

Proposal for governance of Shielded, Non-Shielded Vulnerable and Volunteering programmes

1. We have been looking at the direction and governance of the Shielded, Non-Shielded Vulnerable (NSV) and Volunteering programmes. There is a great deal of overlap between these issues, with responsibilities and control of the delivery elements of these programmes currently distributed across Whitehall, local authorities (LAs) and the voluntary sector.
2. We currently have 10 Senior Responsible Officers (SROs) covering elements of vulnerable and volunteering work: (programmes where at least one strand of work involves vulnerable groups or relies on volunteers)
 - a. Shielding (MHCLG/HMIG - Chris Townsend)
 - b. Adult Social Care (DHSC/HMIG - Jonathan Marron/

NR

)
 - c. Out of Hospital Care (DHSC/HMIG - Jonathan Marron/Antonia Williams)
 - d. Charities (DCMS/EMIG - Scott McPherson)
 - e. Food supply (DEFRA/GPSMIG - David Kennedy)
 - f. Non-shielded vulnerable (CO/GPSMIG - Simon Case)
 - g. Volunteering (DCMS/GPSMIG - Scott McPherson)
 - h. Vulnerable children (DfE/GPSMIG - Indra Morris)
 - i. Homelessness (MHCLG/GPSMIG - Louise Casey)
 - j. GoodSAM (NHS England/HMIG - Neil Churchill)
3. Recent cross-Whitehall conversations have revealed that these SROs are running more-or-less independently of each other, leading to friction between the programmes and confused instructions to those delivering services. This is not a criticism of the programmes or the SROs; it is a consequence of the speed at which programmes have been developed as we respond to Covid-19. At this stage of our response, we do not currently have complete pictures of what is going on in these areas, nor do we yet have a single vision for how to support vulnerable people and use our volunteer workforce. If we adjust how we are coordinating the programmes, we ought to be able to (i) effectively support the most vulnerable in our society; (ii) use the large number of volunteers effectively; (iii) ensure people don't fall between the gaps of different service offerings; and, (iv) ensure that there are effective escalation routes to deal with emergent problems.
4. On top of this, we also have the GoodSAM volunteering programme, which currently sits outside the programmes being monitored by our PMO (it is under the direct control of NHS England). A number of our programmes are dependent on the supply of volunteers. At present, it is nearly impossible to know whether we are delivering on our policy intent on the ground because of the lack of coordination across our supply of and demand for volunteers. The latest statistics on the use of GoodSAM show that there are currently 607,052 volunteers registered to the service, but they are only completing approximately 4,500 tasks a day. High level conversations are required across DHSC and NHSE to ensure that future activity relating to GoodSam is done in a coordinated fashion alongside other activity relating to vulnerable people and deployment of our volunteer workforce.
5. We have largely aligned and socialised the political will around these projects – there is now collective agreement that we need to take special steps to support the vulnerable during this crisis. We now need to make sure we line up the programme structures to deliver this political will effectively.
6. All three of the programmes we have reviewed (shielded, NSV and volunteering) rely on a similar set of underpinning functions and partners – and these similarities all point to the need for a single point of coordination:
 - a. The shielded and NSV programmes are effectively responsible for (i) identifying cohorts of people; (ii) capturing the scale of their need; (iii) commissioning services that meet their needs - for example,

food delivery through DEFRA and/or supermarkets. There is clearly a need to ensure that these programmes are running coherently with each other and do not overlap or leave gaps in a way that leads to confusion or poor support for vulnerable people.

- b. The three programmes rely on local authorities for some elements of delivery and reporting. There is a need for one point in the centre to know what communications are going to LAs and how LAs are performing in all areas related to the vulnerable.
 - c. The data infrastructure of each programme is very similar and can be easily overseen by GDS. GDS would benefit from having a single point of authority rather than having to answer to multiple customers simultaneously.
 - d. There is a widespread view that volunteers are a key source of support for many vulnerable groups, and a need to ensure that there is a single point of coordination to make sure that supply is being effectively matched with demand.
 - e. Judgements are constantly required about the balance between the support to shielded and non-shielded cohorts, to make sure we do not diminish support inadvertently to one or the other.
7. Perhaps most importantly, if we are going to end this phase of our Covid-19 response effectively we need to be able to pull together a detailed picture of what any changes in policy would have on these vulnerable groups. There is no one person currently able to answer the implications of such policy changes on vulnerable groups.
8. We therefore believe that these programmes need to be glued together via a single strategy, operating model and governance structure. By bringing these three programmes together under a single coordinating mind, we should be able to achieve this, maximise efficiencies and reinforce the assurance function we need to sure that these groups in our population are being supported or well-used (in the case of volunteers). To support a new "gold" SRO we will need to make sure that NHS England will cooperate over tasking GoodSAM, that MHCLG will support in increasing the reporting around LA performance, and that we build a single approach to managing our volunteer workforce. This "gold" SRO will thus need to be part of a clear governance structure that gives them a suitable level of authority over the entire cross-Whitehall effort to support the vulnerable. They need to be able to ensure that policy is actually being delivered on the ground; that accurate information is being collected; and that all elements of Government are operating in an effective and joined-up way.
9. We believe that this function will need to be performed by a Minister, to ensure that the figure has the necessary authority to direct effort across government and manage any challenges around political alignment. The approach we are proposing is, in effect, politically-backed portfolio management. This does not mean detailed management of all elements of all relevant programmes (the ten mentioned above). Rather, it would mean close management of the core programmes (shielded, NSV and volunteering) and ensuring the connections to the other relevant programmes are effective. We think this role would naturally fall to CDL, as part of his function as Chair of GPSMIG (perhaps supported by Penny Mordaunt). We would need to support CDL with some official coordinating function (this could be relatively easily done from the CO NSV team, for instance), which would work closely alongside the PMO in Mark's team to avoid duplication of effort. The support for CDL will need to include expertise on delivery in LAs and/or the voluntary sector. Issues requiring collective agreement would naturally be taken through GPSMIG. Specific delivery reports and issues could be taken through sub-groups of GPSMIG which are more focused on delivery matters.
10. A proposed governance structure, with roles and responsibilities, for this coordinating role is set out below. Informal exploratory conversations have been had with the departments of contributing programmes. These conversations must be concluded once formal approvals are given. Please note: other contributing programmes may need to be added based on further gap analysis, especially around specific groups of non-shielded vulnerable people, including tackling financial vulnerability, support to the disabled and support to victims of domestic abuse.

Shielded Vulnerable, Non Shielded Vulnerable & Volunteering Coordination – A portfolio approach
Lead Minister: CDL

Strategy, Policy & Governance (CDL + supporting coordination function)	Responsible for: <ul style="list-style-type: none"> <input type="checkbox"/> The overall strategy relating to these groups <input type="checkbox"/> Scope & definition of various cohorts <input type="checkbox"/> Design principles for the offer to these people <input type="checkbox"/> Policy alignment & sign-off for interdepartmental work relating to these groups <input type="checkbox"/> Necessary governance to coordinate the activity between all related activity <input type="checkbox"/> The management information and reporting on the effective support to these groups <input type="checkbox"/> Communications (inc. public awareness) <input type="checkbox"/> Managing appropriate dependencies between these related programmes <input type="checkbox"/> Assuring activity from related programmes associated with Shielded Vulnerable, Non-Shielded Vulnerable & Volunteering groups <input type="checkbox"/> Conducting gap analysis to understand additional offers required to these groups 							
Client Management (GDS+)	Responsible for: <ul style="list-style-type: none"> <input type="checkbox"/> Coordination of communications to this group <input type="checkbox"/> GOV.UK level signposting and needs capture as appropriate to support use of services <input type="checkbox"/> Other communication channels (i.e. phonenumber) to access support <input type="checkbox"/> Push communications encouraging people to access these services 							
Service Delivery (Depts)	Responsible for: <ul style="list-style-type: none"> <input type="checkbox"/> Delivery of services <input type="checkbox"/> Managing relationships relevant to each delivery area 							
Contributing Programmes	Shielding	Charities/ Volunteering	Food Supply	GoodSam	Vulnerable Children	Homelessness	Adult Social Care	Out of Hospital Care
Supporting SRO	Chris Townsend	Scott McPherson	David Kennedy	Neil Churchill	Indra Morris	Louise Casey	Jonathan Marron/ Ros Roughton	Jonathan Marron/ Antonia Williams