10.1) Upper-tier councils are responsible for developing their outbreak plans under the Contain framework, ensuring that they are using powers appropriately and considering local community needs and sensitivities. Councils may wish to refer to the necessary support for CEV individuals within their local outbreak plans or capture this information in a separate document.

10.2) To ensure readiness to deliver a local support offer for CEV individuals if extra precautionary advice is introduced, councils should prioritise plans for the following objectives:

- **Create and publish a list of postcodes in the area of intervention to enable central Government letters to be issued to CEV individuals** (this should be the same product as produced for wider outbreak planning and communications)
- **Design a contact strategy to signpost the local offer to CEV individuals** (HMG letters will refer to the council(s) website):
  - Capacity and infrastructure for contact (i.e. call handlers);
  - Prioritisation strategy to contact CEV individuals at short notice (councils should prioritise appropriately those who have declared support needs through the NSSS, those who have previously been in receipt of help to access food or with basic support needs, and new additions to the SPL);
  - Local signposting to other support avenues;
  - Appropriate translation and language support for local community requirements.
- **Deliver a local food access offer to those without alternative support:**
  - Develop sustainable models of ensuring access to food locally;
  - Procurement and delivery of food as needed;
  - Consideration of whether neighbouring councils could join-up food access and supply to maximise economies of scale.

- **Re-establish previous basic support needs service:**
  - Engagement with local voluntary and community sector services (if planning to utilise) to understand lead-in time required;
  - Engagement with NHS Volunteer Responders (if planning to utilise) to understand lead-in time required;
  
- **Consider local opportunities to collaborate with neighbouring councils**
  - Liaise with neighbouring/regional colleagues to consider if local pairings or hubs can be instigated to provide wider resilience to your local support offer – particularly if any elements of this framework appear challenging to deliver within your infrastructure.
  
- **Prepare contingency plans**
  - Consider what your contingency plans would be in the event that there are concurrent challenges and demands on your resource which have consequential impacts on your capacity to deliver support for CEV individuals.
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- 10.3) In line with outbreak management planning, upper tier councils should take the lead in making plans and co-ordinating outcomes data, working with lower tier councils – which in many areas have played an important role in delivering support for CEV individuals.
  
- 10.4) In each of the thematic areas, planning should also consider the seasonal effects of an introduction of additional support for CEV individuals. If guidance were to be introduced in the winter months, there may be new considerations for households and delivery partners. We strongly suggest that councils consider contingency exercises or scenario testing to ensure preparedness.
  
- 10.5) In addition to the objectives above, we have worked closely with councils to consider a wider checklist to support local planning (see Annex A). This has been created using our lessons learned to date from those councils whose period of shielding was extended – we welcome comments from councils and local decision makers on what further advice would be helpful.<sup>3</sup>

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<sup>3</sup> Comments can be sent to [shielding@communities.gov.uk](mailto:shielding@communities.gov.uk)

**ANNEX A- Local CEV support checklist****Preparation checklist for localised introduction of additional precautions for CEV individuals  
Checklist for Preparation phase:**

Theme	Topic
Local outbreak area / boundaries	Identify those likely to require support within CEV individual's cohort (i.e. those already supported by the council or other factors) to enable targeted support
	Understand if there are any cross-border issues e.g. area of intervention boundaries split between council jurisdictions / transport routes that transit across multiple areas (i.e. trams or metro systems).
	Understand how the agreed data received will be handled within the council
	Seek to understand the impact of, and respond appropriately to, changes in CEV individuals' criteria (as this information becomes available)
	Put in place appropriate local arrangements to store and manage the data being received
Data Systems	Familiarise data leads with the guidance on the new NSSS and prepare local data systems to receive incoming data on CEV individuals support needs
Communication	Identify communication routes that may fit into a wider communication strategy for an introduction of additional precautions for CEV individuals (e.g. local council website / phone line / call centre/ social media) and develop key components (e.g. call templates)
	Agree process to update council website for signposting guidance
	Map partners who will need to be notified if additional support for CEV individuals is to be introduced and what external communication requirements you need from them (e.g. voluntary and community sector)
	Agree communication approach for people with specific needs e.g. not digitally literate / multiple languages
Resourcing	Identify and map out the required resources to provide the local support offer (as outlined in this document)
	Plan for options if reduced staffing due to COVID-19 sickness
Mutual Aid	Discuss and agree mutual aid / multi agency support with neighbouring councils and local partners
Food logistics	Agree menu of options for food access support, working with local partners and volunteers as needed
	Consider procurement routes and lead-in time for the local direct food offer
	If plan to provide food direct in extremis: establish where an appropriate food hub/s could be located
	If plan to provide food direct: understand transport/delivery requirements
	If plan to provide food direct: confirm proposed offer and establish potential food supply routes

## 1. Activation

Once support for CEV individuals is introduced in a local area, the following issues should be considered as part of the activation process.

### Checklist for Activation phase:

Theme	Topic
Local Area	Publish clear postcode guidance on CEV individuals advised to follow new measures
	If area of intervention covers multiple boundaries/councils, broker partnership relationship with other council(s)
Data systems	Receive and collate incoming registration data on CEV individuals needs from the NSSS and use this to inform prioritisation of communications and delivery of support
Communication	Activate communication plan
	Review local signposting in central Government letters with MHCLG
	Update council website with bespoke advice for CEV individuals (provided by MHCLG)
	Liaise with partners to ensure consistency of messaging from all relevant partners (e.g. volunteers, clinicians etc)
	Mobilise local call centre (if required)
Resourcing	Mobilise workforce
Food logistics	Mobilise food hub (if required)
	Activate food procurement process (if required)
	Feedback into Local Resilience Forums [if needed]

## 2. Implementation

Once additional support for CEV individuals is in place, the following issues should be considered as part of the implementation process. This section considers post “Day 1” and ongoing incident management.

### Checklist for Implementation phase:

Theme	Topic
Reporting	Monitor and report to central government, as agreed
Communication	Determine what ongoing communications are required
Food	Continue to try to encourage individuals to access commercial food options and reduce number of individuals receiving free direct food to those for whom no alternative can be found.
Mental health support	Review the long-term impact of guidance for CEV individuals (isolation, additional needs, etc.) and consider additional support required

### 3. Recovery

MHCLG will confirm the decision of Ministers and the Chief Medical Officer to pause additional precautions for CEV individuals' advice. Once the end date has been confirmed, the following issues should be considered to support individuals out of these measures and to consider the lessons learnt for future interventions.

#### Checklist for Recovery phase:

Theme	Topic
Communication	Review communications with MHCLG to confirm the end date of additional support
Lessons learned	Capture "what worked" from the local support offer and share observations with MHCLG/LGA (if desired)
	Consider seeking feedback from CEV individuals to inform future planning assumptions and support offer
Planning	Update local preparedness plans to consider future interventions

## **ANNEX B - Food Triage**

### **Local food framework: example food access triage routes for CEV individuals**

1. The user journey examples in this document are intended as helpful examples of how the local food model triage process may work in practice. The examples are not a definitive list: they are illustrative only and in reality, individuals may require a combination of support, but it would be up to councils to decide how to develop their triage process to support independence and provide assistance to CEV individuals who need help to access food.
2. The examples are based on food access need being identified by councils at the introduction of support for CEV individuals but may occur during the guidance period as CEV individuals' circumstances change over time and they contact the council for help.

### **In all user journey examples,** we are assuming:

- The individual has received a letter from HMG about the introduction of support for CEV individuals in their local area or on a national basis. This letter will direct people to register their support needs using the new National Shielding Service System (NSSS) website where they are able.
- Councils will be informed of the local area and the date where support will be introduced. Councils will have been receiving and will continue to receive an updated Shielding Patient List (SPL) during any 'pause' and will receive registration data on CEV individuals need from the NSSS.
- Councils would contact CEV individuals who registered (or re-registered) their support needs through the NSSS and indicated that they need assistance to access food to ask if they need support to access food (as a minimum). This contact is required to give assurance to the Council that the CEV individual has their needs covered
- Councils would also prioritise contact where appropriate with those who had requested and had been receiving support/a food box at the end of the previous national shielding scheme (i.e. 31 July 2020) and indicated that they need assistance to access food to ask if they need support to access food.
- Councils will already have mechanisms in place for social distancing in any contact with CEV individuals who require support, including where food/essential supplies need to be carried into a person's home.

### **User journey examples**

3. The examples below illustrate the different support needs from CEV individuals that a council might encounter and suggested next steps.
4. In general, for each example, the council should contact CEV individuals and follow a triage process to support individuals to independently access food where possible and appropriate by, for example:
  - Using a priority supermarket delivery slot
    - Without assistance or with council assistance (including help from partners) to overcome barriers, such as online access, delivery issues
  - Signposting/referral to
    - Volunteers - NHS Responders and local volunteer networks
    - Other commercial food providers – this may include local food suppliers

5. Councils may wish to use the Food for vulnerable people: Commercial food access options (<http://bit.ly/2YAl0kh>) produced by DEFRA. We have also worked with Defra to produce a e supermarket toolkit to assist councils.
6. Where an individual cannot access food through these routes, councils would provide direct support to ensure they are able to continue to take additional precautions with ongoing support to move to independence where appropriate. This may be by referral to food banks, using Council welfare or hardship schemes/grants, or as a last resort paid for food boxes, whilst signposting/supporting individual to access wider assistance so they are able to access food independently, e.g., welfare benefit claims.
7. An overview of the food model is included at the end of this annex.

a) Self-sufficiency

Individual can obtain food on a regular basis, either through family or friends. No action needed from council.

b) Online priority supermarket shopper – already registered for online shopping account<sup>4</sup>

Individual has internet access and is IT literate.

Action: Council contacts individual:

Via the National Shielding Service System, the CEV individual confirms online priority supermarket slot meets their food access need. Individual makes contact online with their preferred supermarket (must be one of those participating in the scheme) and places their food order.

Supermarket delivers food. As CEV individual has access to food, no further action is needed from council.

c) Registered for online delivery but delivery is not available

Individual has internet access, but delivery is not available in their area.

Action: Council contacts individual who confirms online priority supermarket slot meets their food access need if delivery can be made.

Council, having established that the individual has no friends or family to collect shopping for them, could provide support to overcome this barrier. For example, this may be by providing the individual with NHS volunteers or other local volunteer network contact details for them to make contact themselves. Alternatively, council may refer the individual to local volunteer network for support.

NHS Volunteers or local voluntary organisation match the individual with a volunteer who can help them set up an online supermarket account in the individual's name and place their food order for a click and collect slot.

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<sup>4</sup> Individuals must register with one of the 6 supermarkets that offer priority supermarket slots to shielding CEVs individuals – Iceland, Morrisons, Ocado, Sainsbury's, Tesco and Waitrose. These supermarkets will all offer priority slots to areas in tier 3 as well as if a national lockdown is in place.



Volunteer collects food from supermarket and delivers to individual, abiding by safe social distancing measures.

d) Not registered for online delivery and is not IT confident

Individual has internet access but is not confident with registering for online supermarket service.

Action: Council contacts individual who confirms online priority supermarket slot meets their food access need if they can be supported to register for online supermarket service. Councils may consider checking with the individual if they have friends or family who could set up an account in the name of the individual for them so that supermarkets would be able to match them for a priority delivery slot.

Council, having established that the individual has no friends or family to support online registration, could provide support to overcome these barriers. For example, this may be by providing the individual with NHS volunteers or other local volunteer network contact details for them to make contact themselves. Alternatively, councils may refer the individual to local volunteer network for support.

NHS Volunteers or local voluntary organisation match the individual with a volunteer who can help them set up an online supermarket account in the individual's name and place their food order.

Individual registers online with their preferred supermarket (must be one of those participating in the scheme) and places their food order. Supermarket delivers food. CEV individual has access to food and no further action is needed from Council.

e) Telephone supermarket shopper – no internet access – ability to pay electronically

Individual can order food over the telephone and has the ability to pay electronically.

Action: Council makes contact with individual who confirms that their food access need can be met if they are able to order a food delivery over the telephone.

Council, having established that the individual has no friends or family to support telephone ordering, could support individual to access food through this route. For example, this may be by signposting individuals to supermarkets or other food suppliers who take telephone orders, or signposting/referral to volunteer networks to assist with telephone ordering.

If needed, the Council or volunteer could help the individual to use a suitable telephone food ordering and delivery service and place their food order and make payment. Food is delivered to the individual.

f) Telephone supermarket shopper – no internet access – cannot pay electronically

Individual is able to order food over the telephone but is not able to pay electronically.

Action: Council makes contact with individual who confirms that their food access need can be met if someone can do their shopping for them.

Council, having established that the individual has no friends or family to help with telephone ordering, would provide support. For example, this may be by providing the individual with NHS volunteers or other local volunteer network contact details for them to

make contact themselves. Alternatively, council may refer the individual to local volunteer network for support.

Councils may wish to set up their own systems, such as the use of pre-payment cards, to enable individuals to pay for food. This may also help individuals who are used to paying in cash who cannot go out to their bank to access their funds. A volunteer may visit the individual to collect details of their shopping list, shop, deliver their food and, in some cases take payment, e.g. Age UK can take a card reader to an individual's home or take cash at the door.

Councils may also consider checking whether the individual has internet access as some people may not be aware that they have broadband with their TV packages. Where this is the case, an alternative could be to support the individual to order online where the council considers this is appropriate to meet the individual's food access needs.

g) Individual cannot access food through other routes

Individual has been identified through the triage process as needing direct support to access food.

This example may apply at the point of introduction of additional support for CEV individuals or may occur during the additional support for CEV individuals' period. Examples include commercial offers not being available in a particular area (this may be linked to delivery challenges); individuals being unable to meet minimum baskets sizes, or delivery charges.

Action: Council makes contact with individual and follows a triage process to ensure direct food support is targeted at those most in need.

Having established that the individual has no friends or family to help, cannot meet their food needs through supermarket/other local commercial food suppliers, councils would consider the most appropriate direct support.

This may include signposting or referring individuals to local volunteer network for support such as food banks, council welfare/hardship schemes with as a last resort food paid for by the council/food boxes – which may be subsidised (i.e., individual pays a contribution.)

Councils would ensure that direct food support would be nutritionally balanced and provided at an appropriate frequency. Where the council identifies that the individual has dietary, religious or cultural needs it will ensure the direct food support meets those needs. This may, for example, mean meeting dietary requirements could be best achieved by a tailored food box, rather than via referral to a food bank.

Councils could set up and implement a communication and action plan for contact with the individual to support them to pay for food themselves and access food independently, removing the need for direct support as soon as is appropriate.

## ANNEX C – Data

Support	Outcome Data Field	Definition
Contact	<b>Number of CEVs contacted by the Councils (contact can include text, letter, call, visit)</b>	<p>Numbers of CEVs the Council has contacted, either proactively or in response to registrations through the NSSS where CEV individuals are requesting support (as per the minimum expectations in the Framework). Contact can include phone-calls or other communication methods.</p> <p>There is no expectation for Councils to have contacted all CEVs in the area, although in time they may wish to. The number can reflect the priorities set out in the LA Framework – <i>“In addition to those who newly register a need for support, as a minimum, Councils should be ready to contact all CEV individuals who have previously received support to access food or with basic support needs as well as those recently added to the SPL. Councils may wish to prioritise proactive contact based on any individual risk profiles, local data on support needs from the previous national shielding period and any relevant local data sources.”</i></p>
	<b>Number of CEVs that the Council was unable to contact</b>	This is the number of CEVs that the Council has attempted to contact due to registration for support through the NSSS, them being new to the SPL, or them having been in receipt of support previously, but not successfully got hold of in order to determine whether the individual has any support needs.
Access to Food		<p>When a CEV has registered on the NSSS as not being able to rely on friends or family to shop for essentials and has also <u>not</u> requested a priority supermarket delivery slot, this information is passed to the Council to follow-up. Councils should report outcomes for any CEV they provide access to food support to, including those whose food needs present during follow-up calls around other issues. <b>These examples are not exhaustive.</b></p>
	<b>Number of CEVs who did not need support with access to food after your follow-up</b>	Follow-up refers to any CEV the Council has contacted about their support need. During that follow-up the individual no longer requires support with access to food because, for example, they find someone to shop for them.
	<b>Number of CEVs directly supported to access food (paid in part or in full by the Council)</b>	This is defined by any form of support that is <u>paid for in part or in full</u> by the Council. Support here may be in the form of services provided by the voluntary and community sector, but with funding directly from the Council; food vouchers; or direct food provision such

		as a food box or other direct provision (in the extremis).
	<b>Number of CEVs redirected to other sources to access food e.g. supermarket slots, voluntary organisations</b>	<p>This is defined by any form of support that is <u>not</u> paid for by the Council. Support here may be in the form of signposting them/helping them to access other commercial providers of food delivery services, including a delivery slot or local food banks / other services through the voluntary community sector.</p> <p>If the outcome is to access a supermarket slot, then the individual should reregister on the NSSS and amend their request for support.</p>
Basic Support		<p>A CEV has registered on the NSSS saying that they wanted to be contacted about basic support. This information is passed to the Council to follow-up. Councils should report outcomes for any CEV they support with basic support to, including those whose basic support needs present during follow-up calls around other issues. <b>These examples are not exhaustive.</b></p>
	<b>Number of CEVs who did not need basic support after follow-up</b>	<p>Follow-up refers to any CEV the Council has contacted about their support need. During that follow-up the individual no longer requires access to basic support because, for example, they can rely on friends or family to help them or a conversation with the Council is enough to meet their need; or the basic support needs are already caught within Adult Social Care; or the support request is not in the remit of the Council / the minimum expectations set out in the Framework.</p>
	<b>Number of CEVs provided with basic support</b>	<p>This is defined by any form of basic support provided (support other than food). This is defined by whether the Council has triaged / assessed the request for basic support and are satisfied that the appropriate action is in place or that the CEV has been re-directed to an appropriate source of basic support within the Council or from another organisation. This could be a referral, signposting, or provision of Council support. We recognise it is a challenge for Councils to monitor the delivery of on-going support (as it is often handed over to third parties or other Council services). Support should be recorded as a one-off case (even if the support is long-term) to avoid the risk of double-counting outcomes if one case of longer-term support is recorded week on week.</p>
Spend	<b>Overall estimate spend on support,</b>	This information is critical in enabling us to understand the future funding needs of Councils.

	<b>including associated staff time and system overhead costs</b>	Spend includes the costs for providing the support as defined in the Framework, including commitments, staff time and system overhead costs. Please include any spending incurred over the summer in preparation to be able to provide this support. We recognise that this may be an estimate.
	Below breakdown of spend to be provided where, and as far as, possible. This information is key for building the evidence base for any future funding. The fields below aim to capture approximations of the amount of the total spend apportioned to each area.	
	<b>Approximately what percentage of that overall spend was for contacting CEVs, triaging individuals' needs, and signposting to available support?</b>	This includes costs of contacting CEVs by sending letters, texts, emails, phone or other forms of communication, including any staff costs and system overheads of contacting CEVs, and signposting them to alternative methods of support (for example, supporting them to register for priority supermarket slots and signposting to local VCS support).
	<b>Approximately what percentage of that overall spend was for CEVs directly supported to access food at the expense of the council (paid in part or in full)?</b>	This is defined by any form of support to access food that is paid for in part or in full by the Council. Support here may be in the form of services provided by the voluntary and community sector, but with funding directly from the Council; food vouchers; or direct food provision such as a food box (including food picking, storage and delivery of the food) or other direct provision (in the extremis). These costs include the staff time and system overheads of directly supporting access to food in the forms outlined above.
	<b>Approximately what percentage of that overall spend was for providing basic support?</b>	This includes costs directly incurred by the council in providing basic support (including the staff time and system overheads) and any funding given to the voluntary and community sector or other partners to provide this support on behalf of the Council.
	<b>Approximately what percentage of that overall spend was on other activity to</b>	This includes other spend and commitments associated with supporting CEVs. Please provide some indication of the activity covered in these costs.

	<b>support CEVs, not captured in the categories above?</b>	
Self-Assessment	<b>How confident are you that the Council can meet CEV requests for support over the next week? (1 (Not confident at all) 4 (Very confident)).</b>	This aligns with the self-assessment Councils completed for readiness. This question is seeking views on confidence in <u>delivery</u> for supporting CEVs, as per the expectations in the Framework. This question will not be used for anything other than to identify where Councils may require additional support.

