

Promoting and supporting the wellbeing of residents with the voluntary sector

2015-2020 Partnership Strategy



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Foreword

Thank you for taking the time to read Slough Borough Council's Partnership Strategy. The strategy is very much the start of a conversation and part of a wider review of the council's relationship with the voluntary sector in supporting vulnerable adults living in Slough. We face many challenges and opportunities ahead and we can best face these by working together in a strong partnership.

Slough has a long tradition of working with its local neighbourhoods and with voluntary and community organisations to improve the quality of life for everyone who lives, works, studies or does business in the borough.

Slough Borough's Voluntary Sector Strategy 2015-2020 is a key document outlining how the local authority will work to support the development and success of Voluntary and Community Sector (VCS) organisations over the next four years. Community organisations, voluntary bodies and neighbourhood action all contribute towards building social capital, civic engagement and community cohesion; providing valuable services to improve the quality of life for many of our communities.

Although 2015 -2020 will be an extremely difficult period for the local authority; with the onset of unprecedented levels of budget reductions forcing us to review significantly the way we provide services and support residents, we are still firmly committed to developing a strong, sustainable and independent voluntary and community sector with whom we can work in partnership to support the communities we serve. It is anticipated that all our statutory partners, including public health (as part of the local authority), the Slough Clinical Commissioning Group (CCG) and others will see the Strategy equally applicable to how they manage their relationships with the VCS .

This strategy draws upon the council's overarching 5 Year Plan and background of the VCS in the borough; addresses local and national drivers behind our work with the VCS, and sequentially addresses key thematic areas of work we will be undergoing during the next five years.



We see the vital work the voluntary sector does on a day-to-day basis all around us and as a resident of the borough, for example, the charities which provide much-needed care and support to families going through difficult times, or the Sunday morning sports clubs and the fantastic culture and heritage opportunities that exist in the borough. Many of these things are made possible by local people willing to give up their spare time and make a difference in our community through volunteering.

This document sets out how the council proposes to work with community groups and larger voluntary sector organisations, to meet the needs of the community in different ways, in times of significantly reducing public funding.

The Strategy sets out our vision for working with the VCS. We are all under pressure to deliver high quality services that people want and need, with fewer resources. Our intention is to support and enable VCS organisations to play a significant part in this.

Cllr Rob Anderson

Executive summary

The strategy sets out how Slough Borough Council, including public health, and Slough CCG will work together to fund voluntary and community organisations to deliver health, social care and wellbeing outcomes for vulnerable adults living in Slough. Even during this challenging economic climate for the public sector we are planning to invest circa £3,600,000 over the next three years. This commissioning model will enable our partners in the VCS to take a preventative approach to meeting care and support needs in our local communities.

The council and partners have been mindful of national and local priorities detailed in the Care Act 2014, the council's Five Year Plan, Slough CCG's 5 Year Plan, Wellbeing and Public Health Strategies and the Better Care Fund.

We are using an outcome based approach to purchase services from voluntary and community organisations which will enable us to enhance the capacity of individuals and the wider community to provide personalised preventative support that builds on people's strengths and assets to reduce the demand on social and health care services.

This strategy document sets out a number of challenges facing both the council and the voluntary sector. It sets out both the local and national context and is the start of a discussion between the sectors about how we can move forward in the light of these changes and how we can develop the relationship.

Whilst these are significant changes we still wish to develop the conditions which will allow the voluntary and community sector in Slough to thrive and this strategy represents the first step in that process.

The overall vision for this strategy is:

To promote a healthy and thriving voluntary and community sector that focuses on meeting the needs of the most vulnerable adult residents living in Slough.

By working more effectively with Slough's voluntary and community sector to deliver best value for money outcomes for residents at a time of limited resources we are planning to achieve the following key aims:

- Find innovative and effective ways to provide high quality services and support with and for residents
- Focus on shared outcomes which enhance wellbeing through promoting prevention services which avoid, delay and reduce the need for care and support
- Support the community and individuals to be more resilient and do more to help themselves to meet their health and care needs
- To improve social value by taking into account social, economic and environmental value when choosing suppliers rather than focussing solely on cost. The expectation is that this will enable smaller organisations or those from the charitable and voluntary sectors to compete more successfully.



To deliver the key aims we will work closely in partnership with the local voluntary sector, community groups and networks to develop services that achieve the following positive outcomes for people in Slough:

- Access to good information, support, advice and, for those that need it, advocacy so that **people have more choice and control in making decisions about their lives while reducing inequalities in accessing services and in achieving positive outcomes**
- Services and support that enable people to change their lives for the better so they **stay healthy and actively involved for longer while reducing the need for more intensive targeted services**
- Providing **joined up and person centred care and support that enables people to plan all aspects of their lives using personal budgets and direct payments**
- **Access to active and supportive communities** that offer better personal and social support networks and membership of groups; welcoming and inclusive local communities; opportunities to participate and make a contribution and support for carers

- **Carers are supported to carry out their caring role and supported to have a life of their own**
- Maintaining independence with help for **people to stay, or get back, home**
- **Improving economic wellbeing, financial inclusion** with support to develop the skills and knowledge to enter or maintain employment.

There is already considerable entrepreneurship shown by many within Slough's voluntary and community sector and we need to continue to build on this expertise to help develop new projects and services that meet the needs of individuals, groups and communities. In this way Slough's voluntary and community sector can add social value - by improving the well-being and quality of life of our communities and developing the skills and resilience of local people.

1. Introduction

This strategy sets out a number of challenges and opportunities facing the council, local NHS and the voluntary and community sector.

Throughout the strategy we will focus on achieving positive outcomes by working with the voluntary sector to ensure more people take responsibility and manage their own health, care and support needs. As a consequence we need to create a significant change in our relationship with the sector, based on clear priorities and outcomes that improve people's lives - rather than to simply fund individual organisations for specific services.

It is a time of significant change for adult health and social care nationally and locally with a fundamental shift in the way that health and social care services and support are purchased and delivered to adults. In line with the personalisation agenda, people are being put in control of the support and care they receive and purchasing power is shifting from the local authority to the individual. Personalisation will give people greater control, choice and flexibility to live as independently as possible.

In summary we will change our approach to the following:

- Switch from commissioning for services to commissioning for outcomes
- Improve governance and contract management
- Develop better partnership working and the integration of the support available across the whole health and care sector
- Improve our ability to demonstrate value, impact and outcomes
- Improve the resilience of the voluntary sector to respond and deliver to meet local needs.



2. Defining the voluntary and community sector

The National Council for Voluntary Organisations (NCVO) defines the characteristics of the VCS as groups that are “value-driven, reinvest surpluses to further their aims and are committed to reflecting user need”.

Their work includes:

- delivering services
- advocating or lobbying on behalf of community causes
- facilitating international, community and economic development
- advancing religious faith and practice
- raising funds
- providing financial and other support to other voluntary and community organisations.

This strategy encompasses the full range of voluntary and community sector services that exist in the borough, not just those which currently receive grant aid or provide commissioned/contracted services.

By ‘voluntary and community’ organisations, we are talking about the following types of organisation:

- Registered charities
- Faith groups
- Voluntary organisations
- Community groups
- Community associations
- Tenants and residents groups
- Housing associations
- Co-operatives and social enterprises and mutual's
- Sports, environmental, arts and heritage organisations
- Grant making trusts
- Non-constituted groups of residents working together to make a difference in their local communities.

The voluntary and community sector in Slough is extremely diverse, ranging from larger registered charities and national organisations (such as Age Concern and Citizen's Advice Slough) to smaller community based groups often led by volunteers such as ‘friends of parks’ groups.

Many of these groups focus on a particular group or community - whether they are older people, carers, disabled people, the homeless, refugees and asylum seekers, people with learning disabilities, victims of crime or those living on low incomes.

Data from the Slough Council for Voluntary Service (SCVS) estimates that there are nearly 201 active registered charities in Slough, employing 425 employees, with a total turnover of over £57 million. With an estimate of the amount spent in Slough is £23.6 million.

Broadly speaking the voluntary and community groups currently operating in Slough can be categorised in the following ways:

1. Specialist support organisations: Larger organisations which operate regionally and county-wide to provide services, with specialist areas of expertise e.g. older people, advice, environment, enterprise, disability, children and young people.

Example

Age Concern, Red Cross

2. Infrastructure: Organisations which provide generic support to front-line groups, including governance and financial advice, support in identifying and applying for funding opportunities and help and training for volunteers.

Example

Slough's Council for Voluntary Service (SCVS), Slough Volunteer Centre

3. Front line: Localised organisations and community groups, providing services which support individuals within local communities.

Example

Neighbourhood Groups

See www.servicesguide.slough.gov.uk

Many voluntary and community sector organisations in Slough source a significant amount of their income from a mix of:

- local/national charitable fundraising
- external grant funding
- external (local/national/regional) contracts commissioned following national and local procurement legislation and guidance
- consortia bidding for service delivery from the public sector
- service level agreements on specialist areas of delivery from various services in the council and departments within the NHS and Police
- earned income.

As well as grants and other funding arrangements, the council also currently provides a range of 'in-kind' support to the borough's voluntary and community sector organisations. This has included free or subsidised premises, subsidised utilities costs, subsidised use of community halls and support with quality assurance.

Other areas of support provided include:

- Supporting funding applications
- Support on governance issues and compliance
- Capacity building through support to a range of organisations including start ups
- Maintaining relationships with the sector through SCVS, community navigators, commissioned organisations both private and voluntary.

The mix and proportions of funding sources is however changing and reducing therefore it is now more important than ever to try and create a climate for entrepreneurship to grow and for more co-ordinated and collaborative approaches to develop amongst and between Slough's voluntary and community sector.



3. Why do we need this strategy?

Slough is facing many challenges ahead. We are seeing significant changes in our population which are increasing demands on services (e.g. the number of younger adults with complex disabilities and the growing number of older people with multiple health and care needs) whilst at the same time we are facing unprecedented financial challenges, resulting in the council needing to find over £36million of savings over the next four years, equating to approximately 34% of its budget.

This strategy is therefore primarily about the strategic relationship between the council and the borough's voluntary and community sector, the general financial relationship with the sector and how together we can meet the challenges which lie ahead and which are set out in this document.

What is clear is that these challenges can be tackled more effectively in partnership - which is why we wish to engage in a conversation with the sector about how we move forward together.

However, it is not all negative: this strategy also sets out where there might be new opportunities for the sector and how these might be developed.

The council does recognise the huge role which the voluntary sector plays in supporting communities. We also recognise that the voluntary sector plays an important role in engaging 'hard to reach' sections of the population and has an excellent understanding of the people who live in Slough and some of the challenges local people face in their day-to-day lives.

For these reasons, the voluntary sector often has unique advantages over the public and private sectors, and adds value through volunteering opportunities which enhance community life.

4. Drivers for change

There has been a drive from central government to create a local environment which will enable the voluntary sector to contribute and to thrive. Slough Borough Council is about to experience a fundamental change in the way services are delivered, alongside a reduction in funding. There is a clear intention to give residents more powers in making decisions about their communities and encouraging people to take an active role. This includes supporting the creation and expansion of co-operatives, mutuals, charities and the growth of social enterprise capacity, enabling them to play a greater role in the delivery of public services.

It is recognised that some eighty per cent of voluntary sector organisations work in the health and social care field. We recognise that the council needs to support voluntary sector organisations in moving into a personalised care market place, through market development and stimulation, to enable them to respond to priorities that emerge from national and local commissioning arrangements across health and social care and other areas which are prevalent in Slough.

Further detail on the national context can be found in Appendix 1.

5. Local Context

The council is committed to working creatively with the voluntary sector during these continued times of financial austerity, to help ensure that organisations providing valuable services to our communities are able to survive, and continue their good work in supporting those in need and in making Slough a place where people continue to want to live, work and play.

This strategy applies to the whole sector, but for those organisations in receipt of funding from the council, grants or contracts will now only be given which deliver outcomes which are strongly tied to the delivery of the outcomes set out in the council's five year plan or any replacement thereof. See appendix two for further details on the plan.

This strategy also takes into account the borough's **Wellbeing Strategy** and the council's vision for the future of social care in which we need to move away from a more traditional model of service delivery to one in which we are more responsive to local needs and in which users will self-fund, self manage and have greater choice than ever before. To enable this to happen we need to take steps to grow the market and this may well involve new opportunities for the sector.

See appendix two for further details about the borough's Wellbeing Strategy and local context.

6. Our vision

To promote a healthy and thriving voluntary and community sector that focuses on meeting the needs of the most vulnerable adult residents living in Slough.

7. Strategic aims

- Find innovative and effective ways to provide high quality services and support with and for residents
- Focus on shared outcomes which enhance wellbeing through promoting prevention services which avoid, delay and reduce the need for care and support
- Support the community and individuals to be more resilient and do more to help themselves to meet their health and care needs
- To improve social value by taking into account social, economic and environmental value when choosing suppliers rather than focussing solely on cost. The expectation is that this will enable smaller organisations or those from the charitable and voluntary sectors to compete more successfully.

8. Outcomes and the expected benefits for health and social care in Slough

To deliver the key aims we will work closely in partnership with the local voluntary sector, community groups and networks to develop services that achieve the following positive outcomes for people in Slough.

- Access to good information, support, advice and, for those that need it, advocacy so that **people have more choice and control in making decisions about their lives while reducing inequalities in accessing services and in achieving positive outcomes**
- Services and support that enable people to change their lives for the better so they **stay healthy and actively involved for longer while reducing the need for more intensive targeted services**
- Providing **joined up and person centred care and support that enables people to plan all aspects of their lives using personal budgets and direct payments**
- **Access to active and supportive communities** that offer better personal and social support networks and membership of groups; welcoming and inclusive local communities; opportunities to participate and make a contribution and support for carers
- **Carers are supported to carry out their caring role and supported to have a life of their own**
- Maintaining independence with help for **people to stay, or get back, home**
- **Improving economic wellbeing, financial inclusion** with support to develop the skills and knowledge to enter or maintain employment.

This will deliver the following benefits:

For people

- Reducing social isolation especially for people with long term conditions
- Improving access to early health and social care support leading less people into crisis
- Reducing hospital and care home admissions and reducing delayed hospital discharges
- More people are able to influence and have control over decisions about their lives
- More people have improved social networks and involvement
- More vulnerable people are supported to live with greater independence.

Process benefits

- Increasing web-based access
- Supporting more people to “self-serve”
- Reducing unnecessary referrals to the council and the NHS
- Optimising collaboration between providers (i.e. to eliminate duplication, ensure effective signposting and make better overall use of expertise)
- Developing shared databases, to eliminate duplication and reduce maintenance costs
- Resolving more queries at the first point of contact, and reducing the overall number of repeat referrals to all agencies
- Maximising the use of IT to streamline processes (e.g. through the use of shared records, improved referral systems etc)
- Reducing bureaucracy (e.g. by ensuring that assessment and support planning processes and documentation are flexible and proportionate)
- Optimising the use of capital assets (including buildings) and infrastructure
- Making best use of the skills of the workforce including volunteers
- Developing new skills, including the skills of volunteers and peer support.

Strategic benefits

- Reducing health inequalities; targeting people and groups who find it difficult to access and use information, advice and advocacy
- Early intervention: giving people early health promotion advice, or resolving simple issues, to ensure their problems don't escalate
- Promoting independence and resilience: helping people to fulfil their own potential, to manage their own health and care and to plan ahead
- Promoting informed choice; empowering people, by letting them know about the range of local providers and what support they offer
- Supporting people at home; helping people understand what support can be made available at home, as an alternative to residential care
- Safeguarding: ensuring people know where and how to report concerns they may have
- Finding better value solutions: helping people (including those receiving direct payments) to access informal sources of support, and to make optimum use of assets in communities
- Reaching self-funders; offering advice including financial advice to help them manage the costs of their care.

In Slough, recent engagement with the voluntary sector and consultation with our stakeholders has shown us that our local infrastructure services are highly valued; however the sector is in agreement that services could be more effective and accessible.

Encouragingly, when asked about the outcomes we need to deliver many said that 'Services would be improved through collaborative working for all clients, the council and voluntary organisations and wider services'. See appendix three.

We want to work more effectively with Slough's voluntary and community sector to deliver the best value for money outcomes at a time of limited resources.



9. Thematic priorities

To achieve the vision, aims and outcomes it is expected that the following themes will need to be addressed by the voluntary and community sector.

Theme 1: Commissioning

Involving the voluntary and community sector in prevention and early intervention can lead to significant benefits for people and improved spend of public funding.

As public bodies are looking for new and different ways to deliver their services many are taking a commissioning approach.

Commissioning can be defined as the formal arrangements made to provide services to meet agreed priority needs. It is not the same as outsourcing, and reflects an ever-stronger focus on achieving value for money, through a smaller state sector, and greater use of the Private and Voluntary Sectors as service providers.

In Slough this approach is reflected in the move towards an integrated approach to joint commissioning between the council's Adult Social Care and Public Health teams, Slough's Clinical Commissioning Group (SCCG) and the voluntary sector.

Moving to this approach will not only encourage commissioners to look more critically at what difference a service makes to the lives of its users, and to the wider community, but it will also involve identifying what savings could be made by moving to alternative delivery models i.e. consortiums and alliances.

It will also help widen the discussion from a relatively common notion of unit costs to include ideas of social value, so that good value investments will bring about more economic benefits for residents and the town as a whole.

In order to achieve this shift in approach, the council is reviewing a number of grants and contracts in existence to ensure that these arrangements continue to deliver improved outcomes for our residents. This work will also consider what has been commissioned in the past and which is no longer required in the new environment and will be de-commissioned or re-commissioned.

Due to specialist skills, local knowledge and awareness of the needs of certain sectors and groups, Slough's voluntary and community sector is ideally placed to:

- respond to this commissioning approach and help influence the future design of accessible, flexible and responsive services
- the acquiring of services (through competitive tendering) and
- the bidding for contracts, whether through formal or more informal processes, where appropriate, so that all the benefits of voluntary and community sector run services are not lost to the community.

They also have a significant role to play in signposting users to these and other partner's services.

Slough's voluntary and community sector are also ideally placed to identify emerging need across the borough and fill in the 'information gaps' that may not yet have come to the attention of the statutory services.

Suggested actions that could be undertaken to achieve this priority:

- Reviewing existing voluntary commissioned services in social care and health
- Working in partnership to meet health, social care and public health outcomes and to reduce health inequalities
- Working in partnership to take a whole neighbourhood approach to meet the needs of the most vulnerable
- Exploring new models of funding such as social investment
- Opportunities for the VCS to increase their delivery of public services through tendering
- Increased recognition by commissioners of the value of involving VCS organisations at all stages of the commissioning process
- Services that are responsive to community need, user led, flexible and accessible
- Market development - increased diversity of suppliers particularly amongst the VCS

- Good return on investment; value for money and the additional benefits from social and environmental considerations as set out in the Social Value Act
- Developing a new process and criteria which the council will use when awarding grants, which will now heavily focus on the outcomes based delivery and ensuring that the process is fair and transparent and represents best value for money
- Developing a 'community chest' funding option that will give smaller community organisations the opportunity to deliver the aims and outcomes.

Theme 2: Capacity building

Investing in the voluntary and community sector can result in better local services that meet the needs of communities.

Strengthening the relationship between local communities and local bodies will enable everyone to take part in finding solutions to and resolving issues that affect their lives.

Capacity building is about developing the skills and knowledge within organisations in order to increase their ability to deliver services.

The council has a long history of carrying out a number of activities which provide Slough's voluntary and community sector with skills which can be used to ensure organisational sustainability well into the future.

This has traditionally included:

- Neighbourhood working initiatives
- Tenant and Resident participation groups
- Area Panels
- Funding workshops delivered by local and national funders
- Community champions and navigators.

A number of other organisations in the borough have also/and are continuing to carry out capacity building activities in the form of training, external funding support and governance advice to name but a few.

As such there is the potential for duplication of work to take place surrounding these activities and it is imperative that mechanisms are put in place to ensure that duplication is minimised, local services are strengthened and the voluntary and community sector is strengthened to build its organisational capacity and sustainability.

A strategic approach to capacity building across the borough could significantly improve the impact, effectiveness and sustainability of any activities undertaken and lead to stronger more influential communities. We need to shift from singularly supporting groups to working more effectively to develop co production in order to support more organisations together. With over 400 groups the support will be focused on groups who are actually capable of delivering outcomes for the borough in return for the investment rather than support for support sake.

Suggested actions that could be undertaken to achieve this priority:

- Develop capacity building programmes
- Support and encourage innovation programmes
- Market development
- Community Navigator programmes
- Commissioning support
- Opportunities to develop a business giving model which could engage business expertise to help develop organisations in the sector
- Support to the sector to develop evidence based approaches that demonstrate impact, value for money and which measure effectiveness
- Development of a reduced dependency on council funds by provision of suitable support (such as identification of potential external funding sources, creation of funding strategies and development of applicable forward plans)
- Health promotion training funded by public health.

We are keen to explore new models with the sector including:

- Social enterprises
- Mutuals
- Co-operatives
- Community Interest Companies
- Outsourcing of council services where improved outcomes can be delivered and where this represents best value for money
- Co production which involves citizens in collaborative relationships with more empowered frontline staff that are able and confident to share power and accept user expertise. It refers to active input by the people who use services, as well as - or instead of - those who have traditionally provided them.

Community Navigator

Delivery of the health and social care outcomes within the strategy will be supported by community navigators. The role of a community navigator is and should be embedded into everything we do in our roles; we are all navigators in our own right. We support, respond, direct and inform residents of day to day issues.

The navigator model will:

- Build community capacity
- Promote self-care and encourage take up of community based services
- Connect people to support early delaying/reducing demand e.g. help with shopping after a hospital discharge
- Increase take up of personal budgets
- Deliver and direct residents to appropriate information and advice services
- Signposting to other appropriate services and opportunities.

Theme 3: Community engagement

It is particularly important that the voices of more marginalised communities are heard and the independence of the voluntary and community sector plays a key role in this.

This encompasses a wide range of activities designed to empower people and communities to bring about change to improve the quality of life for everyone. It is not a drop down approach but is more about removing barriers that prevent people from acting on the issues that affect their lives.

In its simplest form, community engagement is the process of involving people in decisions that affect them. This can mean involving communities in the planning, development and management of services (see theme 1 above). Or, it might be about tackling the problems of a neighbourhood such as crime, drug misuse or lack of sports/activity resources.

Historically, engagement with Slough's VCS has been undertaken in a variety of ways and using a variety of different techniques and media.

Now different and more innovative ways in which the council and the voluntary and community sector can engage with each other and external agencies needs to be developed in order to respond appropriately to the changing structures and cultures of all organisations.

This engagement is particularly important in helping to understand and respond to the factors that influence the health and wellbeing of our local communities. Slough's VCS has a pivotal role to play in identifying these factors and informing and influencing strategies and policies such as the borough's Joint Strategic Needs Assessment (JSNA) and its Joint Wellbeing Strategy (SJWS).

Due to the front-line nature of much of the voluntary and community sectors work, they are ideally placed to provide valuable information about the needs and priorities of Slough's diverse communities at a grass roots level. Their knowledge and experience constitutes a valuable asset in the borough's policy making process and can help build transparency, legitimacy and buy-in for public decisions.

Evidence suggests that shared priorities and effective partnerships with the public sector, combined with efforts to engage with local people, are crucial to tackling health inequalities.

Running in parallel with and feeding into the development of this strategy is the ongoing refinement and development of the council's community engagement policy and toolkit. These documents help ensure council staff take a consistent and pragmatic approach to maximising community engagement and consultation opportunities across the borough

Suggested actions that could be undertaken to achieve this priority:

- Joining up and sharing engagement mechanisms to improve coordination and avoid duplication
- Ensure that the local community are involved in, and where possible, leading on regeneration initiatives in their areas through effective engagement and consultation, empowering local groups and individuals
- Developing expertise in finding the views and opinions of people and groups who are often missed out of community engagement activities
- Implementing a system to evaluate the outcome and impact of consultation on the development of policies and services
- Providing training on good quality engagement, consultation and feedback for practitioners working with the community.

Theme 4: Volunteering

Volunteering is recognised both locally and nationally as making a critical contribution to building a strong and cohesive society.

It has been described as a means to combat social exclusion and as an important contributor to the delivery of high quality public services.

The promotion of volunteering is therefore seen of high importance within the borough and is supported by the council through its support of Slough Volunteer Centre and other capacity building activities.

Slough volunteer centre and Slough Council for Voluntary Service currently work closely with the council providing the necessary support and referrals to services and community groups and organisations across the borough.

Suggested actions that could be undertaken to achieve this priority:

- Encourage more volunteering opportunities where they are most needed, e.g. befriending and better co-ordination of volunteering to organise themselves to fundraise and make change happen themselves
- Develop more effective ways of recruiting, training and developing volunteers and their talent.



10. Communications

Effective communication is vital to the successful implementation and delivery of this strategy and its joint action plan.

There is a duty for all statutory bodies to inform, consult and involve the people they serve in the development and delivery of their services. This is known as the 'Duty to Involve' and influences all of the council's and NHS engagement and communication activities.

The role of Slough's voluntary and community sector is therefore crucial to this approach because of their

position as advocates for local people and their expertise in reaching out to marginalised and specialised groups.

It is therefore important that all stakeholders are aware of this strategy and what is intended to achieve.

A joint action plan will outline how this strategy and its achievements will be communicated. This will be done using a variety of methods and media to encourage participation and ownership of the strategy by all stakeholders.

11. Joint action plan

This strategy sets out how we can all work together for the benefit of local people and communities.

However what is important is how this strategy will be implemented.

A joint action plan will be developed setting out the specific and measurable, outcome focused actions and activities that the council and partners will undertake to deliver this strategy's aims within the life of the strategy.

All partners, including those from within Slough's voluntary and community sector will be involved in developing and implementing this joint action plan.

We will also ensure that local organisations have an opportunity to contribute to the identification of further actions and their delivery.

We anticipate that the vast majority of actions comprising the joint action plan will be taken up and delivered by individual partners and organisations.

These actions will be reflected in their action plans and/or multi organisational joint commissioning plans that will sit underneath this strategy.

Lead partnership groupings will be identified and established where necessary to build on the actions and develop specific targets to achieve the desired outcomes over the life of this strategy.

This means that our joint action plan will remain a live document which will be updated for the duration of this strategy.

12. Implementation and governance

Responsibility for the implementation of this strategy rests with the Slough Wellbeing Board and its associated working groups.

Decision making in relation to the commitment of statutory funding rests with Slough Borough Council's cabinet and Slough CCG Governing Body.

13. Review

The continued funding of organisations will be dependent on effective delivery against agreed targets and outcomes. Monitoring arrangements will be in place to assess performance against these outcomes.

This strategy and its joint action plan will be in place from 2015-2020 and will be reviewed annually to:

- Review the effectiveness of the actions/programmes undertaken
- Respond to national, regional and local change
- Identify new priorities that have emerged since the implementation of this strategy
- Reassess priorities' actions and initiatives
- Plan for future development and/or amendment.

14. Equality impact assessment

This Equalities Impact Assessment will examine how the strategy and framework will ensure equality of access to council support and funding.

The new outcome based commissioning model sets out how the council will deliver on the Strategy in order to achieve the best possible outcomes for the residents of Slough see Appendix four.

15. Contact information

For queries relating to this document please contact:
adultsocialcare@slough.gov.uk.

This strategy was produced by a core team representing the following organisations:

- Adult social care
- Community and skills
- Public health
- Policy
- SCVS
- Slough CCG
- Healthwatch Slough
- Voluntary and community sector.

16. Glossary

Best Value Guidance - Statutory guidance, published in September 2011, which sets out some reasonable expectations of the way councils should work with voluntary and community groups and small businesses when facing difficult funding decisions.

Big Society - The Big Society is a policy initiative which involves three key aims:

- an emphasis on decentralisation ('Community empowerment') with more power devolved to local councils and neighbourhoods;
- public services reform ('opening up public services') enabling charities, social enterprises, co-operatives, but also private companies, to compete to deliver public services; and thirdly programmes to encourage people to play more of an active role in communities ('social action').

Capacity Building - Capacity Building generally refers to a process to increase the skills and resources of individuals, organisations and communities.

Commissioning - Commissioning is the process through which needs are identified and assessed, and appropriate solutions designed to meet those needs. It is linked to procurement - the distinction being that commissioning involves deciding what should be purchased, whilst procurement is the process which determines how it will be purchased.

Community assets - this term often refers to community building, but it can also describe other resources in the local area including individuals, associations, organizations and open spaces.

Community budgeting - Transferring some powers to the community so that they can take direct decisions on what should happen locally and influence how public money should be spent.

Community based services - Services that are located in the community (at health or community centers or in peoples homes) rather than in institutions such as hospitals.

Community Interest Company - A Community Interest Company (CIC) is a type of social enterprise company for those who want to use their profits and assets for the public good rather than being driven by the need to maximise profits for shareholders and owners. An organisation cannot be both a charity and a CIC but a charity may operate a CIC as a trading subsidiary.

Co-operatives - Co-operatives are businesses that are fully or majority owned by their members, who may be employees, consumers, others in the community or a mix of these. Co-operatives work on one member, one vote, rather than one share, one vote - and sign up to an agreed set of values and principles.

Co-production - Joint working between service users, providers and commissioners to plan and deliver services for the benefit of every one.

Early intervention and prevention - this is the process of identifying issues at an early stage so that prompt action can be taken to avoid them becoming more difficult (and costly) to solve. The term can also be used to mean taking action at the earliest stage of a child's life to increase their life chances.

External funding - External funding can be defined as income which is additional to any statutory income provided by central government. These additional funding sources are often received as a result of a competitive bidding process and can be used to develop existing activities, projects or services in addition to allowing new ones to take place.

External funding sources can be differentiated into a number of forms, including Lottery funding, from trusts and foundations, European funding and funding from private sources (for example the Lloyds TSB Foundation for England and Wales). More recently, funding from central government requires some form of bidding process and therefore a clear direction with regards to co-ordinating external funding is required at a local level.

Governance - This term refers to the frameworks that organisations adopt (e.g. constitutions) to make sure they are operating in accordance with legal, financial and other requirements. Governance can also refer to reporting mechanisms within a project or piece of work.

Infrastructure - The infrastructure of an organisation refers to the management structure and systems that enable it to function and deliver and develop its services or activities

Joint Strategic Needs Assessment (JSNA) - Slough's JSNA provides the evidence which tells commissioners and service providers what the health and social care needs of the communities are. See appendix two for further details.

Market development - Commissioners refer to the pool of providers who could potentially deliver services as the market. Where there are only a few potential providers (or even just one), market developments are needed to encourage a greater number of providers to bid for work so that the procurement process is more competitive.

Mutuals - Mutuals are organisations that are owned by, and run for the benefit of, their current and future members. In the UK, the mutual sector is highly diverse and includes organisations ranging from housing associations to employee owned businesses.

Outcomes - Outcomes are the difference made by any service or activity; what we want to achieve as a result of a project or intervention. Outcomes are increasingly being used to assess the impact of a service rather than focusing on outputs (what it does).

Outsourcing - This is where a public service was previously delivered by a public body (e.g. local authority or health service) but is now to be commissioned from an external provider.

Personal budgets - Personal budgets are a new way of getting social care support. It is a sum of money from the council offered to people entitled to help so that they can decide what services they need and buy them from providers of their own choosing.

Procurement - Procurement is the process through which an organisation establishes contracts for goods, works and services. Procurement is part of the council's commissioning cycle, starting with an identified need and seeking to put in place a contract, or contracts, which effectively meet that need. This involves research, planning and market engagement, the conducting of procurement exercises such as tenders, the formal award of contracts, and the management and monitoring of contracts once in place. It is connected to, but separate from, purchasing - which is the process of ordering and paying for goods and services.

Public Services (Social Value) Act 2012 - The Act places a duty on public bodies to consider, prior to undertaking a procurement exercise, how that exercise, in terms of what is being procured, might improve 'the economic, social and environmental well-being of the relevant area'. See Appendix 2 for further details.

Right to Bid - The Community Right to Bid aims to keep valued land and buildings in community in use by giving local people the opportunity to bid to buy them when they come onto the market.

Right to challenge - The Community Right to Challenge provides residents with the right to challenge who should deliver local services. Expressions of interest can be submitted at set times and if a persuasive business case is made, the service can be put out to tender.

Slough's Joint Wellbeing Strategy (SJWS) - The SJWS is a legal requirement to ensure that NHS and social care agencies work together and agree the services that should be prioritised for Slough. It has been developed with local stakeholders including service users, patients and carers, the voluntary and community sector, National Health Service (NHS), Slough's Clinical Commissioning Group (CCG) and Local Authority partners. It sets out where we would like Slough to be heading in terms of health and wellbeing. It outlines the 4 year vision for improving health and addressing health inequalities across the Borough. See appendix 2 for further details.

Social Capital - Social capital refers to a community/area where people have the confidence and capability to participate in, local affairs and have the skills to take action as appropriate.

Social Enterprise - Social enterprises are businesses with primarily social objectives that reinvest their surpluses back into service delivery and have social and environmental as well as economic objectives.

Stakeholder - A person, group or organisation with an interest in a project or action that may either affect how it works or be affected by it.

Trusts and Foundations - The terms 'trust' and 'foundation' are often used inter-changeably. All charitable foundations are trusts - that is, they are managed by trustees who may or may not be supported by paid staff. A foundation is a trust whose income derives from an endowment of land or invested capital. Not all foundations make grants; some use their income to finance charitable activity of their own. Not all grant-making charities have an endowment.

Voluntary and Community Sector - The use of the term voluntary and community sector (VCS) in this strategy refers to groups and organisations that are:

- Independent and constitutionally self-governing, usually with an unpaid voluntary management committee, sometimes accessing or receiving public sector funding for their day to day operations
- Value-driven - they exist for the good of the community, to promote social, environmental or cultural objectives in order to benefit society as a whole, or particular groups within it
- Not for financial gain, re-investing any surpluses in order to meet their objectives.

Voluntary and community sector organisations are also sometimes known as 'the third sector' or 'civil society organisations' and can vary enormously in size, from small local groups run exclusively by volunteers, who may also be members or service users, to large national charities that are household names such as Age UK and Barnardo's.

Voluntary and community sector organisations operate in diverse and wide-ranging fields including many that work in health and social care, community leisure and recreation activities, environmental work, arts, sport, education, campaigning and advocacy and many are faith based organisations. They may be registered with the Charity Commission, and may include trusts and foundations, social enterprises, community interest companies, mutuals and co-operatives.



Appendix 1: National Context

There are a number of things happening nationally that impact on this strategy:

The Office of the Third Sector (OTS) - The OTS was established in 2006 as the key political unit for the voluntary and community sector. **The Office for Civil Society**, which replaced OTS in 2010, is a living example of the sector's ever increasing recognition and importance in shaping political agenda.

In 2002, a Treasury review found that VCS organisations did not have the appropriate skills and resources to contribute to the delivery of public services to the extent that the government wanted. In response to this report, two programmes were introduced to build the capacity of the VCS - ChangeUp and Futurebuilders.

In 2010, the newly instigated Conservative-Liberal Democrat coalition government launched 'the Big Society' agenda which seeks to enhance the role of social enterprises, charities and co-operatives in supporting the transfer of influence into the hands of communities; encouraging local people to come together and respond to the social, political and economic challenges facing them.

The Office for Civil Society is the main deliverer of this agenda, and is championing the voluntary and community sector in the heart of government.

The Care Act 2014 - the Care Act sets out a number of major changes in the way health and social care is to be commissioned, regulated and delivered in England.

The Act creates a range of new duties and responsibilities (which came into effect in April 2015), that will:

- Put people first - through giving them choice and control over care, and shared decision making
- Focus on prevention rather crisis
- Improve the quality of services delivered and outcomes achieved
- Make systems more accountable by empowering people, organisations and professionals.

There will be significant opportunities for the voluntary organisations providing care and preventative services to expand their operations, as there will be new markets and potentially more people with personal budgets to sell services to. There may also be opportunities to carry out assessments and to identify new and hidden carers and to support them. The Act introduces new duties on local authorities to facilitate a vibrant, diverse and sustainable market for high quality support and care, for the benefit of the local population.

Slough is likely to have a significant number of self-funders and carers. This will generate spend and is a real opportunity for the sector. The council will need to provide market intelligence to support the sector to know where demand is growing and thus to inform business planning.

The council will also have a duty to provide comprehensive information and advice about care and support services in Slough. This will enable people to understand how care and support services work locally, the care and funding options available and how people can access care and support services they need. Again, this provides an opportunity for new forms of service provision which help signpost and manage demand.

However, the Care Act also offers challenges to the sector, in terms of the need to have capacity in the right areas, be able to act more commercially (such as bidding for contracts), developmental support around working through consortia and developing new innovative service offers that local people want.

Better Care Fund (BCF) - this is designed to support transformation and integration of health and social care services to enable local people to receive better care. The BCF is a pooled budget that shifts resources into social care and community services.

A joint plan between Slough CCG and the council sets out how we will use this fund to:

- Drive forward the integration of services
- Improve local outcomes for patients, service users and carers
- Support more people to live independently at home
- Help people avoid crisis and avoid unnecessary admissions to hospital or care homes.

The voluntary sector will be a key partner in delivering these outcomes under the borough's BCF programme and could, for example:

- Help us to ensure that those people not yet experiencing acute need, but requiring support are helped to remain healthy, independent and well
- Help us to co-produce community based solutions with the voluntary sector to support and sustain service user self-empowerment and management and providing better support to carers
- Help us to provide local information and advice.

The Children and Families Act 2014 - over the next 2/3 years statements of special educational need will be replaced by a single Education, Health and Care (EHC) Plan drawing together all the support required by a child or young person up to the age of 25 with special educational needs or disabilities (SEND).

The Social Value Act 2012 - this enables social value criteria to be taken into account when awarding service contracts. The Act requires public authorities to take into account economic, social and environmental criteria when choosing suppliers, rather than focusing solely on cost. As a result social value needs to be considered at the different stages of a procurement process and the hope is that more charities and small businesses will get a bigger share of the public services opportunities.

Infrastructure - there are some changes to the national volunteering infrastructure through 'Do It' and also national and regional work to consider voluntary sector infrastructure needs and provision, including the NAVCA Independent Commission on the future of local infrastructure. There are a number of models which could be explored and the sector's views are invited on what might be appropriate for Slough.

The Public Sector Equality Duty 2011 - this duty is designed to support good decision making by encouraging public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs.

Localism Act 2011 - this Act encourages the devolution of service delivery, community ownership of assets (through the Community 'Right to Bid' and Community 'Right to Challenge'), the exploration of new models of delivering public services through e.g. mutuals. Along with the power of general competence it gives a mandate to explore new models of delivery in conjunction with ideas emerging from the sector. A similar approach to the spin off of public services has been taken in the health sector.

The Health and Social Care Act 2012 - this Act was the most extensive reorganisation of the NHS since its inception in 1948. With the dissolution of Primary Care Trusts and Strategic Health Authorities it transferred health care funding to Clinical Commissioning Groups. This puts clinicians at the heart of commissioning and gave them responsibility for the primary medical care for everyone resident in their area. It also strengthened patient and public involvement and provided a framework to providers to innovate and empower service users. The Act also provides a basis for better collaboration, partnership working and integration across local government and the NHS.

There are a number of implications of the current economic climate and the move to a more commissioning led approach, notably:

- Growing societal needs at a time of reducing expenditure requiring resources to be focused on areas of greatest need through commissioning arrangements and for individuals and communities to become more resilient and self-reliant providing support for one another rather than relying on local funding
- More of a focus on prevention and early intervention activity to help improve outcomes for local people and reduce and manage demand on public services rather than reactive solutions which are often more costly and less effective
- Wider private market and self-funding
- Personalisation and the use of personal budgets.

New methods of service delivery need to be explored including using trained volunteers to play more of a significant role in delivering services.



Appendix 2: Local Context

About Slough

Area profile

In common with the rest of the UK, Slough is experiencing an unprecedented period of growing demand on current services, with limited resources to meet these demands the resulting pressures are being reflected daily across hospitals, GP surgeries and social care services. As the population grows and people live longer, so the challenge of balancing available resources and meeting local needs will continue to grow. The starting point in responding to this challenge is to work in partnership as pressures in one part of the public services cannot be solved in isolation from the others. In Slough partnership working is happening through the Better Care Fund programme overseen by the Slough Wellbeing Board. This approach sees integration as a key driver to secure better outcomes for the population and deliver the financial efficiencies that are required given the ever increasing demand for support and the budget restrictions that are in place. The intention of this strategy is to broaden partnership working further by involving the voluntary and community sector in developing and delivering prevention services that have a positive impact on demand management and provide more personalised services to people in Slough.

Demographics

Slough Borough Council and Slough Clinical Commissioning Group serve a diverse population. The estimated resident population of 144,575 is one of the fastest growing populations in the UK with the population due to rise by 6.8% by 2020.

Summary population profile

- 45.7% of residents are white of which 35.7% are white British.
- 39.7% are Asian or Asian British in origin (17.7% are Pakistani, 15.6% are Indian).
- 67.7% of pupils in Slough primary schools are non white
- 68.8% of pupils in Slough secondary schools are non white
- 50% have English as a second language
- 15.5% of households have no one who can speak English and Slough now has the second highest population in England where Polish is the first language.
- Slough's population is also highly mobile
 - 60% of residents were born in Slough
 - 10% were born in the European Union
 - 20% have been resident in Slough for less than 10 years
- It has the highest percentage of Sikh residents in the UK making up 10.6% percent of Slough's population
- It has the seventh highest percentage of Muslim residents (23.3%) and at (6.2%) the tenth highest proportion of Hindu residents across England and Wales

Increased complexity of need: In part due to a growing ageing population the diagnosis of dementia is above the national average with an expected increase of 8% in the number of people with Dementia by 2020. The volume of younger adults with learning disabilities is also due to increase by 3.6%. The increasingly complex nature of needs that social care and health need to respond to is also leading to an increase in unit cost per service user and with the increased volume of service users; the costs are exceeding the funding levels.

Poor health challenges: The latest Joint Strategic Needs Assessment shows that Slough has significantly more deaths from heart disease and stroke than the England average, and that the proportion of our residents with diabetes is expected to rise significantly in the next ten years. We also have high rates of smoking, alcohol and obesity-related hospital admissions. It is estimated there will be a 22% increase in the over 65 population likely to have a limiting long term illness by 2020. We have underdeveloped community based alternatives for some groups in our population. We must find ways of addressing these long-term challenges.

Carers: Both national and local profiles of carers show a projected overall increase in the numbers of those caring, and in those carers with physical and mental health needs.

Housing: with a target to reduce the need for residential care, there will be an emergent need for specialist housing including Extra Care and community based solutions with more support needed for people to remain living independently at home.

Financial: There are also significant financial challenges for the Council and CCG with additional funding reductions expected in future years.

Sustainability: The health and social care system is facing unprecedented challenges. One reason for the need to think about the long-term future of health and social care spending pressures is the sustainability of rising spending trends.

Profile of social care

The following areas of social care provision are below the national and regional averages and are drivers for remodelling and recommissioning provision in a more joined up and cross cutting way to improve the local offer.

Figures below are for 2013/14, 2014/15 figures will be available in the autumn of 2015.

- **People feel their quality of life could be better** - the social care quality of life in Slough at 18.4 out of a measure of 24 is slightly below both the national 19.0 and regional 19.1 score.
- **People in Slough would like more social contact** - 37.5% of social care service users in Slough have as much social contact as they would like. This is lower than both the national 44.5% and the regional average 45.3%.
- **The quality of care and support** - client satisfaction with their care and support is lower in Slough 58% than both the national 64.8% and the regional 65.2% averages. Similarly carer satisfaction with care and support at 34.9% is also lower than the national 42.7% and regional 41.8% averages.
- **People want more choice and control** - service users who report they have control over their daily lives at 72.3% is lower than both the national 76.8% and the regional 79.1% averages.



More positively

The **provision of information and advice and carer reported quality of life** are at or above the national average. We want to improve these further.

- 74.7% of service users in Slough report that they find it easy to get information. This is above both the national 74.5% and regional 74.4% averages.
- Carer reported quality of life at 8.3 out of 12 is slightly higher than both the national and regional average 8.1 for both.

We are performing well at some areas of demand reduction and maintaining independence by helping people get and stay at home from hospital or not having to enter a care home on a permanent basis but we have set ambitious targets to improve our performance further.

- There are **fewer delayed transfers of care** in Slough 6.5 per 100,000 people than both the national 9.8 and regional 9.8 averages.
- Similarly there are **less permanent admissions to care homes** in Slough 11 per 100,000 than national 14.4 and regional 15.0 averages. This trend is also the case for people 65 and over where the admissions in Slough are 555.6 compared to 650.6 nationally and 625.8 regionally.
- Finally **older people at home 91 days after leaving hospital** into reablement at 100% in Slough is much higher than both the national 82.5% and the regional 80.1% figures.

Slough's Joint Wellbeing Strategy (SJWS) - Slough's Wellbeing Board has a duty to improve the health and wellbeing of Slough's residents. Its Joint Wellbeing Strategy (SJWS) is based on the needs identified by Slough's Joint Strategic Needs Assessment (JSNA) (see below). The overall vision set out in the SJWS is that by 2028...

"Slough will be healthier, with reduced inequalities, improved wellbeing and opportunities for our residents to live positive, active and independent lives".

A key focus of SJWS is on prevention and early intervention. This strategy identifies the activities required to deliver the SJWS' vision, with particular focus on reducing inequality and improving the life chances of the borough's most vulnerable and disadvantaged residents.

Slough's Joint Strategic Needs Assessment (JSNA) - Slough's Joint Strategic Needs Assessment (JSNA) pulls together information about local health and care and support, and is a vital tool to help the Wellbeing board and partners plan future services. The JSNA is made up of a number of documents covering a range of health and social care topics, including cancer, diet and nutrition, end of life and carers. It aims to put these issues in context, exploring how Slough compares with other areas locally, regionally and nationally. The SWB uses this document to assess what services are currently being provided, what is working well and what could be improved in order to meet the current and future healthcare and wellbeing needs of Slough's residents - and how these needs can best be met by the council, Slough's Clinical Commissioning Group (CCGs), the NHS and other partners.

- Sloughs over 65's population will increase by 17% to 2020 and over 80's by 18%
- People aged 55-64 with a physical disability will increase by 15% to 2020
- Over 65's population with a long term condition will increase by 17% by 2020.

Slough Borough Council's Five year plan - The council has agreed a five year plan, which replaces the corporate plan for 2014/15. The plan includes the following themes and outcomes to respond to the opportunities and challenges facing the town, along with key actions to deliver those outcomes:

Changing, retaining and growing

- Slough will be the premier location in the south east for businesses of all sizes to locate, start, grow, and stay
- There will more homes in the borough, with quality improving across all tenures to support our ambition for Slough
- The centre of Slough will be vibrant, providing business, living, and cultural opportunities.

Enabling and preventing

- Slough will be one of the safest places in the Thames Valley
- Children and young people in Slough will be healthy, resilient and have positive life chances.
- More people will take responsibility and manage their own health, care and support needs

Using resources wisely

- The council's income and the value of its assets will be maximised
- The council will be a leading digital transformation organisation.

This strategy includes measures to address each of the plans themes - although its main focus will be on early intervention and prevention.

Slough Clinical Commission Group's (CCG) Five 5 Year Plan - The CCG have developed a five year plan to deliver on a collective vision for the town, which is a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

The plan is based on a thorough analysis of the strengths and weaknesses of Slough's local health and social care system, and the needs of our changing population. It also recognises the need to improve the quality of people's experiences of the boroughs health and social care services.

In order to address these issues the plan sets out a strategy for moving Slough to a position where it can deliver high quality standards of health and social care in all settings, whilst also delivering financial sustainability. It also focuses on improving outcomes for older people, people with chronic diseases and those suffering from the consequences of health inequality. It focuses particularly on improving the access for these patient groups to urgent and emergency services, in order to help them avoid unnecessary hospital admissions.

Appendix 3: Feedback from the Building Stronger Communities workshop

Outcome 1: Access to independent information, advice and advocacy to make positive choices, stay in control and remain safe	Outcome 2: Access to joined up personalised services that improves health and wellbeing	Outcome 3: Healthy and Active Lifestyle	Outcome 4: Part of an active and supportive community
Comments	Comments	Comments	Comments
<p>Services would be improved through collaborative working for all client, the council and voluntary organisation's and wider services.</p> <p>Less anxious clients.</p> <p>Advocates well informed and more able to support.</p> <p>Organisation's have one place to go to get information.</p> <p>Clients are supported to access a range of services.</p> <p>Consistent service standards.</p> <p>Every individual contact counts for everyone, we all need to become enablers.</p>	<p>Social community involvement of people helping each other.</p> <p>Clear pathway to make the process easier for the client individuals whose wellbeing and health has been improved by both their own activity and in collaboration with their local community.</p> <p>Seamless progression groups, more active citizenship involved in community, community cohesion - breaking barriers and bring communities together, awareness of local services and how they can be accessed, volunteer programmes with employability and active engagement.</p> <p>Help to support fellow patients in our self help/support groups towards feeling better about themselves with regards to health/ healthy eating/weight loss and getting exercise.</p>	<p>Education - how to be healthy and active link with other health organisations to create a more holistic approach (Health checks).</p> <p>Improved knowledge and signposting.</p> <p>GP's need to know what there is out there.</p> <p>Transport - people struggle to get out.</p> <p>Encourage more residents to be active.</p> <p>Marketing.</p> <p>Target 'at risk' groups.</p> <p>Engage with other organisations to provide physical activities.</p>	<p>Focused support needs.</p> <p>Define community.</p> <p>Identify common themes and linkages for collective working.</p> <p>Funding.</p> <p>Increased choice.</p> <p>Training, supervision, mentoring, networking.</p> <p>Knowledge of what is out there, increased awareness.</p> <p>Volunteers - engage people - challenging.</p>

<p>Outcome 5: Promoting financial well being including through the greater take up of personal budgets and direct payments</p>	<p>Outcome 6: Carers are supported and have a life of their own</p>	<p>Outcome 7: Maintaining independence and resilience with help to stay or get back home and/or developing skills to enter or maintain employment</p>
<p>Comments</p>	<p>Comments</p>	<p>Comments</p>
<p>Understand how personal budgets help service users achieve personal outcomes and then promote the use of these to service users.</p> <p>Service users choose their own support services and achieve their own personal outcomes.</p> <p>Service users who choose to have personal budgets using them to purchase their own support services that help them achieve their personal outcomes.</p> <p>Educate service users on how personal budgets and direct payments could be used to promote wellbeing.</p> <p>Signpost service users towards independent advocacy services.</p>	<p>Getting the information out there so people know you are there.</p> <p>Carers don't ID themselves as carers and it's working with them to recognise they are and what their choices are.</p> <p>Lack of linkages with GPs/ Pharmacies.</p> <p>Carers are not recognising MH/illness. More education to help carers understand the diagnosis.</p>	<p>There is not a collective arena would like to see a better civic public platform to collaborate with.</p> <p>Organisations need better information about other groups/societies.</p> <p>Better communication.</p> <p>Face to face meetings for the sector.</p> <p>Cross border provision difficult.</p>

Appendix 4: Equality Impact Assessment

The Equality Act 2010 legally requires all public bodies, including local authorities, to carry out equality analysis and to publish their results.

This Equalities Impact Assessment will examine how the strategy and framework will ensure equality of access to council support and funding.

Background

The council's responsibility in the delivery of social care is changing. In future social care will move from a focus on deficits linked to people's needs to one that maximises people's assets with greater responsibility for the broader wellbeing of the whole population.

To do this the council will focus on empowering people and developing stronger joined up communities that will work together to support people to retain or regain their independence throughout their lives.

In this new model for social care the council and its key stakeholders and partners will work together to enable people, their carers, families and communities to support and maintain full and independent lives including by unlocking the potential of local support networks to reduce vulnerability.

The new model seeks to address the limitations of the current system in dealing with prevention. Faced with a number of significant challenges such as an ageing population, shrinking budgets and changes to the make up of the local community the existing model is unsustainable. This is because while raising the eligibility criteria for health and social care may be inevitable it will leave a growing number of ineligible adults vulnerable to risk factors that could see them rapidly deteriorate into substantial and critical need.

To achieve this, the council and Slough CCG have agreed a series of commissioning intentions to improve and reshape the current market to a new agreed model of delivery that utilises an Outcomes Based approach to build community capacity, enabling the development of strong, supportive communities to grow social capital, whilst delivering for its customers universal services, personalisation and community based support.

The outcomes will deliver:

- Improved access independent information, advice and advocacy to help meet people's health and care needs
- Joined-up personalised services that improves their health and wellbeing
- Improved access to personal budgets and direct payments
- More support and encouragement to live healthy and active lifestyles
- People will be part of an active and supportive community
- Better support to maximise financial wellbeing and to enter employment
- Carers are supported and have a life of their own
- People can live as independently as possible.

Universal access to the right quality information, the information people need to self-manage should, we believe, be easily accessible and available in ways which make sense to the individual. This will include its availability in a range of formats including for those people who may have the resources to pay for their care and support needs.

In addition to the simple provision of information, older, BME and disabled people can benefit hugely from having support to 'navigate' around 'the system'. Joined up access routes and information systems is key to achieving a situation where 'no door is the wrong door'.

The investment in preventative services is designed to reduce demand on specialist services in the long term, help people to improve their quality of life, increase people's choice and control, their economic wellbeing, improve their health and emotional wellbeing and help and encourage people to make a positive contribution with freedom from discrimination or harassment, maintaining their dignity and respect.

During the re-commissioning process the council has extended the existing funding arrangements for the VCS to 31/12/2015 to maintain service provision while full consultation and review takes place.

Equality Impact Assessment

Protected Characteristics	Adverse	Positive	Neutral	Comments
Age		✓		The current provision has more services for older people than other protected characteristic groups. Individual consultation will take place with service users at the relevant services as part of the commissioning process. £1.2m of the Adult Social care budget will be ring-fenced to deliver universal or personalised preventative services that enhance wellbeing in line with the Care Act 2014 requirements. Under the proposed commissioning model there is a Community Chest element of funding that will be available for specific good practice provision for a time limited period to facilitate sustainable models of provision.
Disability		✓		The focus of the strategy will be on health and wellbeing and will have a positive impact on their lives.
Gender reassignment			✓	No specific impact identified
Marriage and civil partnership			✓	No specific impact identified
Pregnancy and maternity			✓	No specific impact identified
Race		✓		The current provision has more services for people from specific BME groups. Individual consultation will take place with service users at the relevant services as part of the commissioning process. £1.2m of the Adult Social care budget will be ring-fenced to deliver universal or personalised preventative services that enhance wellbeing in line with the Care Act 2014 requirements. Under the proposed commissioning model there is a Community Chest element of funding that will be available for specific good practice provision for a time limited period to facilitate sustainable models of provision.
Religion and belief			✓	No specific impact identified
Gender			✓	No specific impact identified
Sexual orientation			✓	No specific impact identified

Further Mitigation Actions

- A full consultation process is underway with VCS organisations and organisations commissioned to represent the views of service users over the period 25th January 2015 to end of July 2015. The consultation was launched with a consultation and engagement meeting attended by 40 VCS representatives on 29 January 2015
- A series of monthly consultation meetings are underway facilitated by SCVS. The meetings are designed to ensure VCS organisations and groups are included in the market options
- A separate service user survey will be developed and be available to complete on-line and in hard copy format. An easy read version of the service user survey will be developed and made available to service users
- Support smaller VCS groups to comply with tendering/admin/reporting requirements for SBC
- Ensure partners and providers are aware of and complying with our standards on equality and there are quality assurance mechanisms
- Consideration to be given to extending the remit of this strategy to cover services that support children and young people and also supported housing services at first review.

This document can be made available on audio tape, braille or in large print, and is also available on the website where it can easily be viewed in large print.

Promoting and supporting the wellbeing of residents with the voluntary sector

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यदि आप इस दस्तावेज में दी गई जानकारी के अनुवाद किए जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लिए 01753 475111 पर बात करके कहें.

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ 01753 475111 ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਹੋ।

Aby uzyskać pomoc odnośnie tłumaczenia instrukcji zawartych w niniejszym dokumencie, należy zwrócić się do osoby mówiącej po angielsku, aby zadzwoniła w tej sprawie pod numer 01753 475111.

Haddii aad doonayso caawinaad ah in lagu turjibaano warbixinta dukumeentigaan ku qoran, fadlan weydiiso in qof ku hadla Inriis uu ku Waco 01753 475111 si uu kugu codsado.

اگر آپ کو اس دستاویز میں دی گئی معلومات کے ترجمے کے سلسلے میں مدد چاہئے تو، براہ کرم ایک انگریزی بولنے والے شخص سے 01753 475111 پر کال کر کے اس کی درخواست کرنے کے لئے کہیں۔