

COVID-19 Guidance to local authorities on support to Clinically Extremely Vulnerable individuals advised to shield

1. Overview and purpose

- 1.1) This advisory framework document sits alongside the overarching [COVID-19 Contain Framework¹](#) and [DHSC advice to Clinically Extremely Vulnerable Individuals](#). It provides guidance to councils on the planning and delivery requirements for reintroduction of shielding in their area. The government is taking a more nuanced approach in the advice given to CEV individuals than during the first phase of shielding with different advice being linked to each Local COVID Alert Level. This document explains the role of councils in supporting CEVs, should shielding be reintroduced in their area. Shielding measures may be introduced in the very highest risk areas, based on clinical advice and only for a limited period of time. This will be less restrictive than the original shielding guidance.
- 1.2) Any decisions on reintroduction of shielding will be agreed at national level. A number of local partners will have a role in implementing that decision in partnership with central Government.
- 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 support the development of plans and services by all councils to prepare for the event of a short-notice decision to reintroduce shielding at any geographical level. While it gives flexibility to councils to provide appropriate support to those CEVs 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 are writing in parallel to councils with further details.
- 1.4) In circumstances where shielding is advised for CEV individuals, councils will be responsible for assessing food and basic support needs and facilitating the delivery of that support. Under the national registration model, councils will receive data on CEV individuals who have self-declared that they have a support need via the National Shielding Service System website. This new system will act as the sole platform through which CEV individuals will be encouraged to declare a support need and will generate management information on the quantum and broad nature of need. Once in receipt of this registration data, councils will be 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 the model of support set out in this framework, they should escalate this to their regional Shielding 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 to date. MHCLG will review the guidance regularly and we intend to extend the document to cover the responsibilities of other local decision makers (including the NHS).

¹ 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.

- 1.7) As part of this planning, we advise councils to continue to engage through their Local Resilience Forums (LRFs). LRFs have a coordination role to ensure that outbreak plans do not conflict across boundaries, and that any sub-regional and regional level support is prioritised in cross-regional outbreak scenarios.

2. Funding for reintroduction of shielding

- 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 will write out to local authorities with further details, including the terms on which funding is provided.
- 2.2) Where shielding guidance 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 shielding guidance 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 shielding is reintroduced 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 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 shielding measures for CEV individuals and associated support.

4. Contacting CEV individuals where shielding 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 and Directors of Public Health to inform them of any change to the guidance for CEV individuals in their local area. Once a decision has been made to reintroduce shielding, central Government letters will be sent to all CEV individuals on the SPL within the area of intervention advising them to shield and for how long. This letter can be used as evidence for Statutory Sick Pay (SSP) and Employment and Support Allowance (ESA) purposes (where they are eligible) and will signpost them to further support available within the area affected. The DHSC and MHCLG policy teams will work with the relevant Director of Public Health and the affected council(s), as well as DWP, to finalise the text of this letter before it is issued. 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.

4.2) CEV individuals who live outside the area of intervention but would have to travel to an affected area for work will be advised not to attend their workplace whilst shielding is in place. If they cannot work from home, they can request a shielding notification letter for SSP and ESA purposes via <https://digital.nhs.uk/coronavirus/shielded-patient-list>

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

4.3) Councils will need to assure themselves that they understand the needs of CEV individuals throughout the period of shielding guidance. Re-introduction of a national registration website, as the sole platform through which CEV individuals will be encouraged to self-declare a support need, will provide councils with data on those who newly register a request for support. We will use national patient communications to encourage people to register, including through the letter received by those on the Shielded Patient List upon reintroduction of shielding 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.

4.4) 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 ready for use with further planned enhancements to follow. We will issue 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. Technical guidance on the NSSS will be shared with councils shortly.

4.5) Councils should direct CEV individuals who present locally to register through the National Shielding Service System wherever possible. In cases where they are unable to do, so the council should ensure a web form reflecting their needs is submitted via the system: a feature of the new National Shielding Service System 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.

4.6) 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.

- 4.7) 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. Councils are currently continuing to receive the SPL from Government Digital Service (GDS). As of 12 October the GDS SPL feed ceased sending updates using the previous schema and the NHS will continue to send the SPL using a new scheme to individual councils directly rather than via hubs as previously. Guidance has been shared with councils on these new arrangements. 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

- 4.8) 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 would continue to be provided through the community pharmacy network. We are working across government and with external partners to ensure pharmacies' capacity and resilience to stand up services during the winter period.
- 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 CEVs where shielding 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 CEVs 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 to be sent directly to the supermarkets so they can 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) For more information on the NSSS please consult the NSSS Guidance for Local Authorities document which will be shared shortly.

6. Basic support for CEV individuals where shielding 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 volunteer services where appropriate.**

6.1) We expect councils to use their expertise in assessing any requirements for basic support (broadly understood as additional support needs arising from the requirement to shield and other than pre-existing social care needs) and provide tailored support to those that are deemed to be in most need. We also recognise these requirements may evolve, for example, we can expect that mental health and wellbeing may be a more prominent concern if people are asked to follow restrictive measures.

6.2) Broadly, we anticipate basic support needs might fall into the following categories:

- Wellbeing – social contact, providing reassurance, check-ins, welfare calls, suicide prevention.
- Practical Needs - domestic tasks, including dog walking, gardening, post office errands, personal care, home maintenance.

- Digital Needs - support for registering for supermarket slots and registering on the shielding site, home learning and support with online activities.
- Advice - financial and employment concerns, support for people with limited insight on social distancing, help with substance abuse, signposting to local specialist support services.

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

7. Data-sharing

Principles:

- **Where shielding is in place locally, councils will be asked to report data on outcomes to support central Government to ensure there is a consistent and high-quality support offer across England and to report transparently on the support provided.**
- **Central Government will continue to update the Shielded Patient List (SPL) to enable councils to plan and target support; and 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 will be shared with councils shortly.**
- **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.**

7.1) We recognise that any reporting requests should focus on assurance that a consistent and high-quality support offer is available to all those advised to follow shielding measures. We expect that councils will want to collect similar data for their own purposes.

7.2) We anticipate collecting data on the following areas:

- Numbers of CEVs contacted and needs assessed by the local councils and those the council was unable to contact;
- Numbers of CEVs the council has supported to access food (paid for by individual or costs met in whole or part by local authority) and numbers of those who did not need food support after follow-up;
- Numbers of CEVs provided with basic support and/or social contact and numbers of those who did not need basic support after follow-up; and
- Reports on spend including relevant breakdown.

7.3) Specific data fields requested will be issued to councils in due course and detailed in technical guidance. We propose that registrations data provided by the new National Shielding Service System will act as central government's MI on declared support needs at council and national level. Registering of all locally presenting CEV individuals will ensure these cases feed through into the management information produced by the system (the 'dashboard').

8. Clinical review points

Principles:

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

8.1) As with introduction of these measures, to pause measures is a decision that can only be taken by Ministers, on advice of the Chief Medical Officer.

8.2) Shielding advice can be very restrictive for individuals who follow the advice, and we are committed to the principle that people should not be advised to follow these measures for any longer than is necessary. However, it is prudent that advice is lifted a short while after wider measures are lifted, to readjust (e.g. they are not immediately required to return to work).

9. End of measures and associated support

9.1) When a decision is made to lift shielding advice 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 shielding 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 people if shielding advice is reintroduced, 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.
- 10.2) 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.
- 10.3) In each of the thematic areas, planning should also consider the seasonal effects of a reintroduction of shielding. 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.
- 10.4) 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.²
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² Comments can be sent to shielding@communities.gov.uk

ANNEX A- Local CEV support checklist

1. Preparation checklist for localised reintroduction of shielding

Checklist for Preparation phase:

Theme	Topic
Local outbreak area / boundaries	Identify those likely to require support within CEV 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 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 support needs
Communication	Identify communication routes that may fit into a wider communication strategy for the reintroduction of shielding (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 shielding is to be reintroduced 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

2. Activation

Once shielding is reintroduced 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 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 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]

3. Implementation

Once shielding 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

4. Recovery

MHCLG will confirm the decision of Ministers and the Chief Medical Officer to pause shielding 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 shielding
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 reintroduction of shielding 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 reintroduction of shielding in their local area. 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 guidance will be introduced. Councils will have been receiving and will continue to receive an updated Shielding Patient List (SPL) during any shielding 'pause' and will receive registration data on CEVs' needs 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).
- 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 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/2YAlokh) (<http://bit.ly/2YAlokh>) produced by DEFRA. We are looking at what may be needed in

addition to assist councils to utilise supermarket support offers and are developing a 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 shield 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.

1. Self-sufficiency

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

2. Online priority supermarket shopper – already registered for online shopping account³

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.

3. 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.

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

³ Individuals must register with one of the 7 supermarkets that offer priority supermarket slots to shielding CEVs individuals – Asda, Iceland, Morrisons, Ocado, Sainsbury's, Tesco and Waitrose.

4. 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.

5. 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.

6. 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.

7. 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 reintroduction of shielding or may occur during the shielding 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.

