
Report To:	Policy and Resources Exec Sub-Committee	Date:	2 June 2020
Report By:	Corporate Director Environment, Regeneration & Resources	Report No:	PR/24/20/MM
Contact Officer:	Martin McNab	Contact No:	01475 714246
Subject:	COVID-19 Shielding & Humanitarian Assistance Centre		

1.0 PURPOSE

- 1.1 To advise Committee on work to support the “Shielding” and other high risk groups in the course of the COVID-19 pandemic.

2.0 SUMMARY

- 2.1 At the onset of the COVID-19 pandemic in the UK a cohort of people with health conditions which rendered them extremely vulnerable to the infection were advised by the UK and Scottish Governments to “Shield” for a minimum of 12 weeks avoiding leaving their homes and contact with others. Since this initial advice went out the Council has run a Humanitarian Aid Centre (HAC) to offer support to this group.
- 2.2 A second, far larger, cohort of people who are more vulnerable to COVID-19 than the general population due to their age or underlying health conditions was also identified. This group was not advised to Shield but was advised to limit contact with the outside world beyond the advice and restrictions placed upon the general population. In April 2020 a national helpline was launched to provide support & advice to this group. This helpline directs Inverclyde residents to our Humanitarian Assistance Centre.
- 2.3 At the request of members a further line was set up for those who may be struggling with lockdown restrictions as a result of vulnerabilities which do not place them in the health risk groups. This helpline has been staffed by officers from Education & Communities but will be subsumed into the overall HAC provision in due course.
- 2.4 The launching of the Test & Protect strand, previously known as Test, Trace, Isolate & Support, has placed a further demand upon the Council's humanitarian provision. Those asked to isolate as a result of infection or contact will receive appropriate support from the Council & its partners. Obviously this will not be for the same length of time as the Shielding group, being limited to 14 days, but there may be specific need for certain services including potentially accommodation.

3.0 RECOMMENDATIONS

- 3.1 That the committee notes the contents of this report.

4.0 BACKGROUND

- 4.1 The Council's Public Protection section has now been running a Humanitarian Assistance Centre for a number of weeks. The first target group for this was the Shielding cohort who were asked to remain at home and not leave for an initial period of 12 weeks. The main tasks initially for the HAC were making direct contact with all of those on the Shielding list in Inverclyde, a number that was initially approximately 1600 but is now just short of 3000 and the development of support pipelines using Council, HSCP and third sector services. The support and assistance of CVS Inverclyde, the Council's Third Sector Interface organisation has been invaluable in this.
- 4.2 Shortly after the initial setting up of the HAC a national helpline was launched for those with additional vulnerabilities to COVID-19 as a result of age or underlying health conditions also known as Non-Shielding At Risk (NSAR). This helpline has been directed through the HAC since its outset and appropriate assistance and advice given to callers. At the request of the Committee the Council has an additional helpline for all of those requiring assistance who do not fall into either the Shielding or NSAR categories. To date this has operated in parallel with the HAC to ensure that there is sufficient capacity for the Shielding group but it will be merged into the HAC provision in due course.
- 4.3 Requests for support arising from the Test & Protect provisions being brought in to support those cases and contacts asked to self-isolate will also be directed through the HAC. Currently it is expected that most needs will be met from current partnership provision but there may be additional need for separate accommodation. Discussions on how this need might be met are ongoing at the level of the Greater Glasgow & Clyde LRP.

5.0 SHIELDING SUPPORT

- 5.1 Members will be aware that support for the clinically high risk Shielding group is co-ordinated by local authorities. In Inverclyde this service is currently co-ordinated by the Public Protection Service. The delivery and development of the service through the "Humanitarian Assistance Centre" (HAC) and associated helplines is an ongoing process. This has involved direct contact, as far as has been possible, with all of those in the Shielding group to establish their needs and ensure that they are aware of the service, together with the development of a number of support pipelines for various possible support needs. For a large number of these needs we have worked closely with CVS Inverclyde who have coordinated the delivery of volunteers and groups to support the Shielding group. The initial advice to individuals to Shield was for a 12 week period. It is very likely however that this may be extended, potentially for over a year. This extended period will be a challenge for the ongoing delivery of services to the group and will undoubtedly also be very challenging for those called upon to isolate for a very long period. It is likely that the needs of this group will develop over this time with a greater need for psychological support being one likely outcome. From a local authority point of view it will also be necessary to develop this into a sustainable service over this period.
- 5.2 Those who are asked to Shield from COVID-19 are identified as those who are at the clinically highest risk from COVID-19. They were initially identified as those with one of a list of defined conditions from NHS systems. This produced an initial tranche of over 1500 for Inverclyde. Subsequent additions to the list have been made by both GPs and hospital clinicians with the result that there have been 8 tranches of additions at the time of writing this report. It should be noted that only a GP or other clinician can add anyone to the list. As might be expected the additional numbers have decreased with each tranche giving a total of 2984 in Inverclyde at the time of writing this report. Direct phone contact has been attempted with all of those on the Shielding list although there has been a small proportion whom we have not been able to contact. Appendix 1 indicates the numbers outstanding in each tranche. All reasonable efforts have been made to contact everyone on the list, and where this has not been possible to gain some confidence that they have been in contact with other services, both NHS and Council. A large number of letters have been hand delivered to those we could not contact by phone which have provoked a reasonable response. We will have to accept that there may be a small number of people who may be isolating elsewhere or for whom contact details are incorrect but members should be assured that we are

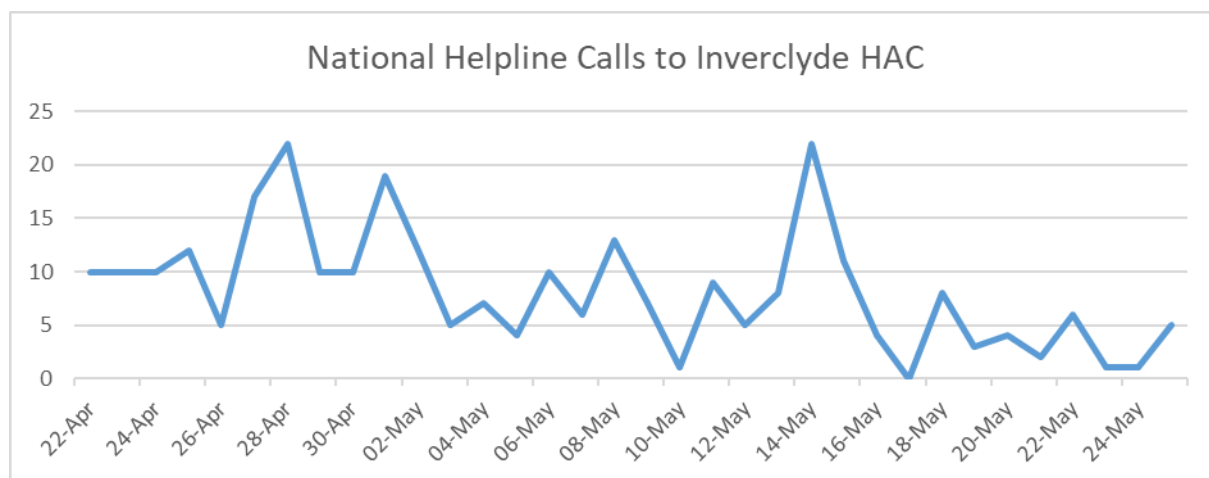
working to minimise this.

- 5.3 The current process map for supporting those who are Shielding is attached at Appendix 2. This is a live document which is being added to all of the time as new support needs are identified. Some services, such as food deliveries, are provided via national contracts and arrangements. Others are provided by volunteers co-ordinated by CVS Inverclyde and by bodies falling under CVS-Inverclyde's umbrella. A number of services are provided by the HSCP including mental health and financial advice. For emergency repairs a number of firms have undertaken to provide assistance. In each case where employees are required to enter the home of someone who is Shielding suitable training and instruction is given together with appropriate PPE to ensure that the Shielding individual is not put at risk. Coordination has also taken place with RSLs to ensure that similar precautions are in place in that sector.
- 5.4 Throughout the period that the Humanitarian Assistance Centre has been in operation there have been two major challenges to delivery of the service. The first of these has been the recurring issues experienced with delivery of food boxes. Food boxes are delivered to those requesting them by the Scottish Government's contractor on Friday each week in Inverclyde. Over the past month or so we have had consistent issues with failed deliveries resulting in staff from Public Protection and CLD having to deliver a large number of emergency food bags to those expecting deliveries. This has been at a significant cost to the Council both in terms of the cost of food and officer time in an area of service which is supposed to be fully funded and delivered by the Scottish Government and its contractors.
- 5.5 The second area which has been challenging has been the management of data. The Government Digital Office indicated that a solution for this was available and this was procured under a short term contract. Unfortunately considerable time was spent trying to implement this without success and ultimately the decision was taken not to spend any further officer time or provide the requested additional development costs to make the solution usable. For the longer term we are now looking at the feasibility of bringing the contact management into the Council's KANA CRM system which will make it easier to mainstream the service.

6.0 THE NATIONAL HELPLINE AND THE INVERCLYDE HELPLINE

- 6.1 On the 22nd April the Scottish Government launched a national helpline for those identified as being more vulnerable to COVID-19 but who did not fall into the Shielding category, also known as No-Shielding at Risk (NSAR). This wider vulnerable group encompassed all of those over 70 together with those suffering from a number of conditions which would make them more vulnerable than the general population. In general the NSAR group is made up of those who would previously have been offered an influenza vaccination on health grounds and consists of around a third of the population.
- 6.2 Since its outset the national helpline has been directed to Inverclyde Council's Humanitarian Assistance Centre together with the calls to the direct Shielding line. The number of calls to the Inverclyde HAC from the national helpline is shown in Figure 1 below. It can be seen that, in general, this has declined since the launch although it should be noted that additional publicity invariably leads to a temporary upturn in calls as seen on 14th May. Callers to the HAC from the national helpline are offered appropriate assistance by the Council, HSCP and CVS Inverclyde. Two of the most obvious differences from the Shielding process are that this group does not get access to the Scottish Government's food offer and they do not need the same level of precautions to be exercised by contractors. It should also be noted that the Shielding Group are offered priority access to the main supermarkets' delivery services. This is not extended beyond the Shielding Group however as the system would not have sufficient capacity.
- 6.3 At the request of the Committee a further helpline was established in Inverclyde to offer support & assistance to those requiring it who did not qualify under either the Shielding or NSAR categories. Initially this was kept separate from the HAC as there were concerns that a large number of call would potentially result in delays for the Shielding group. As the vast majority of that group has now been contacted however it is likely that all calls will be handled by the HAC going forward. This will make it easier to manage the process in future

particularly as the HAC will require to be streamlined once all of the outgoing calls to the Shielding Group have been made. The chart below details the number of calls coming in from the national helpline. In general there has been a decline from a peak number of calls in late April with the exception of 14th May which most likely coincided with some renewed national publicity for the helpline.



7.0 TEST & PROTECT

7.1 Safe removal of the restrictions imposed to control the COVID-19 pandemic are dependent on the instigation of a system to test all possible cases, trace their contacts and isolate and support those contacts to limit the spread of the virus. This system was previously known as Test, Trace, Isolate & Support but is now referred to as Test & Protect in Scotland. The involvement of local authorities in this strategy is twofold. Environmental Health staff have been seconded to the Health Board to assist in leading teams of contact tracers. This will be for a 2-3 month period while a national system, which may be in operation for up to 2 years, is set up. Secondly local authorities will be expected to run, at least initially, support services for those in need in this group through their HACs.

7.2 Contact tracing is scheduled to resume in Scotland on the 28th May. From this point on people will be asked to self-isolate for 7 days if symptomatic and 14 days if they are an asymptomatic contact of a case. In extreme circumstances if someone becomes symptomatic right at the end of the 14 days they would be required to isolate for a further 7 days giving a total of 21 days. There is an expectation that there may be a need for support for a proportion of those required to self-isolate along the lines of the support given to Shielders and the NSAR group e.g. help with food, prescriptions, emotional support etc. The Scottish Government has commissioned some research into the possible demand for this but certainly in the interim the expectation is that Council HACs will be the route into such support.

7.3 There may also be a need in some circumstances for the provision of accommodation for those who cannot safely isolate at home. We will discuss this further with GG & C Health Board and colleagues from the other five authorities in the health Board area to see if there is a potential health board wide solution to this issue. The obvious solution would be an option to use rooms in a designated hotel as the need arises as the provision of housing with partner RSLs would not be sufficiently agile to address this need.

8.0 FUTURE PROVISION

8.1 It is likely that there will be a need for the HAC to continue for some considerable time to support the needs of both the Shielding group and the ongoing need to support those isolating under the Test & Protect strand. It is to be hoped however that the actual demands will reduce over time to updates and supporting developing needs as opposed to the initial contact required to the Shielders. With the development of established support pipelines the signposting of calls should also be simpler going forward.

8.2 Officers are currently looking at capturing the HAC processes in the Council's KANA CRM system which will allow for a greater range of options around how this service is delivered going forward. We will undoubtedly need the ongoing support of all of our partners both internal and through CVS Inverclyde over the course of this longer period.

9.0 IMPLICATIONS

Finance

9.1 Extra costs to date of supporting the HAC are projected to be £35,000 and are currently reported as being met from the COVID-19 funds. There are currently no additional costs arising from this report and any subsequent costs arising from the development of KANA or for support under the Test & Protect strand will also be reported in that way. It should be noted that the UK Government announced the award of £300M to English Council's to support Test, Trace, Isolate & Support on 25th May. It remains to be seen whether any consequential will be forthcoming from the Scottish Government.

Legal

9.2 There are no legal implications arising from this report.

Human Resources

9.3 There are no human resources implications arising from this report.

Equalities

9.4 Equalities

(a) Has an Equality Impact Assessment been carried out?

Yes See attached appendix

No This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.

NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.

NO

Repopulation

9.5 There are no implications for repopulation arising from this report.

10.0 CONSULTATIONS

10.1 The Corporate Management Team has considered this report and approves the recommendations.

11.0 BACKGROUND PAPERS

11.1 None.

APPENDIX 1 _ Shielding figures at 28/05/20

Shielding Batch	Total Shielding	Contacted	Letters sent	Contact as yet unsuccessful	Did not respond to letter	Letter due	Still trying by phone	Not contacted/ Health or SW contact in 2020	No. calls to Shielding Line	
									Shielding	Non-Shielding
1	1504	97%	124	43	43	0	12	24		
2	304	99%	12	4	4	0	0	2		
3	339	97%	43	11	11	0	4	8		
4	265	93%	140	19	19	0	7	14		
5	218	79%	110	45	45	0	6	2		
6	197	83%	81	34	34	0	7	0		
7	96	93%	7	7	7	0	2	1		
8	50	92%	10	4	4	0	3	1		
9	35	20%	0	28	0	0	27	2		
Total	3008	94% (2813)	527	195	167	0	68	54	3612	546

Shielding Patients Contacted

