

NOTICE
OF
MEETING

**CABINET TRANSFORMATION SUB
COMMITTEE**

will meet on

MONDAY, 7TH NOVEMBER, 2022

At 7.00 pm

VIRTUAL MEETING - ONLINE ACCESS, AND ON [RBWM YOUTUBE](#)

TO: MEMBERS OF THE CABINET TRANSFORMATION SUB COMMITTEE

COUNCILLORS STUART CARROLL (CHAIRMAN), DAVID HILTON,
ANDREW JOHNSON, PHIL HASELER, ROSS MCWILLIAMS AND SAMANTHA RAYNER

Karen Shepherd – Head of Governance - Issued: 28 October 2022

Members of the Press and Public are welcome to attend Part I of this meeting. The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Karen Shepherd** karen.shepherd@rbwm.gov.uk or 07766 778286

Recording of Meetings – In line with the council's commitment to transparency the Part I (public) section of the virtual meeting will be streamed live and recorded via Zoom. By participating in the meeting by audio and/or video, you are giving consent to being recorded and acknowledge that the recording will be in the public domain. If you have any questions regarding the council's policy, please speak to Democratic Services or Legal representative at the meeting.

AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
1.	<u>APOLOGIES FOR ABSENCE</u> To receive any apologies for absence.	
2.	<u>DECLARATIONS OF INTEREST</u> To receive any declarations of interest.	3 - 4
3.	<u>MINUTES</u> To consider the minutes of the meeting held on 9 May 2022	5 - 8
4.	<u>PROGRESS OF THE PROCUREMENT OF A REPLACEMENT CASE MANAGEMENT SYSTEM FOR ADULT SOCIAL CARE</u> To consider the above report	9 - 20
5.	<u>UPDATE ON COMMUNITY TRANSFORMATION</u> To receive an update	21 - 28

MEMBERS' GUIDE TO DECLARING INTERESTS AT MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a Disclosable Pecuniary Interest (DPI) or Other Registerable Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

Any Member with concerns about the nature of their interest should consult the Monitoring Officer in advance of the meeting.

Non-participation in case of Disclosable Pecuniary Interest (DPI)

Where a matter arises at a meeting which directly relates to one of your DPIs (summary below, further details set out in Table 1 of the Members' Code of Conduct) you must disclose the interest, **not participate in any discussion or vote on the matter and must not remain in the room** unless you have been granted a dispensation. If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted by the Monitoring Officer in limited circumstances, to enable you to participate and vote on a matter in which you have a DPI.

Where you have a DPI on a matter to be considered or is being considered by you as a Cabinet Member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

DPIs (relating to the Member or their partner) include:

- *Any employment, office, trade, profession or vocation carried on for profit or gain.*
- *Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses*
- *Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.*
- *Any beneficial interest in land within the area of the council.*
- *Any licence to occupy land in the area of the council for a month or longer.*
- *Any tenancy where the landlord is the council, and the tenant is a body in which the relevant person has a beneficial interest in the securities of.*
- *Any beneficial interest in securities of a body where:*
 - a) *that body has a place of business or land in the area of the council, and*
 - b) *either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.*

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

Disclosure of Other Registerable Interests

Where a matter arises at a meeting which **directly relates** to one of your Other Registerable Interests (summary below and as set out in Table 2 of the Members Code of Conduct), you must disclose the interest. **You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.** If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest.

Other Registerable Interests:

- a) any unpaid directorships
 - b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
 - c) any body
 - (i) exercising functions of a public nature
 - (ii) directed to charitable purposes or
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)
- of which you are a member or in a position of general control or management

Disclosure of Non- Registerable Interests

Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a DPI) or a financial interest or well-being of a relative or close associate, or a body included under Other Registerable Interests in Table 2 you must disclose the interest. **You may speak on the matter only if members of the public are also allowed to speak at the meeting** but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer) you do not have to disclose the nature of the interest.

Where a matter arises at a meeting which **affects** –

- a. your own financial interest or well-being;
- b. a financial interest or well-being of a friend, relative, close associate; or
- c. a financial interest or well-being of a body included under Other Registerable Interests as set out in Table 2 (as set out above and in the Members' code of Conduct)

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied.

Where a matter (referred to in the paragraph above) **affects** the financial interest or well-being:

- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer, you do not have to disclose the nature of the interest.

Other declarations

Members may wish to declare at the beginning of the meeting any other information they feel should be in the public domain in relation to an item on the agenda; such Member statements will be included in the minutes for transparency.

Agenda Item 3

CABINET TRANSFORMATION SUB COMMITTEE

MONDAY, 9 MAY 2022

PRESENT: Councillors Stuart Carroll (Chairman), David Hilton, Andrew Johnson, Ross McWilliams and Donna Stimson

Also in attendance: Cllr Price, Cllr Sharpe, Cllr Bhangra, Cllr Brar and Cllr Tisi.

Officers: David Cook, Daniel Brookman, Rebecca Hatch, Kevin McDaniel and Duncan Sharkey

APOLOGIES FOR ABSENCE

Apologies for absence were received by Cllr Hassler.

DECLARATIONS OF INTEREST

There were no declarations of interest received.

MINUTES

Resolved unanimously: that the minutes of the meeting on 2nd November 2021 were approved.

TRANSFORMATION STRATEGY UPDATE

The Committee considered the report regarding progress being made against the Transformation Strategy and setting the scene for the other agenda items.

The Chief Executive informed members that the purpose of this report was to provide the context, within the Transformation Strategy, for the presentations at items 2 and 3 of the agenda and the update on progress against the Delivery Plan at item 4. The Strategy was approved in September 2020 and the subsequent Delivery Plan, agreed in November 2021, details the specific activities being delivered through to April 2023.

Transformation was at the heart of the Corporate Plan and in creating a borough of opportunity and innovation, focuses on building capacity and resilience within communities alongside better and more creative use of technology. This was not work just at the centre of the organisation but for everyone with support and training available for officers to take forward within their service areas and share with others. In line with our values, we were developing an organisation that was empowering all staff to be leaders and transform how they deliver their roles.

Alongside, and supporting, community transformation was a focus on better and more creative use of technology. The Royal Borough had a growing opportunity to make better use of advancing technologies in the way it delivers key services such as the social care case management, the use of low-code software to develop community facing applications, automation of processes using tools like Robotic Process Automation and expanding the use of technology enabled care in social care.

The Chairman asked if lessons learnt during the pandemic had been incorporated into transformation and was informed that although we were still in the pandemic there had been lessons such as the community coming together. Hybrid working had been a success helping

providing services in different ways as well as remembering the need for human contact being available.

The Director of Children's Services informed that there had been lessons learnt in sharing of information. There was the ability to collect and share information on line but it had been noticed that it was just a reproduction of old paper forms. They had looked at better ways of sharing the information with better quality and in the right place.

Resolved unanimously: that the Cabinet Transformation Sub-Committee notes the report and notes the progress made in relation to the Transformation Delivery Plan 2021-2023.

UPDATE ON WELLBEING CIRCLES

The Sub-Committee considered the presentation on the progress of wellbeing circles.

The Transformation and Community Service Lead informed that partners included in the project were Frimley Health, Royal Borough, Maidenhead Magpies and the wider voluntary sector. So far there had been 53 referrals and 37 plans created and uploaded onto shared records. There was a stakeholder delivery group meets every four weeks and a range of WBC videos to be released as part of the ongoing recruitment of volunteers. There was also a monthly newsletter sent to volunteers.

A new learning and development training programme had been developed for the considering personalisation budgets. Bristol University had been commissioned to carry out first year evaluation review.

There had been a new tier system produced using Lyon 2, this was:

Tier 0 – Email links only – no intervention

Tier 1 – Social Prescribing Support

Tier 2 – Eligible for the WBC

Tier 3 – Housebound referrals – befriending only

Tier 4 – Dementia diagnosis or other high needs – sign posted to relevant support groups.

Members were provided with cost analysis of the project and its benefits. The figures indicated the number of older people budgeted for vs the number of older people entering Adult Social Care by the end of March 2022. Although Adult Social Care does not only reflect older people, we know that the majority of entries being referred by Adult Social Care into the Wellbeing Circles Programme are older people who are isolated and lonely.

A number of case studies were presented to Members illustrating the benefits that had been achieved.

Moving forward the key priorities for the next 12 months were to manage the WBC support for referred individuals, within the resource currently available to support a minimum 40 individuals during the year.

Maintain and grow the team of WBC volunteers to provide support to individuals including implementing appropriate volunteer recruitment, safeguarding checks and training approaches.

Develop the "suite" of WBC volunteer training materials which can be shared with partner community organisations including a revamped, tailored Stop, Look, Care training video.

Develop an alliance of "Wellbeing Partner" organisations from the voluntary and community sector engaged with and supporting the WBC community support model and promoting WBC volunteering opportunities and training.

Promote WBC's as a community resource available to support vulnerable local people and to promote WBC volunteering opportunities and to capture and share learning from individual support interventions, including the production case studies.

Cllr Hilton said that this had been driven by the pandemic and asked how were residents referred to it and what safeguards were in place. He was informed that referrals were made by their GP's, hospitals or social care and we used the Lyon system. All volunteers are DBS checked and trained prior to any contact being made.

Cllr Johnson said that this was excellent work and mentioned that there was a target of at least 40 individuals per year and asked if there was a maximum. He was informed that the year 1 pilot was for 20 referrals but they had 55, so for year 2 they wanted a minimum of 40 but would aim towards getting 80.

Members noted the presentation.

UPDATE ON LYON DEVELOPMENT

Members considered the presentation on the updated use of the Lyon system.

Members were informed that the purpose of the system was to use the low-code software to build collaborative platforms and a smartphone app that social care, primary care, and local volunteers could use to support vulnerable individuals in the community.

The Council had received £250k during the pandemic to help support the clinically vulnerable. Some of this had been used to develop the Lyon system and expand it into the wider community. Building the system really assisted with support to the vulnerable member of society. The application allowed primary care and local volunteers to offer support and also demonstrated that during the pandemic there was a huge community willingness to help those in need. Members were shown a number of slides taking them through how the system helped a fictional individual.

When someone accessed the system the data would be used to see if low level support was required or if other tiers would be more appropriate, the well being circle might need that a referral to social or health care was required. There were appropriate warning throughout the process to signpost to more appropriate care or emergency care when required. The data collected from the system helped provided the appropriate level of care from volunteer support to intervention.

Other examples were given how the system could be used by volunteers and professionals such as identifying an individual who needed medication delivered but there were no notes on the system so it allowed officers to contact them, identify their needs and allocate to the appropriate level of support to meet their needs, in this instance a volunteer to deliver their medication. The system was also used to confirm that allocated tasks had been completed and if there was anything else to report back.

Members were also updated on another system they had been working on called MySense.

The purpose of MySense was to use a set of sensors placed in a persons home to sensitively monitor wellbeing trends. An approved network of family, friends and trusted individuals, responders, that received updates via a mobile app to aide pre-emptive decision-making.

Examples were given how the system was used such as a male living alone who had mild dementia but walked his dog daily. He had a close friend as his responder who using the system could monitor if the dog had been walked, if his fridge had been opened as examples of monitoring his wellbeing and if assistance was required.

There was currently a 1 in 20 take up rate of those eligible with people saying:

- They want to remain independent in their own home and want to reassure their selected friends/ family via the MySense dashboard.
- They want to live without health and social care service intervention.
- Particularly helpful for those with nutritional concerns and concerns about their mobility (e.g. fall risk).
- But there was concern raised that the system was being used to monitor them.

The Chairman said he was grateful for the presentation and seeing how the systems were being used with the examples given. He asked how things were going with troubleshooting and futureproofing. He was informed that for Lyon they used the agile methodology of reviewing and improving the system with regular monitoring and using feedback from a wide range of partners asking what do they need. This was important as we owned the software. MySense was different as the product was from a third partner who we worked closely with but the system had already been rolled out and thus had very few bugs.

Cllr Sharpe mentioned that it was important to note that this was not about cost savings but using technology to enable residents to live independently. The Chairman agreed that this was about improving outcomes and services.

Members noted the update.

PROGRESS AGAINST THE DELIVERY PLAN

Members considered the report regarding the progress against the Corporate Transformation Delivery Plan.

The Chief Executive informed that the report provided a list of projects and a RAG rating of how they were progressing.

The Chairman said it was good to see a lot of progress being made and asked if the sub-committee could be kept up to date on progress made and delivery dates.

Cllr Hilton asked when the first BOTS were installed as they were due in July last year as chat bots should be used to aid residents find information on our website. He was informed that referral to children’s services was already making use of technology with Thames Valley Police as the bot could flag an incident that could be missed by a human. Chat bots for customer services had been pushed back due to the pandemic.

Cllr Price mentioned that she and residents had experienced frustration when they want to change things but they do not get answers back from the council, how can we get change applied and pushed forward to residents and councillors. She mentioned that specific examples had been sent to service areas.

Members noted the report.

The meeting, which began at 7.00 pm, finished at 8.30 pm

CHAIRMAN.....

DATE.....

Agenda Item 4

Report Title:	Progress of the procurement of a replacement Case Management System for Adult Social Care
Contains Confidential or Exempt Information	No – Part I
Cabinet Member:	Councillors Carroll and Coppinger
Meeting and Date:	Cabinet Transformation Sub-Committee 7 November 2022
Responsible Officer(s):	Kevin McDaniel Executive Director People Services
Wards affected:	All

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REPORT SUMMARY

This report sets out the progress towards a new case management system for adult social care, including the timetable for procurement decisions and linkage to budget-setting for 2023-2024.

A new case management system will support a number of key improvements, namely:

- further development of strengths-based practice ensuring older residents and residents with disabilities will be supported to remain independent for as long as possible
- provide increased levels of online financial management to simplify engagement with the council for residents
- Set the foundation for the future implementation of the national Care Funding Reforms scheduled by the Department of Health and Social Care for implementation in October 2023, including individual access to support plans and “care account”.

The specification has been developed and a tender, via Government Framework, is currently active. This is expected to result in confirmed bids for consideration at the start of 2023-2024 financial year. An appropriate capital sum will be proposed for consideration during the budget setting process, informed by work to date.

1. DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That the Cabinet Transformation Sub-Committee notes the content of the report.

2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

- 2.1. The council invested in the current case management system over ten years ago which has now reached “end of life” support from the supplier. The current system is not able to support the needs of the evolving social care system, resulting in an increasing number of manual processes which reduces the efficiency of work, increases the risk of mistakes with bills and makes it harder for residents to be kept up to date with their support plan and commitments.
- 2.2. The Government has outlined potential changes to the funding regime for social care from October 2023. The Government proposals include an £86,000 cap on the amount anyone in England will need to spend on their personal care over their

lifetime. In addition, the reforms increase the point at which a person is eligible for local authority means-tested with the upper capital limit rising to £100,000 from the current level of £23,250, and the lower capital limit will increase to £20,000 from £14,250.

- 2.3. We estimate these changes will triple the number of residents who will engage with the service, in the main to seek financial contributions to support they are paying for themselves today. This will be managed through a new “care account” which will be available online and updated every six months.
- 2.4. The adult social care team have been implementing a strengths-based approach with residents to help maximise their independence. This work has identified that the current system does not support the development and monitoring of individual plans which are developed in this way. In particular they are not easily accessible to residents or their families and carers, adding complexity and confusion
- 2.5. As a result, we have developed a system specification and, following soft market testing, have published a tender via a national framework for a replacement system.
- 2.6. Additionally work has started to prepare the current system for migration and teams in the council have worked together to outline the practice changes required to adopt the new requirements.

3. KEY IMPLICATIONS

Table 2: Key Implications

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
RBWM able to implement Care Funding Reforms	After 1st October 2023	By 1st October 2023	By 1st September 2023		

4. FINANCIAL DETAILS / VALUE FOR MONEY

- 4.1 There is no financial change as a result of this report, however it is important to understand where financial decisions will be made.
- 4.2 The current capital programme has an approved budget of £200k and the soft market testing has indicated that a further £1.150m is a likely cost for the implementation of the replacement system.
- 4.3 A proposed bid for £1.150m has been included in the 2023/24 budget setting process. The costs are composed of c£0.80m for the staffing costs of the implementation and £0.35m for the system-related costs. These estimates will be refined during the procurement process, however any final decision will need to fit within any cost envelope agreed through the budget setting process.
- 4.4 The national specification for the system requirement of the Care Funding reforms are still in development, and it is not clear if the Government will provide any new burden funding beyond the estimate considered for eligible residents. We have not assumed any financial benefit to the council in the current estimate.
- 4.5 Should the Care Funding Reforms be delayed, it is likely that the implementation of the “care account” modules will be delayed. The change to the core system however will underpin significant changes to practice and the effectiveness of the processes for current residents and as such is a key component of delivering revenue efficiencies in 2023-2024.

5. LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6. RISK MANAGEMENT

6.1 There are a number of risks relating to the overall project which are summarised here for completeness.

Table 4: Impact of risk and mitigation

Risk	Level of uncontrolled risk	Controls	Level of controlled risk
Delays in procurement process impact delivery date	High	Proactive engagement with suppliers Re-profiling project delivery to extend implementation timescale	Medium
Non-compliance with Charging Reform Requirement, Statutory Returns and inadequate practice model resulting from slippage in project delivery	Medium	Ensuring adequate and efficient resourcing to keep project on track. Development of contingency plan to deliver essential elements of the reforms.	Low
Unable to secure sufficient capital budget	High	Alternative resourcing plan with internal resources, such as transformation and existing system teams. Phasing role out of training and other system changes.	Medium
Suppliers unable to provide product in time or national requirement deadline moves further out	High	Proactive engagement with suppliers to align with national position while committing local resources to deliver essential change	Low
Increased debt accrual and inefficient billing and financial assessment processes risking Council income.	High	Immediate focused work to improve current systems and processes ahead of new system implementation	Medium

7. POTENTIAL IMPACTS

7.1 Equalities. An Equality Impact Screening Assessment is available as Appendix A, however as there are no decisions in this report all impact assessments will be reviewed with any procurement decision in due course.

8. CONSULTATION

8.1 Procurement, commissioning and operational staff were engaged in developing the specification for the case management system during May 2022-June 2022.

9. TIMETABLE FOR IMPLEMENTATION

Table 5: Implementation timetable

Date	Details
October 2022	Migration planning has started.
February 2023	2023-24 Budget agreed
April 2024	Procurement concludes and implementation work begins
October 2023	Go live (full or partial)

10. APPENDICES

10.1 This report is supported by 1 appendix:

- Appendix A – Equality Impact Assessment

11. BACKGROUND DOCUMENTS

11.1 This report is supported by two background documents:

- Build Back Better-Our Plan for Health and Social Care Reform-[Build Back Better: Our Plan for Health and Social Care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/build-back-better-our-plan-for-health-and-social-care-reform)
- Adult Social Care Charging Reform: further details [Adult social care charging reform: further details - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/adult-social-care-charging-reform)

12. CONSULTATION

Name of consultee	Post held	Date sent	Date returned
<i>Mandatory:</i> Statutory Officers (or deputies)			
Adele Taylor	Executive Director of Resources/S151 Officer	18 th October 2022	26 th October 2022
Emma Duncan	Director of Law, Strategy & Public Health/ Monitoring Officer	18 th October 2022	
<i>Deputies:</i>			
Andrew Vallance	Head of Finance (Deputy S151 Officer)		
Elaine Browne	Head of Law (Deputy Monitoring Officer)		
Karen Shepherd	Head of Governance (Deputy Monitoring Officer)		
<i>Mandatory:</i> Procurement Manager (or deputy) - if report requests approval to go to tender or award a contract			
Lyn Hitchinson	Procurement Manager	18 th October 2022	26 th October 2022

Mandatory:	<i>Data Protection Officer (or deputy) - if decision will result in processing of personal data; to advise on DPIA</i>		
Emma Young	Data Protection Officer		
Mandatory:	<i>Equalities Officer – to advise on EQiA, or agree an EQiA is not required</i>		
Ellen McManus	Equalities & Engagement Officer		
Other consultees:			
Directors (where relevant)			
Tony Reeves	Interim Chief Executive		
Andrew Durrant	Executive Director of Place		
Kevin McDaniel	Executive Director of People Services		

Confirmation relevant Cabinet Member(s) consulted	Cabinet Members for People - Councillors Carroll and Coppinger	Yes
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REPORT HISTORY

Decision type:	Urgency item?	To follow item?
Cabinet Transformation sub-committee For information	No	No
Report Author: Katharine Willmette Interim Adult Social Care Consultant		

APPENDIX A - EQUALITY IMPACT ASSESSMENT

Essential information

Items to be assessed: (please mark 'x')

Strategy		Policy		Plan		Project	X	Service/Procedure	
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Responsible officer	Kevin McDaniel	Service area	Adult Social Care	Directorate	People
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Stage 1: EqIA Screening (mandatory)	Date created: 30/09/2022	Stage 2 : Full assessment (if applicable)	Date created : xx/xx/xxxx
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Approved by Head of Service / Overseeing group/body / Project Sponsor:
I am satisfied that an equality impact screening has been undertaken adequately.

Signed by (print): Kevin McDaniel

Dated:28/10/2022

Guidance notes

What is an EqIA and why do we need to do it?

The Equality Act 2010 places a 'General Duty' on all public bodies to have 'due regard' to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act.
- Advancing equality of opportunity between those with 'protected characteristics' and those without them.
- Fostering good relations between those with 'protected characteristics' and those without them.

EqIAs are a systematic way of taking equal opportunities into consideration when making a decision, and should be conducted when there is a new or reviewed strategy, policy, plan, project, service or procedure in order to determine whether there will likely be a detrimental and/or disproportionate impact on particular groups, including those within the workforce and customer/public groups. All completed EqIA Screenings are required to be publicly available on the council's website once they have been signed off by the relevant Head of Service or Strategic/Policy/Operational Group or Project Sponsor.

What are the "protected characteristics" under the law?

The following are protected characteristics under the Equality Act 2010: age; disability (including physical, learning and mental health conditions); gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

What's the process for conducting an EqIA?

The process for conducting an EqIA is set out at the end of this document. In brief, a Screening Assessment should be conducted for every new or reviewed strategy, policy, plan, project, service or procedure and the outcome of the Screening Assessment will indicate whether a Full Assessment should be undertaken.

Openness and transparency

RBWM has a 'Specific Duty' to publish information about people affected by our policies and practices. Your completed assessment should be sent to the Strategy & Performance Team for publication to the RBWM website once it has been signed off by the relevant manager, and/or Strategic, Policy, or Operational Group. If your proposals are being made to Cabinet or any other Committee, please append a copy of your completed Screening or Full Assessment to your report.

Enforcement

Judicial review of an authority can be taken by any person, including the Equality and Human Rights Commission (EHRC) or a group of people, with an interest, in respect of alleged failure to comply with the general equality duty. Only the EHRC can enforce the specific duties. A failure to comply with the specific duties may however be used as evidence of a failure to comply with the general duty.

Stage 1: Screening (Mandatory)

1.1 What is the overall aim of your proposed strategy/policy/project etc and what are its key objectives?

Updating and replacing the adult social care case management system will support RBWM and Optalis to deliver cost effective and preventative social care support , improve financial assessment and billing processes and enable the council and Optalis to remain compliant with Government requirements on reporting and social care funding.

The new system will deliver:

- An efficient internal workflow to improve efficiency, access to data and smoother more accurate reporting.
- An automated process for adult social care finance which will improve efficiency, timeliness of invoicing and accurate charging and debt monitoring
- A portal to give residents access to information, advice and guidance, self assessment and monitoring of care account

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1.2 What evidence is available to suggest that your proposal could have an impact on people (including staff and customers) with protected characteristics? Consider each of the protected characteristics in turn and identify whether your proposal is Relevant or Not Relevant to that characteristic. If Relevant, please assess the level of impact as either High / Medium / Low and whether the impact is Positive (i.e. contributes to promoting equality or improving relations within an equality group) or Negative (i.e. could disadvantage them). Please document your evidence for each assessment you make, including a justification of why you may have identified the proposal as “Not Relevant”.

Protected characteristics	Relevance	Level	Positive/negative	Evidence
Age	Relevant	High	Positive	An estimated 18.9% of the local population are aged 65+yrs. [Source: ONS mid-year estimates 2020, taken from Berkshire Observatory . The majority of people needing support from adult social care are over the age of 65. The new system will improve accessibility and information directly available to residents. It will ensure a timely, more efficient service particularly in relation to charging for social care reducing the risk of delayed billing and people being presented with large bills. There is a risk that some residents will not have internet access or lack the confidence to utilise the systems available. This will be mitigated by ensuring support can be provided via universal services such as libraries as well as specialist support organisations. Additionally, residents will still be able to contact adult social care by phone, email and letter although the need for this is expected to be reduced.
Disability	Relevant	High	Positive	Residents aged between 18 and 65 who require access to information, advice and guidance and/or support from adult social care will be able to access this online. Anecdotally, this age group are more familiar with using online services and have a higher expectation of information being easily available online. The new system will ensure a timely, more efficient service particularly in relation to charging for social care reducing the risk of delayed billing and people being presented with large bills. There is a risk that some residents will not have internet access or lack the confidence to utilise the systems available. This will be mitigated by ensuring support can be provided via universal services such as libraries as well as specialist support organisations. Additionally, residents will still be able to contact adult social care by phone, email and letter.
Gender re-assignment	Relevant	Medium	Positive	The new system will support reporting on these protected characteristics which will contribute to better planning and monitoring of specific needs of this group.
Marriage/civil partnership	Relevant	Medium	Positive	The new system will support reporting on these protected characteristics which will contribute to better planning and

				monitoring of specific needs of this group.
Pregnancy and maternity	NR			
Race	Relevant	Medium	Positive	The 2011 Census indicates that 86.1% of the local population is White and 13.9% of the local population is BAME. The new system will support reporting on these protected characteristics which will contribute to better planning and monitoring of specific needs of this group.
Religion and belief	Relevant	Medium	Positive	The 2011 Census indicates that 62.3% of the local population is Christian, 21.7% no religion, 3.9% Muslim, 2% Sikh, 1.8% Hindu, 0.5% Buddhist, 0.4% other religion, and 0.3% Jewish. [Source: 2011 Census, taken from Berkshire Observatory . The new system will support reporting on these protected characteristics which will contribute to better planning and monitoring of specific needs of faith (and no faith) communities.

Sex	Relevant	Medium	Positive	In 2020 an estimated 49.6% of the local population is male and 50.4% female. [Source: ONS mid-year estimates 2020, taken from Berkshire Observatory] The new system will support reporting on these protected characteristics which will contribute to better planning and monitoring of specific needs of this group.
Sexual orientation	Relevant	Medium	Positive	The new system will support reporting on these protected characteristics which will contribute to better planning and monitoring of specific needs of this group.

Outcome, action and public reporting

Screening Assessment Outcome	Yes / No / Not at this stage	Further Action Required / Action to be taken	Responsible Officer and / or Lead Strategic Group	Timescale for Resolution of negative impact / Delivery of positive impact
Was a significant level of negative impact identified?	No	None		
Does the strategy, policy, plan etc require amendment to have a positive impact?	No	None		

If you answered **yes** to either / both of the questions above a Full Assessment is advisable and so please proceed to Stage 2. If you answered “No” or “Not at this Stage” to either / both of the questions above please consider any next steps that may be taken (e.g. monitor future impacts as part of implementation, re-screen the project at its next delivery milestone etc).

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Community Update

Cabinet Transformation Sub Committee

7th November 2022

Jesal Dhokia
Transformation and Community Service
Lead

Engagement and Empowerment

The **Innovation Fund** [RBWM Innovation Fund Project | RBWM Together](#) is a great example of how we are empowering our local people and communities to improve their health and wellbeing and building community led solutions established by VCS with little/no funding.

The successful projects in the first stage were:

- Over 70's Yoga
- Tai Chi Shibashi for seniors
- Sunningdale Bowling Club - a wheelchair and new accessible access
- Nature's Haven – healing garden
- Maidenhead United FC - ramblers wellbeing walks
- Windsor Street Angels - expanded service
- **N**Blokes Losing Timbers – weight loss support for men
- Maidenhead Boundary Walk - improve signage
- Digital Project in Maidenhead and Slough to reduce digital inequalities

The projects will all be recording their progress on the RBWM Together platform. All individuals and communities have access to the platform to learn, share and work together on ideas **and support the wider Cost of Living and inequalities projects being led by RBWM wider teams.**

Now established as a rolling project with recurring funding through Better Care Fund



Partnerships through Co-Production, Asset Based Community Develop Methods

World Café – listening, sharing and innovating [World Cafes | RBWM Together](#)

Visited the following wards:

- Clewer East & Clewer and Dedworth West
- Ascot & Sunninghill
- Hurley
- Clewer and Dedworth West
- The Walthams
- Eton & Castle (and Eton Wick)
- St Mary's

What the residents said matters to them

- Rising energy prices and impact on cost of living
- Isolation including as a result of digital exclusion



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What are some emerging solutions

- **The Green Doctor** – will provides residents with energy advice and support which can be done through phone consultations or home visits/outreach work. They will be attending world cafés and holding 'bill surgeries' on request [Green Doctor, helping UK residents stay warm, stay well, and save energy. – Groundwork](#)
- **RBWM Innovation Fund** – Stage 2 is looking for community led and sustainable projects focusing on *cost of living*. Three ideas/ applications were submitted from Eton Wick's world café- offering solutions with the cost of living.
- **Digital Ambassadors (Apna Virsa project BAME)** – provide free computer classes and provides residents, especially isolated residents, as a means of minimising loneliness and tech support.
- **Food Network** Group
- **Community Garden** empowers communities to take care of their health and wellbeing and grow their own produce
- **Budgeting courses** with our adult learning provider, to be delivered in September



Proud to be runners up for a national award and the first time for RBWM in a partnership with Frimley Trust and the VCS, for community engagement with over 40 entries in this one category.

Community Champions

<https://rbwmtogether.rbwm.gov.uk/community-champions>

Who and why:

- Volunteers who work directly with local communities using a range of methods and materials to communicate the latest accurate health information to residents in a timely way
- Ambassadors for the community and citizens
- Advocates for what matters to the families, carers and communities by feeding back on any issues or questions from residents to help make sure the right support is being offered, at the right time
- ensuring hard-to-reach communities are engaged and with trusted relationships formed health inequalities are identified to address within the community itself

Support:

- Capacity building to empower them to carry out their role
- Training and regular updates so they can support communities
- Training to become facilitators to hold their own World Café events ensures sustainability
- Support to adapt the World Café model to grow a vibrant community sector that starts to build local resilience

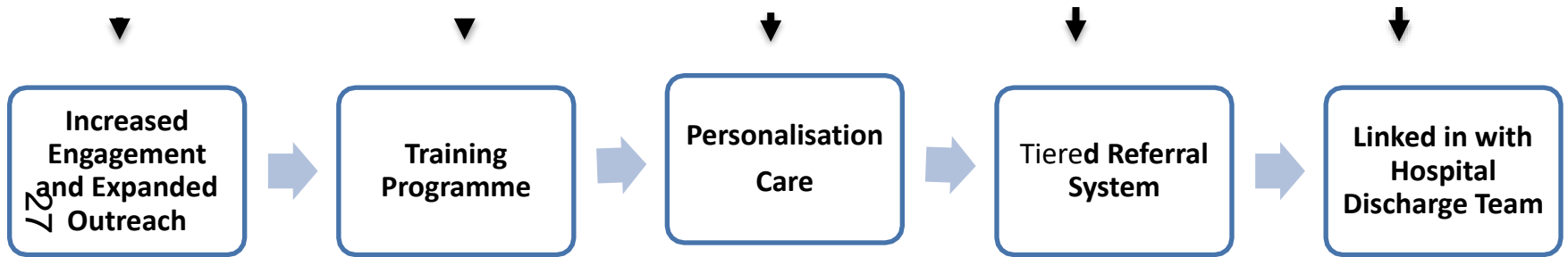
Effectiveness through a joined up comms with Royal Borough of Windsor and Maidenhead Comms and Frimley Health and Care ICS Comms teams



Wellbeing Circles Project

- **Cross organisation & cross sector partnership:** The Wellbeing Circle project has been able to create a trusting and collaborative partnership across local authority, health and the voluntary sector.
- **Increased engagement and expanded outreach:** In Phase 2 the project looked to extend outreach by bringing in more VSOs to work collaboratively. Covid 19 and the omicron surge in December created challenges around that but as a result of efforts made by the team (briefing sessions, activities at community events, etc) 10 VSOs in addition to Maidenhead Magpie & Maidenhead Mosque and 20 new volunteers coming on board.
- **Developed a training programme** to help with the onboarding of new volunteers which comprises of both E-learning resources and videos.
- **Introduced the concept of “no door is the wrong door.** Working collaboratively with LAP, SP and ASC teams to ensure appropriateness of referrals.
- **Increased number of residents seen:** 59 referrals processed, 19 not viable, 39 visited, 10 discharged, 1 passed away
- **Personalised support:** the programme embeds the Personalisation concept & principles.
- **WBC embedded with the hospital discharge:** Support given to Hospital Duty Team in Adult Social Care and referrals received through this route.

Impact and Outcomes



Other areas across of community engagement

- Engaged with BAME and minority communities across RBWM e.g. GP talks on health and wellbeing topics to BAME communities have continued
- Addressing Health Inequalities work has expanded with the Primary Care Networks
- Continued support and direction to the RBWM Inequalities Project, Cost of Living and Household Fund Programmes
- Successful in a £30,000 grant from Frimley Health to pilot Wellbeing Circles Programme with AFC
- Additional funding to explore options to scale up Wellbeing Circles across the Frimley ICS locality areas obtained.

