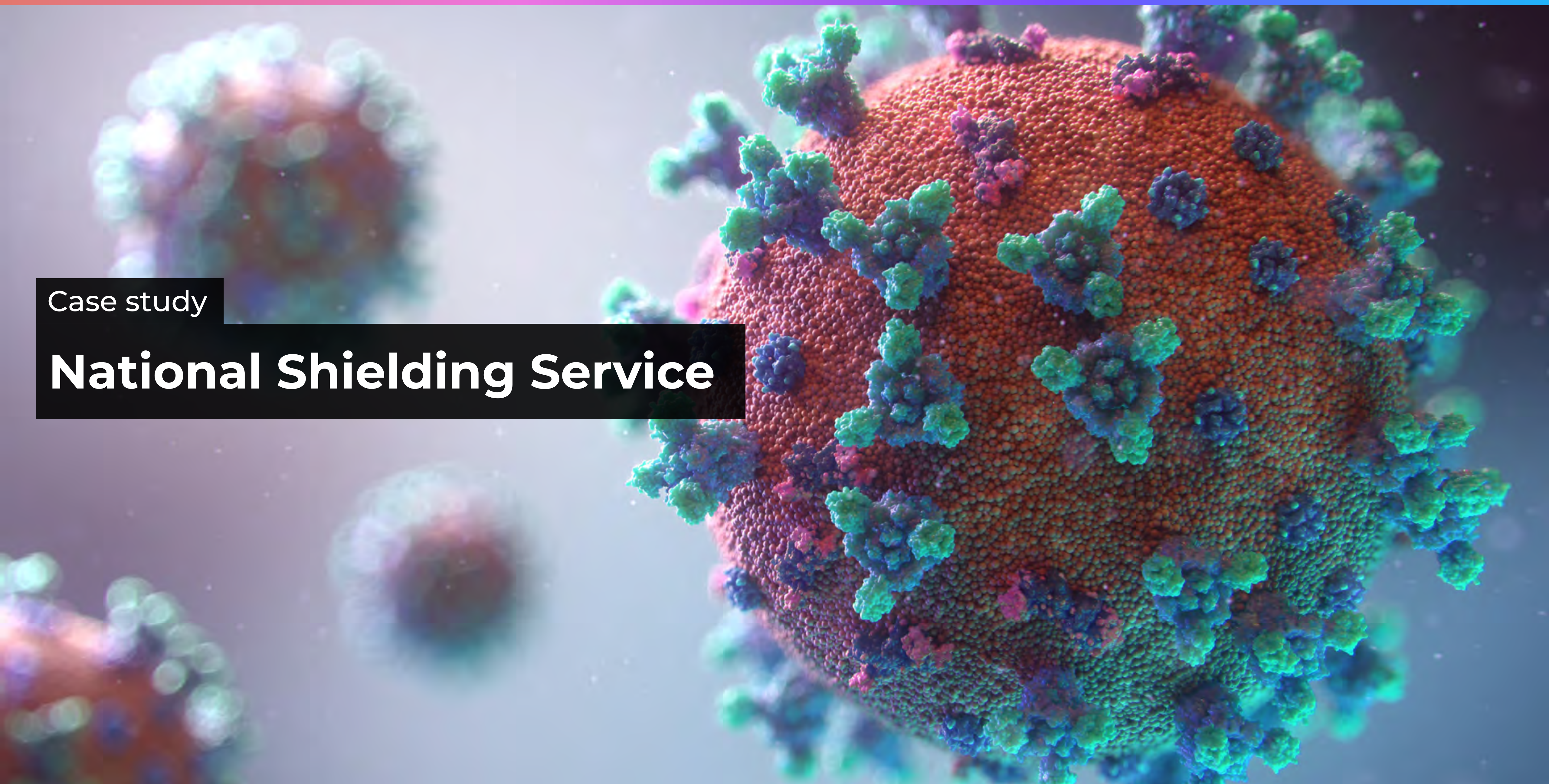


Case study

National Shielding Service



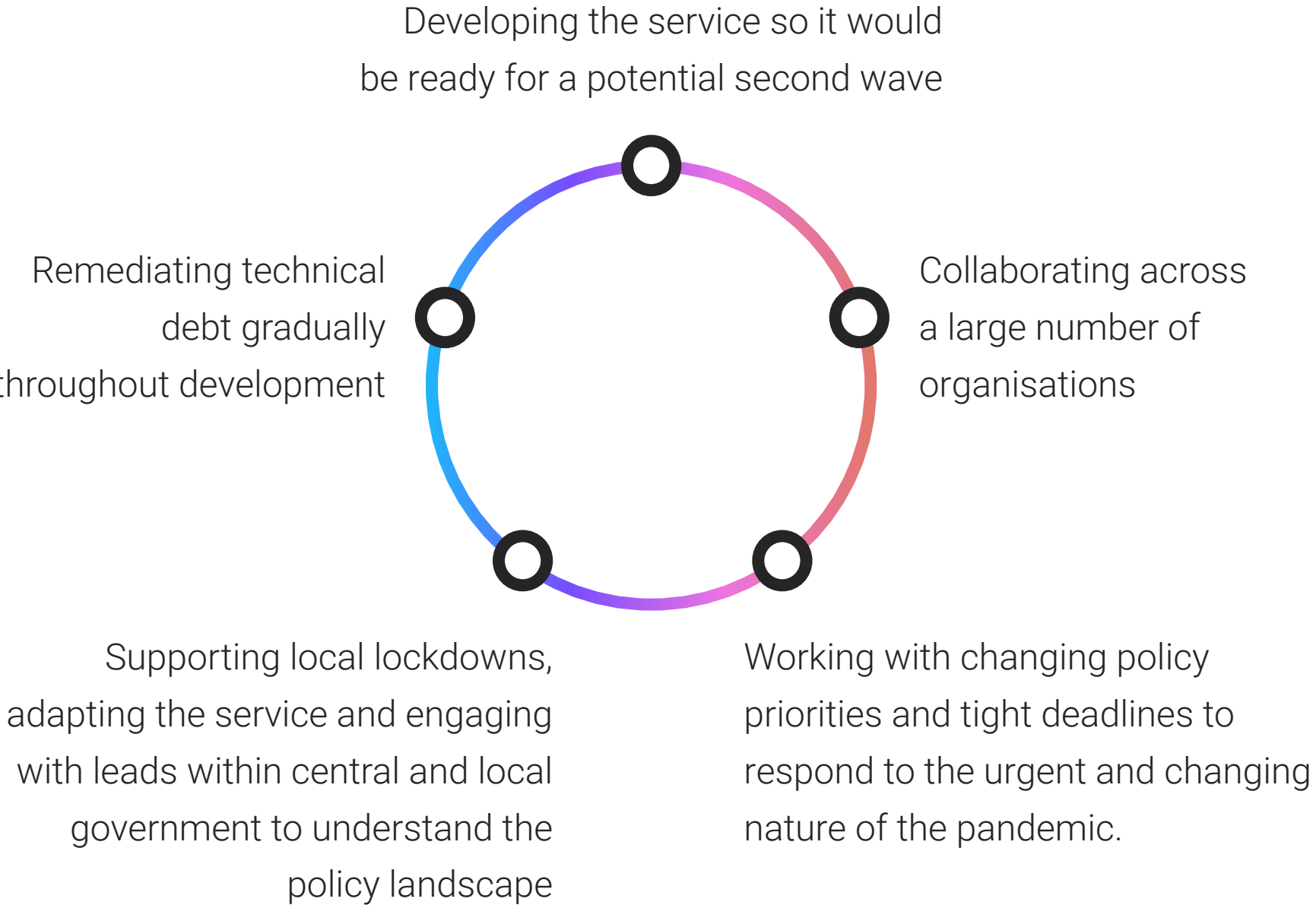
Background

During the Covid-19 pandemic the UK Government needed to establish a mechanism for supporting clinically extremely vulnerable people who needed additional support to access food and social care whilst shielding at home



The challenge

A rudimentary service was quickly developed by GDS to satisfy immediate needs using effective but short-term technology choices, incurring extensive technical debt. Further work was required to develop and maintain the service throughout lockdown:



The team we put in

For the duration of the work, Methods provided an SC-cleared team consisting of:

- Delivery Manager
- Product Manager
- Business Analyst
- Tech Lead
- 4 full-stack developers (including data engineering and front-end development)

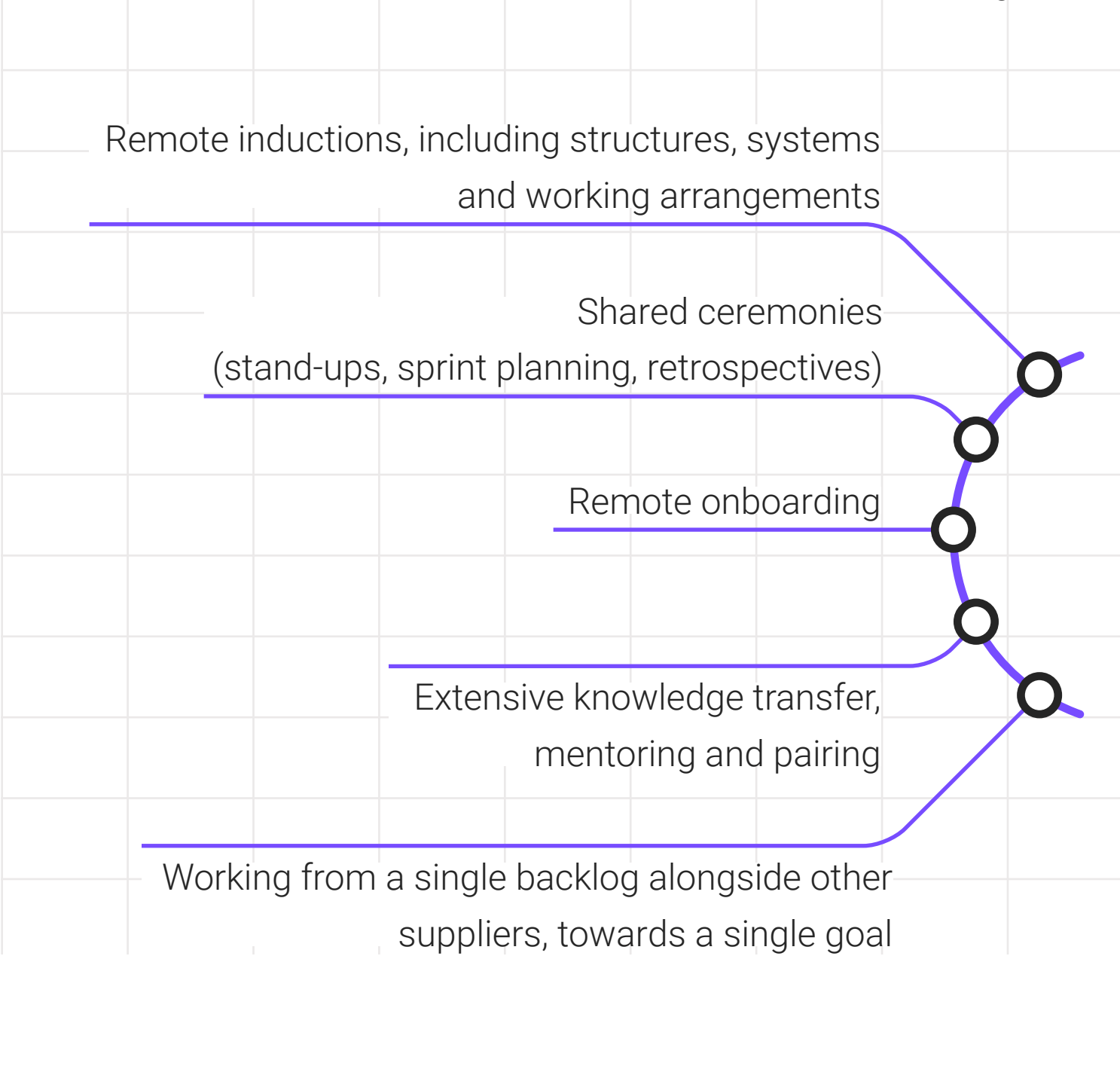
The team was made up of permanent Methods staff and trusted associates and was mobilised within 5 days of the Statement of Work having been received.

As the service was in production throughout lockdown Methods also provided a 24/7 out-of-hours support team of engineers working on an on-call basis. This team was mobilised within 10 days.

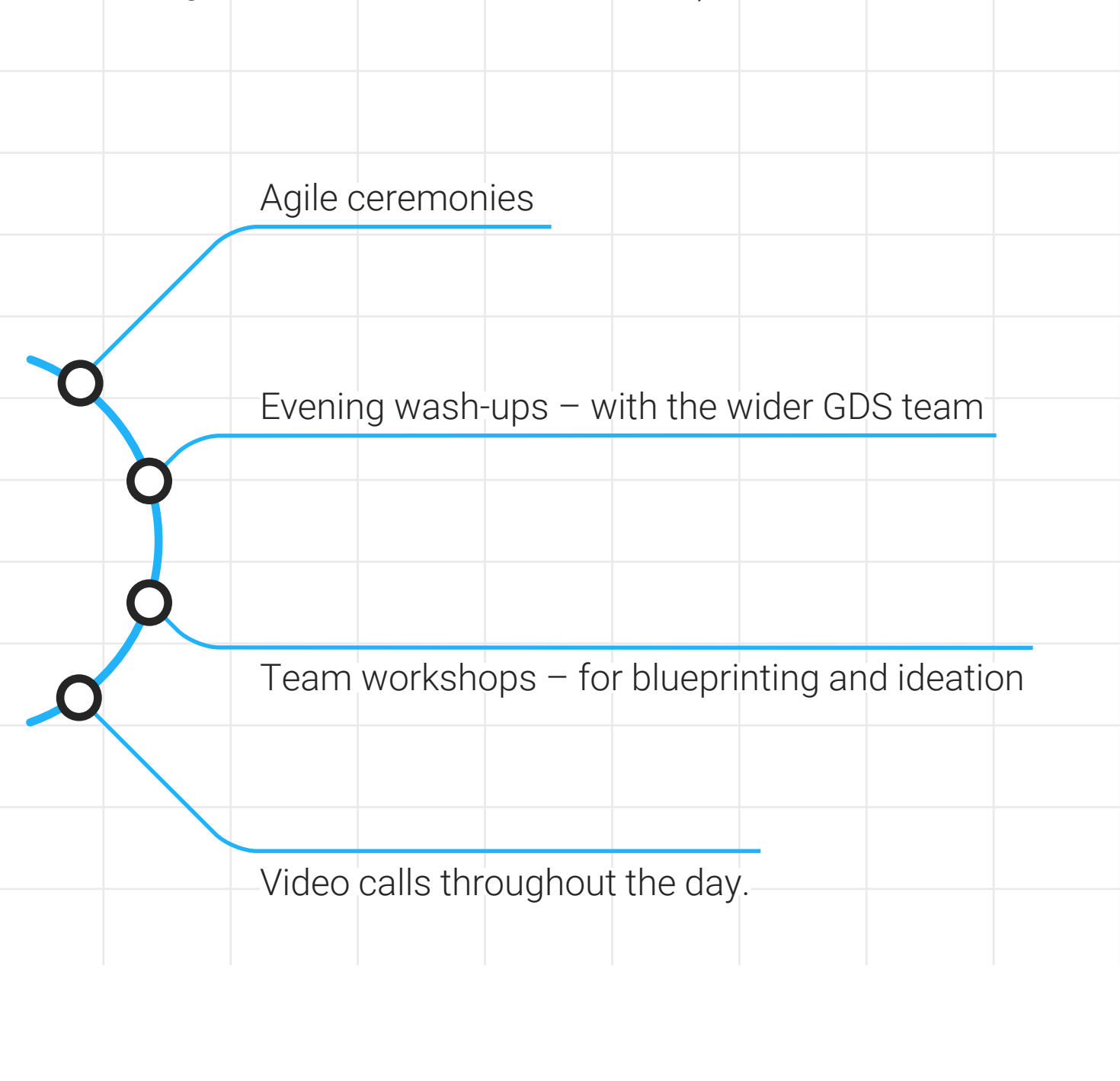
How we went about the work

Initially Methods supported the development, delivery and maintenance of the service for Shielding Vulnerable People, integrating with GOV.UK Notify to send notifications to citizens registering for assistance.

The **Shielding Team** was made up of in-house Civil Servants and other suppliers, such as Newton Europe and Thoughtworks. Although working remotely, Methods promoted a 'One Team' Ethos through:



The work was **delivered iteratively** using an agile Scrum methodology, and to help the team embed while working remotely, we ensured use of collaborative tools throughout (such as Google Meet, Teams, Slack and Miro) to run:



Google Docs was used for storing, sharing and reviewing documentation, working closely with senior stakeholders and department heads to seek feedback, to make design changes and to finalise the end design for the solution.

In addition to the project team Methods also worked alongside:

-  Cabinet Office
-  Ministry of Housing, Communities & Local Government
-  Department for Work & Pensions
-  Department for Environment Food & Rural Affairs
-  NHS
- Local authorities
- Local Resilience Forums (LRFs)
- Food distributors
- Food charities

What we delivered

Anticipating the Autumn second wave we introduced a robust but flexible solution, based on a scalable architecture, developed iteratively incorporating feedback from user testing.

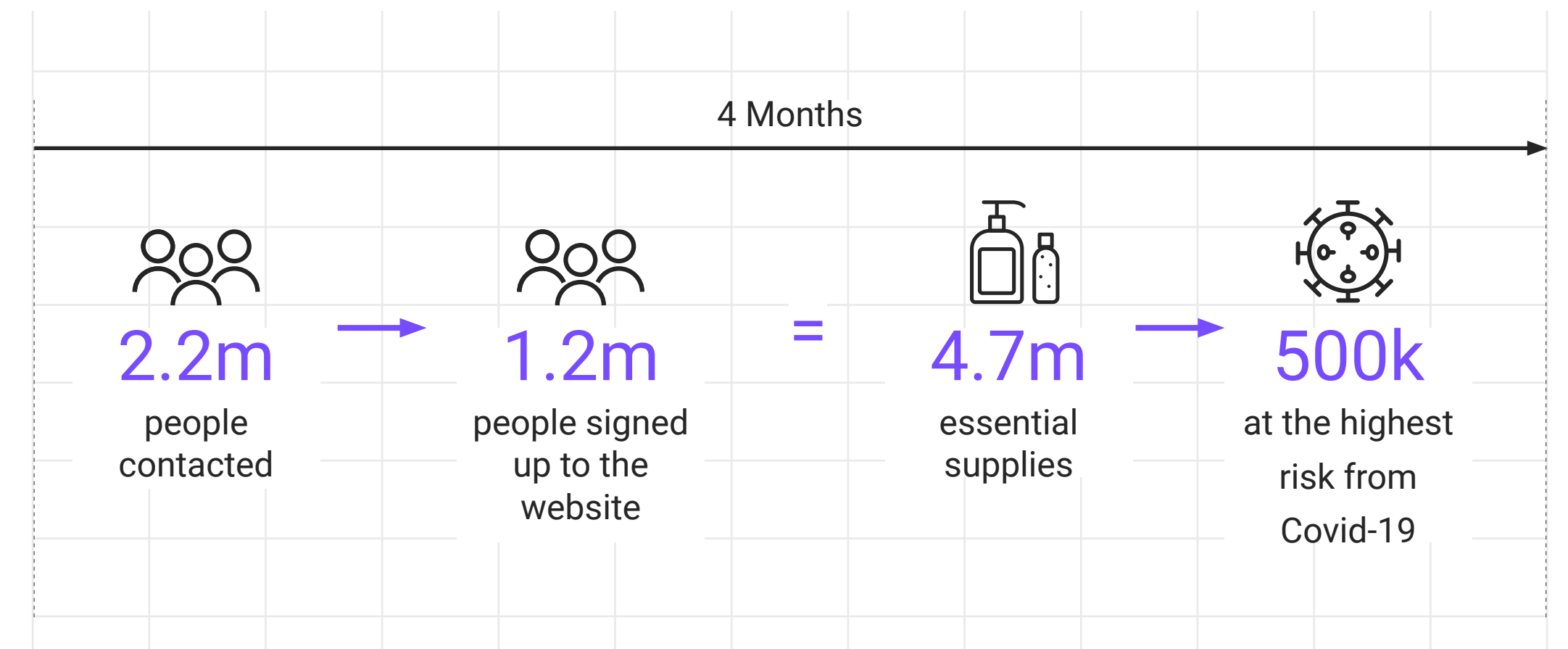
This seamlessly replaced the previous version, while also being able to accommodate changing policy. Enhancements included:

An account component	Delivering an account component to enable users to return and update their information - NHS log in
Relational database	Migrating to a relational database to ensure data was stored and structured appropriately, enabling the team to better react to change and make it easier for service providers to consume the service data
Quality of data	Improving the quality of address data to ensure data was being passed to the right service providers (local authorities)
User support tools	Developing tools for the user support team so they could quickly respond to customer and stakeholder queries without having to get engineers to do database lookups
Management processes	Implementing robust incident management processes and out of hours support for the service

These enhancements ensured the service could better respond to rapid policy changes, allowing for support during local lockdowns such as that in Leicester.

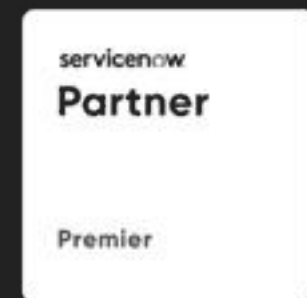
Outcome

In its first 4 months 2.2 million people were contacted, with 1.2 million people signing up to the website. The service enabled the delivery of over 4.7 million essential supplies to over half a million people who were at the highest risk from Covid-19.



The service passed an internal GDS Beta assessment and went on to win a Civil Service Award, recognising the 'unprecedented collaboration with DHSC, the Government Digital Service, the Department for Work and Pensions, the Department for the Environment, Food and Rural Affairs, the Cabinet Office, NHSE and NHS Digital'.

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