Department of Health & Social Care

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Department of Health and Social Care
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Dear colleagues,

RE: Note on potential future changes to shielding advice in local areas

The Contain Framework sets out the government's overarching aim, to empower local decision-makers to act at the earliest stage for local incidents, and ensure swift national support is readily accessible where needed. For shielding advice, we are keen to apply the same principle, working collaboratively with Directors of Public Health knowing that you will have detailed understanding of your local communities. The clinical definitions for the shielding programme were originally agreed by CMO and I act personally on his behalf to maintain clinical continuity in the programme. Our aim is to work with local systems in providing a shared clinical assessment of the optimum time for any potential changes in shielding advice in order to protect this highest risk groups over the next few months.

What is shielding and how is it used

- Shielding is a set of advice and support for Clinically Extremely Vulnerable (CEV) people to help protect *themselves* from the risk of exposure to Covid-19.
- It is important to note that shielding is advisory, it is not a requirement.
- Shielding is used to protect those individuals at highest risk of serious illness from exposure to the virus *during the peak of an outbreak*.
- Shielding should not be in place any longer than is necessary, because there are potential risks associated with the social isolation and economic impact of advising people to stay at home and significantly reduce their normal daily living routines for extended periods of time.
- It may be appropriate to reintroduce shielding in a local area that is experiencing a significant peak in the incidence of the virus, but that needs to be balanced against the further extending the imposition for a group that have been shielding for four months already.

Process for reintroducing shielding

There are a number of components to the shielding programme that can only be initiated or managed centrally and therefore we want to share with you a guidance framework for any future changes in advice at local level. Our approach has been developed from conversations with a number of DPH colleagues who have helped our understanding of your needs and is proposed principally to ensure that wherever possible, those vulnerable residents within the shielding programme can receive consistent, sensitive messaging and that we can jointly reinforce this wherever we are working on the shielding programme across systems. We suggest that:

- If you think it is appropriate to reintroduce shielding in your local area, you should escalate this through the Contain Framework processes. If you are concerned you can also discuss this with the DHSC Shielding Policy team and, if urgent, the DCMO's office.
- **The reintroduction of shielding in a local area is a decision that must be taken by Ministers on the advice of the CMO.** There are a number of reasons why this is the case:
    - There are funding implications for shielding, especially liabilities to employers about paying statutory sick pay, that mean this decision needs collective ministerial agreement.
    - Statutory Sick Pay regulations also require that people eligible for SSP must receive a 'shielding notification' (letter) from DHSC or the NHS to evidence their current status, and that notification needs specific wording to ensure employers are legally obliged to pay SSP (a Local Authority issued letter does not meet the legal threshold as evidence).
- Shielding would usually only be introduced in an area where there is a significantly raised incidence rate, along with other significant changes in epidemiological and population risk variables. The epidemiological data is important but there is no current predefined threshold because we recognise the importance of other contextual factors to be considered in each area.
- Once a decision has been made to introduce shielding, central letters will be sent to all CEV individuals on the Shielded Patient List within the area of intervention. This letter entitles them to Statutory Sick Pay and whatever further support is put in place in that intervention area. The DHSC and MHCLG policy teams will work with the DPH and Local Authority to finalise the text of this letter before it is issued but in order not to disadvantage those in the CEV group this must currently be issued nationally. Ideally this national communication is reinforced locally via outreach through local support groups and in a range of locally used languages.
- We will also coordinate nationally communication to GPs in your area through the CCG and the NHSE national Primary Care team, ensuring that they are aware of any changed guidance. We recognise you are likely also to have local systems in operation.
- **The decision to end shielding also rests with ministers on the advice of the CMO.** In general, shielding has been operating on a 2-3 week lag behind lifting of wider measures, to ensure that incidence rates do not rise again before we advise the most vulnerable to resume normal living and in the first stage of step down, to allow for a reasonable period of psychological adjustment. Therefore, we would expect advice to shield would be lifted at least 2 weeks after other restrictions are lifted.

What else you can do to support Clinically Extremely Vulnerable people during a local outbreak

- DPHs and LAs can of course continue to issue their own targeted advice to CEV groups - for example to avoid certain geographical areas or take extra care - but, to support local people maximally this should not formally be presented as reintroducing shielding for the reasons set out above until a national decision has been taken If there are any further queries or concerns, I would be happy to discuss these at the regular DPH meeting with CMO.

Yours sincerely,

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