Slough Borough Council

| Report To: | Cabinet |
|------------------------------|--|
| Date: | 20th January 2025 |
| Subject: | Voluntary and Community Services Annual Performance Report |
| Lead Member: | Cllr Anna Wright, Adult Social Care |
| Chief Officer: | David Coleman-Groom Executive Director, People Adults |
| Contact Officer: | Jane Senior, Director of Commissioning, People Adults |
| | Diana Balsom, Interim Commissioner for Prevention and Carers |
| Ward(s): | All |
| Key Decision: | NO |
| Exempt: | NO |
| Decision Subject to Call In: | NO |
| Appendices: | Appendix One - EQIA |
| | Appendix Two - VCS Services Progress and narrative over the first year of delivery |
| | Appendix Three - Action Plan for Year 2 of Contract |
| 1. Summary and Recommendati | ions |

- 1.1 This report asks Cabinet to note the progress, performance and developmental plans for services following agreement to award contracts to two providers at Cabinet in March 2023, which are:
 - The Voluntary and Community Sector Infrastructure Support Service operated by Slough CVS
 - The Advice and Information Service operated by Citizens Advice East Berkshire

Recommendations:

Cabinet is recommended to:

- a) Note the progress and performance of the two contracted services over the period July 2023 to June 2024 as set out within the report at Appendix Two.
- b) Note the actions being implemented to support further development of contracted services as set out at Appendix Three.

Reason:

At March Cabinet 2023 a commitment was given to report annually to on the performance of the two contracts for which Members agreed award.

Commissioner Review

"The report provides an update on the development of the strategy. It recognises that the last year was a developmental phase and plans to build upon that in the following years. There appears to be an absence of firm performance targets which makes it difficult to judge whether what has been achieved is good, bad or indifferent. These targets should be developed with the third sector over the next 12 months so that members can have a clearer sense of what has been achieved over the lifetime of the arrangements."

2. Report

The approach as set out within this report will actively support the following key priorities:

Slough Corporate Plan 2023-27

- Strategic Priority 2: town where residents can live healthier, safer and more independent lives-
 - Working with partners to target health inequalities and promote wellbeing
 - Supporting residents to be as independent as possible whilst providing quality services for the most vulnerable.

Slough Wellbeing Strategy 2020-25

- Priority 2: Integration:
 - Increase the number of people living independently at home and decrease the proportion living in care homes
 - Increase the number of people who are managing their own health and care needs.

2.1 Options considered

| Options | Pros | Cons |
|---------------------------------|---|------------------------|
| Option 1 | Transparency accountability | |
| Deliver an annual progress | to, and oversight from | |
| report on the implementation | Members in the delivery of | None |
| of, and the first 12 months of | contracts, agreed by | |
| provision of voluntary and | Cabinet. | |
| community sector services | Opportunity to abore more | |
| Recommended | Opportunity to share more | |
| Recommended | widely the positive progress which has been made at | |
| | pace. | |
| Option 2 | No clear advantage to not | A missed opportunity |
| Do not deliver an annual | reporting on progress. | to provide information |
| progress report on the | | concerning progress |
| implementation of, and the | | and future |
| first 12 months of provision of | | developments |
| voluntary and community | | |
| sector services | | |
| | | |
| | | |
| Not recommended | | |
| Not recommended | | |

Option 1 is recommended

2.2 Background

In November 2022, Cabinet approved the re-tendering of remodelled voluntary and community sector, and information and advice services. The remodelled services aimed to respond to wide engagement and consultation feedback regarding the outcomes of previous provision documented in item 9 in the report listed below:

In March 2023, Cabinet subsequently approved the results of the successful tendering and evaluation process and recommended contract award to two suppliers to deliver against the agreed model.

The successful bidders for the services are:

- Lot 1- The Voluntary and Community Sector Infrastructure Support Service operated by Slough CVS
- Lot 2 The Advice and Information Service operated by Citizens Advice East Berkshire

In addition, Council Officers gave a commitment to report annually to Cabinet on the performance of the contracts. This report sets out the achievements and learning for the first 12 months of provision.

2.2.1 Consultation and Engagement

The remodelled provision was developed by a Recommissioning Project Group comprising representative from:

- SBC People Strategy and Commissioning;
- SBC Adult Social Care Operations;
- SBC Public Health;
- SBC Procurement;
- Frimley ICB;
- Farnham Road Primary Care Network;
- The Co-Production Network;
- Berkshire Health Foundation Trust Community Mental Health Team; and

The group considered a number of elements relating to the future delivery of the voluntary and community sector support services. This included:

- performance data of current contracts;
- effectiveness of existing arrangements and areas for improvement;
- · demand data relating to adult social care;
- gaps in current provision;
- high level outcomes; and
- possible future models and procurement routes.

The Project Group undertook extensive engagement with a number of groups, including:

- Co-production Network;
- SBC Communities Team:
- SBC Housing Team;
- Volunteers recruited through SCVS;
- Carers:
- PCN Social Prescribers:
- Social Workers:
- Mental Health Integrated Commissioning Services; and
- the Better Care Partnership Delivery Board.

2.2.2 Service Priorities

The final evaluation of feedback resulted in priority areas of inclusion within the services providing critical support into the VCS sector. This in turn

- Enables a localised, community -focussed response to meeting the needs of residents;
- provides good quality information and advice;
- Supports community resilience;
- helps prevent the development of eligible care needs; and
- reduces demand at the ASC front door.

2.2.3 Overview of Progress to date

As a developmental year, the ASC Commissioning Team has worked closely with both services to support implementation, working together to identify barriers to progress and undertaking a shared approach to resolutions.

The relationship is collaborative and based on a shared understanding and agreement of the outcomes we want to achieve for the residents of Slough. This has allowed open dialogue and challenge about interventions, measurements and how the service might develop over year two.

The approach means that we are able to understand the impact of the model on both the provider and the operational teams. This approach has allowed any changes to 'bed in' before looking at the next challenge.

For the Community Connector roles in particular, this approach has been an essential enabler in supporting the required changes in operational practice, on which the success of the service is dependent.

Consequently, year one has focussed on:

- Embedding the Community Connector role and referral pathways from the ASC Front Door and Wexham Park Hospital discharge process;
- Reviewing the Community Fund process formalising and strengthening the role of community engagement in informing funding decisons
- Establishing meaningful outcomes measurements;
- Developing links between Housing Support and commissioned services;
- Understanding the patterns of demand for Information and Advice.

A full summary of the highlights, challenges and progress against the service priorities is included in the update report at Appendix Two.

Successes include:

- Development of the Community Directory of Services;
- Implementation of an improved Volunteer platform;
- Improved targeting of Community Connector services;
- 2023/24 Slough Community Fund groups supported 6,696 residents over the first 12 months – an average of £15 per person per annum;
- BCF increased the 2024/25 Slough Community Fund by £65,000 and £70,000 from 2025/26 onwards:
- Funding of the Joy platform to support improved outcomes measurement;

• £2,500,000 of external grant funding secured by voluntary groups within Slough.

2.2.4. The main challenges over the year have been:

- Navigating changes in approach at the initial Front Door Hub plan;
- Developing proportionate outcome measurements;
- Developing a data driven evidence base;
- Challenges in recruitment;
- Oversubscription of the Information and Advice service fuelled by higher demand for housing advice in addition to usual high demand for debt and benefit advice.

2.2.5. Developments for Year Two Include:

- Embedding the Joy platform into the service this will allow accurate collation of data that will allow correlation between individual referral and their service journey to their final outcome.
- Information and Advice further work will be undertaken to understand how information and advice can be provided in the most effective way within local communities.
- Collaborative working with other 'Community Connector' roles the connector, or navigator role, is increasingly being used across all sectors of the system.
 Collaborative working will reduce the risk of duplication and provide a picture of preventative demand in Slough.
- Ensure the service approach for Community Connectors and the provision of Information and Advice is aligned with the future Front Door target operating model.
- Improving volunteer recruitment.

3. Implications of the Recommendation

3.1 Financial implications

There are no financial implications directly relating to the progress report and the areas identified for the second year of development. Development work is funded within the current contract.

The Voluntary and Community Sector Infrastructure Support Service operated by Slough CVS has an original contract value of £408,149 per annum fixed over 5 years. This has subsequently increased to £474,050 p.a. in 2023/24 and will increase to £478,149 pa in 2024/25 for the duration of the contract. The total contract value for the potential 5-year period is £2,386,646

The Advice and Information Service operated by Citizens Advice East Berkshire has a contract value of £120,000 per annum.

The total contract value for the 5-year period is £600,000

Work undertaken through the contract saw just over £2.5 million of external funding coming into Slough groups.

In recognition of the impact of Slough Community Fund on local provision, the BCF have increased the funding pot by £65,000 this year, and by £70,000 from next year's onwards.

Information and Advice has been provided to 1,131 people and £144,337 in income was gained for people via reimbursements from services and loans, debts written off, and repayments rescheduled.

Further analysis is underway to establish a data informed methodology to monetise benefits – either cashable savings or cost avoidance.

3.2 Legal implications

- 3.2.1 Section 2 of the Care Act 2014 places a duty on local authorities to provide or arrange for services, facilities or resources which will prevent or delay the development of, or reduce the needs for care and support of, adults in its area. In performing that duty, a local authority must have regard to:
 - a) the importance of identifying services, facilities and resources already available in the authority's area and the extent to which the authority could involve or make use of them in performing that duty.
 - b) the importance of identifying adults in the authority's area with needs for care and support which are not being met (by the authority or otherwise);
 - c) the importance of identifying carers in the authority's area with needs for support which are not being met (by the authority or otherwise).
- 3.2.2 The Care Act 2014 Section 5 imposes a duty on local authorities to shape an effective marketplace of services to meet care and support needs in the local area. The Act describes how local authorities will manage the market to drive innovation, choice, quality, and continuous improvement whilst ensuring value and promoting Wellbeing. The Act places the following duties for adult social care commissioning authorities:
 - To promote wellbeing for people with care and support needs.
 - Focus on outcomes that are important to people and the delivery of personcentred care.
 - Outcomes based commissioning to develop services for people, carers, and the wider population to achieve wellbeing alongside meeting care and support needs.
- 3.2.3 Duties in the Act place the following commissioning functions:
 - Co-production with stakeholders in service design.
 - Market engagement and shaping to influence local services on offer and to address barriers faced by the market in service delivery.
 - Integration with local partners to achieve population-based outcomes to improve wellbeing.

- 3.2.4 Section 12 of the Health and Social Care Act 2012 introduced a duty at Section 2B of the NHS Act 2006 for the council to take appropriate steps to improve the health of the people who live in its area.
- 3.2.5 Section 6C of the National Service Act 2006 as amended by the Health and Social Care Act 2012 and The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 provide for the discharge of public health functions by Local Authorities.
- 3.2.6 The Health and Social Care Act 2012 introduced duties for Health and Wellbeing Boards in relation to JSNAs- Joint Strategic Needs Assessments. The purpose of JSNAs is to improve the health and wellbeing of the local population and reduce health inequalities. A product of the JSNA, is the evidence-based priorities for commissioning, that will improve outcomes for the local population, reduce health inequalities and address the wider determinants of poor health. Prevention, support to carers and working with local voluntary groups to strengthen community resilience to manage own care are all priorities listed in the JSNA.

3.3 Risk management implications [Mandatory]

3.3.1

| Risk | Assessment of Risk | Mitigation | Residual Risk |
|--|--------------------|--|---------------|
| Some or all areas of the new contracts underperform. | Medium | The contracts are carefully managed by the Contract Management function sitting within the Commissioning Team. | Low |
| Duplication of services | Medium | The directory of services ensure provision in the borough is mapped and this will reduce the risk of duplication of provision going forward. The networking aspect of the provision will allow for connector and navigator roles to collaborate | Low |
| Duplication in funding of SCVS by different parts of the Council without regard to one another | Med/High | Central commercial team to monitor and direct to main contract holder | Low / Medium |

| Duplication in | Med/High | Greater collaboration | Medium |
|--------------------|----------|--------------------------|--------|
| funding by | | already highlights work | |
| different parts of | | undertaken by SCVS and | |
| the system | | CAEB, but this will need | |
| | | to continue | |

3.4 Environmental implications

3.4.1 There are no environmental impacts.

3.5 Equality implications

3.5.1 The implementation of the service and the delivery of the services demonstrates a positive impact for people with protected characteristics.

However, whilst current monitoring of provision can indicate demographic information for referrals, and access to services, it is currently unable to correlate positive outcomes to the referral information – an important factor in demonstrating equality of provision and outcomes regardless of protected characteristics.

Specific data highlighting referral and service uptake by ethnicity can be found at within the updated EQIA at Appendix One.

The BCF approved the funding in the summer of 2024 for the JOY platform – a case management, tool that supports 'social prescription' -type services, allowing customer journeys and outcomes to be recorded, providing a strong evidence base of outcomes related to specific demographics and protected characteristics.

This will be invaluable in demonstrating the impact of provision on groups impacted by health inequalities.

3.6 Corporate Parenting Implications

3.6.1 There are no corporate parenting implications.

3.7 Procurement implications

3.7.1 There are no procurement implications

3.8 Workforce implications

3.8.1 There are no workforce implications

3.9 Property implications

3.9.1 There are no property implications.

4. Background Papers

None.

Equality Impact Assessment

| Directo | orate: People Stra | ategy & Comr | nissioning People (Adults) | | | |
|---------|---|---|--|--|--|--|
| | e: Voluntary and | | | | | |
| | | | sment: Jane Senior | | | |
| | f Assessment: 30 | | pdate 28/11/24 | | | |
| | | | eing assessed: Voluntary and Community Sector | | | |
| 1. | What are the aim | s, objectives, o | utcomes, purpose of the policy, service change, function that you are assessing? | | | |
| | | | act Needs Assessment is to assess the possible effects of Slough Borough Council procuring a new VCS e and Information Service in place of existing provision. | | | |
| 2. | Who implements of including any exte | | policy, service or function? State if this is undertaken by more than one team, service, and department | | | |
| | Services are curre | ently commissio | ned by the People Strategy and Commissioning Team sitting with the People Adults directorate. | | | |
| | Current services a | re operated by | Slough CVS and Slough Citizens Advice East Berkshire under contract. | | | |
| | 28/11/24 - The re | modelled serv | ice contracts were won by the incumbents. | | | |
| 3. | 3. Who will be affected by this proposal? For example, who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic. | | | | | |
| | The service mode | rnisation progra | amme and re-procurement will have the impacts as set out in the table below | | | |
| | Characteristic | Positive, Negative, Neutral or Unknown Impact | Rationale for Assessment | | | |

| Age | Positive | The information and Advice service is available to all adults who require advice in respect of a number of different areas, including housing advice, care and support, income maximisation and so on, whilst it is not intended that children will access the service themselves – they are likely to benefit from advice and information which is sought on their behalf by parents or carers. The VCS Infrastructure organisation administer grants for a range of VCS organisations which will directly benefit children and adults. |
|---------------------------------------|----------------------|---|
| Disability | Positive | People with a disability will be able to access and positively benefit from both services. |
| Gender Reassignment: | Positive | People seeking or having been through gender reassignment will be able to access and benefit from both services. |
| Marriage and Civil Partnership: | Positive/ Neutral | People who are in a marriage or civil partnership will be able to access and benefit from both services |
| Pregnancy and maternity: | Positive/ Neutral | Those who are pregnant will be able to access and benefit from both services |
| Race: | Positive | Both services seek to reach all elements of the community. Culturally specific provision is commissioned through the VCS Infrastructure organisation as appropriate. Refugees are able to access Advice and Information services. A gap identified through engagement relates to translation services. This could be met through recruiting volunteers with language skills as part of the Provider 1 specification. 28/11/24 The VCS provider has access to 15 community languages via its wider workforce |
| Religion and Belief: | Positive | People of any religion and belief are able to access and benefit from services. |
| Sexual orientation: | Positive | People of any sexual orientation are able to access and benefit from services. |

| | Other: Mental Health, | Positive | The service will be positive for two different additional groups: Mental Health: Preventative. Community Connectors will be able to access a range of provision within the community and their feedback on gaps in service will influence the bidding requirements for the Slough Community Fund. |
|----|---|---------------------------|--|
| 4. | background inform | nation. | acts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the Information Services |
| 5. | What are the likely and why? There will be no no | | eacts for the group/s identified in (3) above? If so, then are any particular groups affected more than others |
| 6. | sources and concl | usions drawn | and (5) above been assessed using up to date and reliable evidence and data? Please state evidence (e.g. survey results, customer complaints, monitoring data etc). Eake of provision is monitored and has been assessed. |
| | Area of provision | Uptake data | a |
| | Directory of Community Services | is universal well as acce | vidual hits were received. We are unable to establish the demographic make-up of enquirers as the service and anonymous. However, the website has a translation platform offering 104 alternative languages as essibility support for those with a sight impairment. The service is not suitable for those who face digital ork I is planned to understand how local community groups can be support people face to face |
| | VCS Infrastructure support | essential po | re support is offered to help new and existing community groups to set up as lawful enterprises with plices in place such as safeguarding. Whilst a large number of these target groups are understood, they are y monitored. This is not currently a requirement of the contract to monitor but will be requested for year 2. |

| | The provider is currently targeting faith groups to ensure they are aware of the service and to understand how best to support them and any local groups they are aligned with. | | | | |
|--|---|--|---|--|--|
| Volunteer development and training | Whilst there is anecdotal evidence of a people from diverse communities registered and training to become voluntee this is not monitored and there is no data available to present a clear picture of representation from groups with protected characteristics. | | | | |
| Slough Community Fund | The Community Fund is effective in attracting bids from local groups that are representative of the community and w seek to provide support to those with protected characteristics as well as people facing health inequalities. The first year of delivery saw 27 groups receiving funding in total. Of these Asian Carers Group, People with Sight Impairment, Refugees and Asylum Seekers, Carers (including Young Carers Culturally isolated groups, HIV support, clubs for people with autism and Asian elders' groups were supported. For the period July 23 to June 24 (1st year of new contract) the One Slough funded 27 local groups. Whilst groups are open to all, 6 groups that specifically target support for members of the Black and Asian communities received 25% the total funding: | | | | |
| | For the period July 23 to June 24 (1st | year of new contract) the One Slou | igh funded 2° | 7 local groups. Whilst grou | |
| | For the period July 23 to June 24 (1st open to all, 6 groups that specifically | year of new contract) the One Slou | igh funded 2° | 7 local groups. Whilst grou | |
| | For the period July 23 to June 24 (1st open to all, 6 groups that specifically the total funding: | year of new contract) the One Slou target support for members of the E | igh funded 2 Black and As | 7 local groups. Whilst group ian communities received 2 Ave qtly nos. supported: | |
| | For the period July 23 to June 24 (1st open to all, 6 groups that specifically the total funding: Group | year of new contract) the One Slou target support for members of the E | igh funded 2 Black and As Funding | 7 local groups. Whilst groups an communities received 2 Ave qtly nos. supported: targeted / achieved | |
| | For the period July 23 to June 24 (1st open to all, 6 groups that specifically the total funding: Group Asian Carers Group | year of new contract) the One Sloutarget support for members of the E Service Support for carers | Igh funded 2 Black and As Funding £2.000 | 7 local groups. Whilst group ian communities received 2 Ave qtly nos. supported: targeted / achieved 80 / 93 | |

Singing for Health and Wellbeing

Lunch club for the elderly

25 / 35

25 / 95

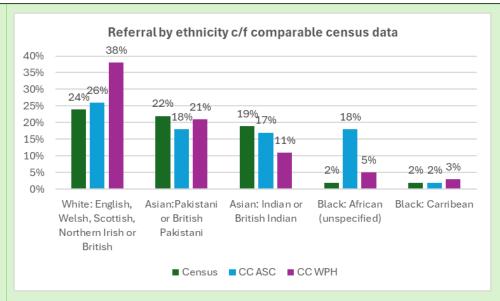
£2,000

£3,500

The Sangeet Group Slough

Ujala Foundation

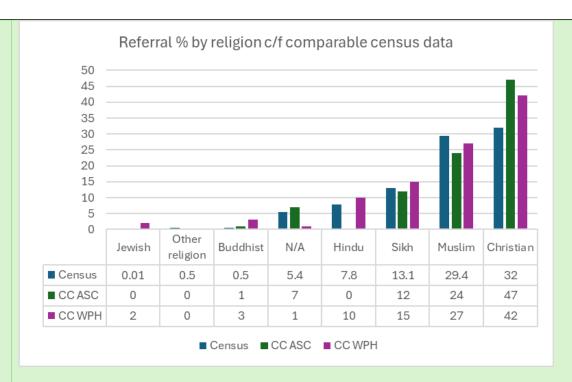




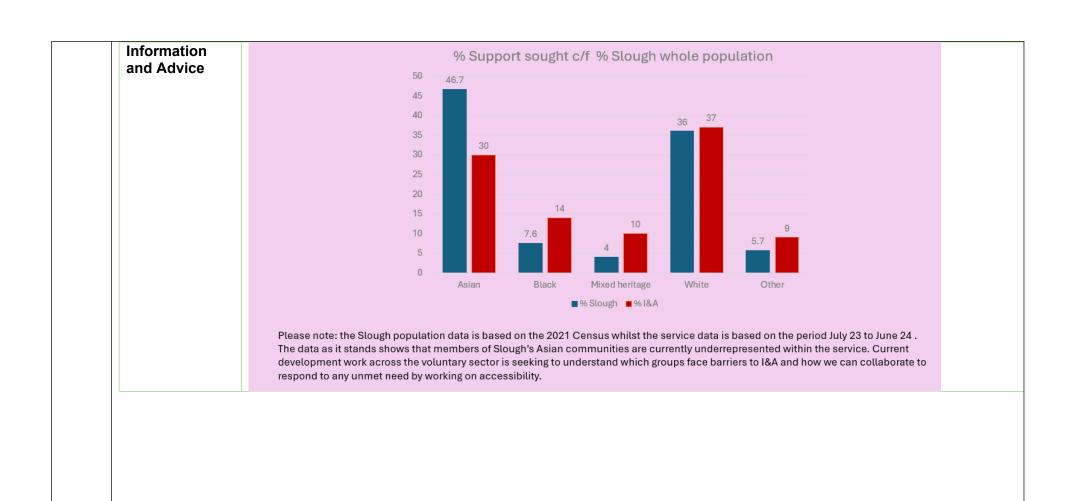
The community connector service has a formalised referral and customer platform that supports demographic monitoring of age, ethnicity, faith, sex and disability. Carer status and sexuality is not yet routinely reported.

The graph above indicates the breakdown the ethnicity and faith of groups referred into the service by ASC and by Wexham Park Hospital are shown below. Whilst we currently are unable to correlate individual referrals with outcomes to evidence equity of impact, we can gauge whether representation align with Sloughs ethnic demographics:

And with Slough Religious demographics:



Both charts show that White English, Welsh, Scottish and Northern Irish are over- represented in referrals. This is outside of the control of the services but points to other areas of exploration, including whether greater barriers exist for other groups when approaching statutory services or that other groups may have better circles of support in place. This intel will be reported to referral agencies.



7. Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved?

The recommissioning of the VCS has been considered by a project group comprising representatives from the following: People Strategy and Commissioning, People (Adults) Operations, Public Health, the Co-production Network, PCNs Frimley ICB and Public Health.

| | Engagement has been undertaken with; Social Workers, Carers, Volunteers, the Co-production Network, the Communities team, Housing Needs, PCN Social Prescribers. |
|-----|--|
| 8. | Have you considered the impact the policy might have on local community relations? |
| | Services will be tendered fairly and competitively. There should not be any impact upon community relations. The amount of available funding remains the same. The Community Grants programme aligns with health, social care, public strategic priorities. |
| 9. | What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example, what plans, if any, will be put in place to reduce the impact? Appropriate mobilisation period. A requirement to collect equalities data. Communications out. |
| 10. | What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below. Robust evaluation of bids. Effective contract management. |

| What course of action does this EIA suggest you take? More than one of the following may apply | ✓ |
|--|---|
| Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken | ✓ |
| Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments would remove the barriers identified? (Complete action plan). | |
| Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan). | |
| Outcome 4: Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan). | |

Action Plan and Timetable for Implementation

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

| Action | Target Groups | Lead Responsibility | Outcomes/Success Criteria | Monitoring & Evaluation | Target Date | Progress to Date |
|---|------------------|------------------------|--|-------------------------------|----------------|---------------------|
| Contract management | All | Contract Management | Services delivered in accordance with the specification including collecting relevant monitoring data. | Quarterly | October 23 | ongoing |
| VCS infrastructure support service include data to the monitoring requirements to | All | Commissioning | Understand the make-up of new and existing groups and the characteristics of the groups they are seeking to support. | quarterly | Nov 24 | |

| support identification of gaps | | | | | | |
|---|-------------------|---------------|--|-----------|----------|--|
| Include demographic monitoring of new and existing volunteers | All volunteers | Commissioning | There will be a clear picture of representation from groups with protected characteristics. | quarterly | Nov 24 | |
| Community Connector data showing differences in representation by ethnicity is fed back to agencies to inform their approached to E&D | All | Commissioning | Referring agencies are aware of gaps in representation | quarterly | Nov 24 | |
| Include all demographics in reporting | All | Commissioning | We will understand take up and representation of groups with protected characteristics | quarterly | Nov 24 | |
| The JOY platform is operational | All | Commissioning | Correlation between referral and outcome will be established indicating any inequity in service outcomes | quarterly | April 25 | |

| | (Person completing the EIA) Reviewed 28/11/24 Diana Balsom |
|-------|--|
| Name: | |
| | (Policy Lead if not same as above) |
| Date: | |