# **RB Windsor and Maidenhead - Collaborative platform for care workers and volunteers**

## 2. Lead authority details

**2.1 Lead authority name**

Royal Borough of Windsor and Maidenhead

**2.2.1 Full name**

David MacFarlane

**2.2.2 Role**

Transformation Project Manager

**2.2.3 Email**

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## 3. Project details

**3.1 Project title**

Using low-code software to build collaborative platforms and a smartphone app that social care, primary care and local volunteers can use to support vulnerable individuals in the community.

**3.2 Project description**

The COVID-19 pandemic highlighted two truths about our communities; the vulnerability of many, yet the extraordinary public will to support neighbours. Using a low-code platform, RBWM have begun building and testing a system and app that allows vulnerable people to receive support from trusted community volunteers. The platform aims to bridge the gap between public sector services and the wider community, allowing multiple professionals to refer individuals in-need to the platform, with volunteers available to help alerted via a mobile notification. As simple as ordering a taxi or a takeaway, those who need basic assistance can receive it free of charge and from a trusted neighbour, all at the click of a button.

**3.3.1 The platform name and company**

The company is called Alpha Software, using their Alpha Anywhere low-code platform for the web-based core site, and Alpha Transform to create bespoke mobile forms. (www.alphasoftware.com)

**3.3.2 Do you have the platform already or do you have approval to procure the platform? For example, you have written a business case and the business case has been approved**

Yes – we have the platform already

**3.3.3 Does the platform have a library to share modules/code that other councils can access?** If yes, please tell us the URL

No – they aren’t presently shared via a library, but the platform could be readily accessed by other Local Authorities.

**2.3 Describe how you will research the problem area and user needs arising from it?**

Working alongside both Social Care and Primary Care during the COVID-19 pandemic, we quickly saw how services could be overrun by clients/ patients with low-level needs. Capacity in frontline services was needed to focus on those critically unwell or adversely impacted by coronavirus, offering less capacity to deal with common day-to-day issues. We quickly found that by working alongside local communities, via our COVID-19 communications team, Social Prescribing (Primary Care) and Social Care, there was enormous community capacity to deal with some of the lower-end issues. For example, food delivery, medication drop-off, attending appointments, loneliness, isolation, and digital exclusion support, this just to name a few.

During this we identified an evident disconnect; there remains enormous community willingness to help neighbours in need, but often communities don’t know “where to start” or rather, “who needs help”. Most often, Social Care and Primary Care do know “who needs help”, but don’t have the means to be able to communicate en masse with the community, in an appropriate manner, to be able to signpost to basic, low-level support. Many of these processes still rely on paper-based referrals or individuals working through out-of-date directories with a phone in-hand. Meanwhile, community groups, mutual aid groups and the local Voluntary and Community Sector (VCS) often have capacity to help, but don’t know where to start, nor know themselves how to communicate with the seeming behemoth that is the Public Sector.

In our alpha phase, we began building some wireframes of what a community referral and volunteer platform could look like, with some initial success. We found that elements of the platform could be used by a cross-section of professionals in local authority customer services, health services and social care, whose systems would traditionally be siloed dependent on organisation (e.g. LA, NHS etc.). At the same time, a local community group started testing the ability to deploy volunteers using a mobile app loaded with suitably redacted information on a vulnerable individual, to ensure they received the support they needed.

In our beta phase, we are looking to further engage with our internal Social Care and customer service teams, as well as with Social Prescribers in Primary Care and directly with the dozens of community groups that we’ve been operating alongside during the pandemic. Feedback from across this ecosystem will help refine and shape a platform that best delivers local support to local people.

**3.5 Tell us about your users**

The principal beneficiaries are those in need of low-level support, akin to that offered by the community to CEV individuals during the pandemic. RBWM surveyed thousands of these about what ‘support’ looked like to them post-pandemic. Respondents advised that they often don’t need Primary Care or Social Care, they “just occasionally need a helping hand”. Local case studies found that if these “helping hand” moments aren’t picked up in the community, then vulnerable individuals can quickly deteriorate and require more significant support. This is worse for them and is more expensive to resolve. We found that the disconnect between services and the wider community could be a driving reason behind Social Care overspend, with this platform aiming to bridge the gap.

Other beneficiaries are professionals, such as LA customer services and Social Care teams. Partner agencies such as Primary Care can also have access, creating an easier shared record. A key challenge is professionals’ access to data, particularly that which crosses LA and NHS siloes. By creating a platform based on the user, vulnerable residents will receive quicker support, as less information will fall between the well-known gaps.

Lastly are the VCS. Communication between public sector partners and local groups is often poor, reliant on existing relationships, phone-calls, emails, and spreadsheets. Speaking to dozens of these groups, RBWM found that access to a simplified, data-secure platform to view referral information from public bodies would be revolutionary – but presently not available.

**3.5.1 Upload supporting documents (optional)**

[RBWM-Low-code-community-support.pdf](https://www.localdigital.gov.uk/index.php?gf-download=2021%2F09%2FRBWM-Low-code-community-support.pdf&form-id=39&field-id=160&hash=3feeb5ca2d200bf4ace362f95b471d7d872b12fc4e626e5d7e5ad9c7559d3839)

**3.6 Describe how your project team will have the skills and time available to deliver the project in an iterative/agile and user-centred way?**

The beta phase will be delivered by the Transformation Team at the Royal Borough, a user-centred, agile project team that has a proven track record of delivering complex projects at scale and pace. The remit of the team is to work alongside local authority teams (and health and social care partners) to develop new means of working that better serve customers and deliver tangible savings. The team is responsible for ongoing work in Social Care Transformation and Corporate Transformation, of which better utilising low-code platforms and other digital means is a key priority.

Within the 8-person team is user-research experience, agile project management skill, service design experience, and direct working relationships with dozens of community organisations and hundreds of local volunteers. The team was responsible for designing and ensuring the delivery of much of our COVID-19 response, both at pace and within the allocated budget for the work. It is our internal skill and experience, combined with our strong relationships with some brilliant local community partners that will allow us to deliver a project of this breadth and ambition.

The team is supported by an external low-code development partner, who have been working with us since May 2020. Our low-code development partner operate on an agile basis (a principal reason for procuring their services last year).

With this being a beta phase project, the low-code software, app platform and development partner have already been procured. This project would reflect an expansion of the existing contracts, rather than needing to repeat the procurement process.

**3.7 Tell us about your delivery plan**

During May 2020, the Transformation Team and internal partners set-out on a discovery phase alongside health, social care and community partners to best understand learnings from the first period of the pandemic. By conducting user-research (extensive interviews and case study reviews), the team identified an opportunity to use low-code to test the beginnings of the platform described above.

From June to August 2020, the Transformation Team, alongside our development partner, engaged in a 12-week sprint to build a series of prototypes for our platform and app, using the Alpha Anywhere and Alpha Transform low-code packages. Despite building a successful prototype, insufficient testing was completed to allow us to deploy effectively for the Autumn-Winter lockdown periods, with the project paused whilst we responded to local pressures at that time.

Testing and further development work restarted in May 2021, following the conclusion of restrictions that the team were responsible for designing responses to. With a series of refinements made based on learnings over the Autumn-Winter period, the Transformation Team began some initial user acceptance testing with two community support groups. The testing combined two elements of the system. First the central web-based case-management-styled platform to manage individual records. Second, the app-interface that deploys volunteers to the community based on sensitively redacted ‘need-to-know’ information.

At time of writing, project pace is contingent on developer and project management capacity, with further funding needed to expand this. Further milestones are plotted below:

October – As we are working on an iterative basis, we seek to compile feedback gained over the summer period and re-define any common problems. Following this and with the backing of additional funding, we can set-out a series of development sprints and focus on expanding development capacity.

November – Using our extensive network of community and partner service contacts, we will expand our testing community and explore how to gain feedback from a maximum variety of streams (VCS, LA, health and social care). This whilst continuing with development sprints.

December – Our experience has been that December is often restricted owing to community partner capacity, giving us an opportunity to focus on internal points; development sprints, a budget review, communicating progress and planning for testing.

January – Following the Christmas and New Year period, we will continue to private testing, gaining feedback and planning developments.

February – Seek to conclude development sprints and move to assessment.

March – Planning to move to live and expansion planning.

**3.8 Describe how you plan to build your proposed beta**

Principally the platform is built using low-code software Alpha Anywhere, with the smartphone and tablet app-interface in Alpha Transform. Co-Ordination between the platforms is built using Alpha Cloud, an integrated, automated cloud deployment service.

Data is hosted using stacks provided by Amazon Web Services (AWS), specifically Amazon Relational Data-Base Service (RDS) for core data, and Amazon S3 for cloud object storage . All data is stored in UK based data-centres.

One of the areas that was built into the prototype platform was an analytics function. This function tracked basic usage in the platform, e.g. number of people using the platform, number of people supported, timeliness of support given, types of support delivered and others. This prototype became sophisticated enough to deliver feedback to MHCLG regarding our CEV residents during the Autumn/Winter period of 2020-2021. The same analytics function will be further developed to track all activity managed by the platform and create a series of bespoke reports that will allow us to measure performance.

As part of wider corporate project work, the Transformation Team work alongside finance colleagues to measure and evaluate project impact and success. Using costed case studies and social care projections, the efficacy of the platform can be evaluated. The principal hypothesis for savings generated via this method will be the cost avoidance of individuals being better supported at a community level, preventing, or delaying their need for more intensive support. The Transformation Team have and are continuing to evaluate success and benefits realisation using this method.

The Transformation Team work alongside operational customer service and social care teams that would benefit most (at a service level) from developing this platform. Local community partnerships that incorporate the VCS, LA, social care and health already exist to monitor and support cross-sector work, which we would utilise and work alongside also in this case.

**3.9 Explain how your beta will consider the wider context of operating a live service**

Given the potentially sensitive data that the platform holds, a thorough understanding of GDPR has been paramount. Built into the prototype of the platform was the ability for user GDPR preferences to be stored and amended with ease. Access to the platform is tightly restricted to an approved list of users, who need to log-in via a user-name, password and 2-factor-authentication (2FA). Community groups testing versions of the platform and app have their own separate areas of the platform on a permissions-led basis – ensuring both data security and protection. The user data is encrypted both at rest and in transit with minimum personal data held on local devices.

The low-code software itself belongs to Alpha Software, with a SaaS subscription needed to expand use of their cloud deployment service and their app interface software, Alpha Transform. Development work (IP) of the platform is owned by the Royal Borough of Windsor and Maidenhead and partner GJ Stats. Hosting of the platform is managed via AWS, which can be expanded as need arises.

Once live, the platform can be white labelled by other local authorities, with the Royal Borough able to help implement the hosting requirements and GJ Stats any technical future development. Other local authorities have the option to host the platform on their own AWS RDS/S3 accounts if they had it and would need to be responsible for paying their own hosting costs if this were the case. A business case would be created to ensure the Royal Borough could cover their own costs associated with expanding this to wider local authority settings. These arrangements have been discussed with partners involved and no further legal or IP issues have arisen.

Alpha Software have an existing community of developers in the UK that the Royal Borough and GJ Stats have access to, for refining and developing the platform further.

**3.10 How will you openly share the learnings and outputs from the project as the work develops, both with the sector and MHCLG?**

The Transformation Team have an existing relationship with not-for-profit consultancy iESE, as the Royal Borough of Windsor and Maidenhead were one of the founding partners. We will use iESE communications and conferences to publicise our work and share learnings with the sector more widely. iESE work with LAs across the UK, which offers us an existing relational network through which we can gain sector feedback, share results, and once live, demonstrate and advertise adoption of the platform elsewhere.

The Transformation Team have built a bespoke engagement site containing blogs and weeknotes using the platform EngagementHQ. The Transformation team can share with MHCLG and others a live-link within this platform where weeknotes, blogs and regular updates can be posted. As this is an engagement platform, there is also the functionality to create polls, surveys and other means of proactive feedback gathering, that would help stir conversation and generate positive publicity around the project.

Once live, the Royal Borough can develop a business case where other local authorities will be able to white label the platform for use in their own settings. The Royal Borough would look to their network of LA partners via their relationship with iESE to explore further use-cases for the platform. This would allow other local authorities to make best use of the platform and realise some of the same benefits that the Royal Borough have.

**3.11 Describe the estimated return on investment of the beta service / product and the development platform, both at a local level and to the sector, and how you plan to validate these estimates during the beta**

As was powerfully demonstrated during the COVID-19 pandemic, stronger local communities are less reliant on the intervention of public sector services. Neighbourhoods that were capable of self-support, where proactive individuals cared for the low-level needs of those around them, were less reliant on Primary Care and Social Care services. This platform aims to bridge the gap between public sector services and the local community, by partnering with existing proactive groups of volunteers in the VCS to ensure vulnerable people receive the low-level help that they need. All of this achieved by a recognisable and trusted face from the local community.

An approximate breakdown of costs and benefits is below:

• Expected annual platform running cost (minus further development at 400 individuals assisted per week): £28,250pa

• Aspirational annual development budget (once live): £36,000 - £72,000pa

• Projected annual Social Care saving (at 400 individuals helped per week): £260,000pa

• Projected annual Primary Care saving (at 400 individuals helped per week): £199,680pa

There are projected time savings for professionals and the VCS in quickly accessing information and ease of administration, however, these are yet to be accurately quantified.

At RBWM, our working relationship with our VCS is sophisticated and has been viewed as a corporate priority. For LA’s who are yet to engage as readily with their VCS, there will be a time and staffing cost for engaging and collaborating with this sector. (We as the Royal Borough readily endorse an Asset-Based Community Development approach, of which we have partners at Nurture Development who can readily train future LA partners in this, to maximise community relationships and support).

The figures above are estimations based on RBWM and an understanding of our populations’ needs and previously observed trends. If these figures are comparable to just 4 other LA’s using the platform, the annual development costs do not rise, only the running costs (licenses, hosting, and administration).

This would give running costs of approximately £141,250 and our own development costs of a further £72,000, totalling £213,250 (minus some contingency).

With a projected 400 individuals assisted per LA per week, the projected savings in Primary Care could be £998,400pa and Social Care £1.3million pa. This is a return of over £10 for every £1 invested once the platform is live.

These estimates are based on an understanding of our work with Primary Care, and projections used by Social Prescribers, as well as costed case studies undertaken in our Adult Social Care transformation work. These figures are estimates, and so further work will be undertaken by our analysts and those we work alongside in the CCG, as well as by our finance team. During the scope of this project and into the live phase, we aim to collect further data that can be used to improve the accuracy of these estimates and publish them as part of a future business plan. We remain interested in working with another (or several) local authority partners to understand possible impact in other areas, beyond our own authority.

**3.12 How much funding are you applying for to complete the project?**

£260,113

**3.13 How will the total project budget be used?**

| **Resource (e.g. staff time, supplier, contractor, etc.)**  | **Time / Quantity** | **Total cost / Value** | **Who will pay (e.g. Local Digital funding or a particular project partner)**  |
| --- | --- | --- | --- |
| Alpha Software | 12-months | £9,000 | RBWM |
| Amazon Web Services | 12-months RDS/S3 | £3,600 | RBWM |
| GJ Stats | 240 developer days | £129,600 | Local Digital |
| Project Management | 200 project management/ support days | £69,230 | Local Digital |
| User-Research/ Community liaison and testing  | 100 project support days | £34,000 | Local Digital |
| Evaluation and business case | 80 days, accountant, analysts, project officer | £27,283  | Local Digital |