

Slough Borough Council

REPORT TO: Cabinet

DATE: 20th March 2023

SUBJECT: **Contract Award for Voluntary and Community Sector Contracts**

CHIEF OFFICER: Marc Gadsby, Executive Director People (Adults)

CONTACT OFFICER: Jane Senior – Associate Director People Strategy and Commissioning
Diana Balsom – Interim Commissioning Manager

WARD(S): ALL

PORTFOLIO: Cllr Natasha Pantelic, Social Care and Public Health

KEY DECISION: YES

EXEMPT: **Part Exempt** –Appendices 1 and 2 are exempt as it contains the following category of exempt information as specified in Paragraph 3, Schedule 12A of the Local Government Act 1972, namely: “Information relating to the financial or business affairs of any particular person (including the authority holding that information)”

DECISION SUBJECT TO CALL IN: YES

APPENDICES :

Appendix 1 **EXEMPT** Successful Bidder Lots 1 and 2

Appendix 2 **EXEMPT** Pricing Schedules Lots 1 and 2

Appendix 3(A) Performance Targets Lot 1
Appendix 3 (B) Performance Targets Lot 2

Appendix 4 New Service Model

Appendix 5 Equalities Impact Assessments Lots 1 and 2

1.1 Summary and Recommendations

This report seeks approval to award contracts to two providers for the delivery of voluntary and community sector and information and advice services following a procurement by open tender. Contracts will commence in July 2023 and will be for a period of three years plus two optional extensions of one year each, subject to satisfactory performance. Contracts will be funded through the Better Care Fund and the Public Health grant.

1.2 Recommendations:

Cabinet is recommended to:

1. Agree to the award of a contract to Supplier A for the delivery of Lot 1: Voluntary and Community Sector services for the period of 5 years (three- year contract plus two optional extensions of one year each subject to satisfactory performance) from 1st July 2023 to 30th June 2028. This will be at a total contract value of £2,041,255.
2. Agree to the award of a contract to Supplier B for the delivery of Lot 2: Information and Advice Services for the period of 5 years (three- year contract plus two optional extensions of one year each subject to satisfactory performance) from 1st July 2023 to 30th June 2028. This will be at a total contract value of £600,000.
3. Delegate authority to the Executive Director for People (Adults) in consultation with the Lead Member for Public Health and Social Care to complete the final negotiations and enter into contracts with Supplier A and Supplier B.

1.3 Reason:

To provide contracts for two remodelled services for voluntary and community sector and advice and information services which more fully align services to the strategic aims of the Council and its partners, significantly reduce demand for adult social care and deliver best value.

Commissioner Review

The commissioners are content with this report

Report

2. Introductory paragraph

- 2.1 In November 2022, Cabinet approved the re-tendering of voluntary and community sector and information and advice services in two lots to replace existing provision.

Lot 1 – The Voluntary and Community Sector Service

Lot 2 – Advice and Information Service.

- 2.2 This report sets out the results of the tendering and evaluation process and recommends contract award to two suppliers to deliver against the agreed model.

2.3 Remodelling the Voluntary and Community service provision as per the agreed model supports the following key priorities:

Slough Corporate Plan 2022-25

A Council that lives within our means, balances the budget, and delivers best value for taxpayers and service users

An environment that helps residents live more independent, healthier and safer lives.

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.

Slough Health and Social Care Plan

More integrated and pre-emptive service offers

- Expand community and voluntary sector role in social care
- Improve strength based and personalised ways of working in social care.

Options considered:

2.4 In the report to Cabinet in November 22, a number of procurement options were considered and presented.

Option	Pros	Cons
<p>Option 1</p> <p>Do not procure new services to replace existing provision when contracts expire.</p>	<p>Not undertaking a procurement would reduce pressure placed upon teams engaged in procurement activity.</p>	<p>The preventative offer within Slough would be severely compromised at a time of increasing demand and would increase pressure on statutory services.</p> <p>The Council would be failing in its statutory responsibilities under the Care Act 2014 in respect of promoting wellbeing, preventing the need for care and support and providing good quality information and advice.</p> <p>Savings would not be delivered to the Council as</p>

		<p>the service is funded through the Better Care Fund and Public Health grants – although on balance, these funds could potentially be invested elsewhere.</p>
<p>Option 2</p> <p>Issue a contract extension for both services as they are currently arranged.</p>	<p>This would ensure continuity of service delivery to local people provided by the voluntary and community sector, including vulnerable local people in particular.</p>	<p>There is no clear legal justification for issuing a contract extension. A revised model has been developed for the voluntary and community sector which takes account of performance information, feedback from stakeholders and other data concerning demand at the front door.</p> <p>This approach would not test the market and the Council could not be certain that best value is being achieved.</p> <p>The carers service element of the current contract is not currently performing to the standard required – although carers accessing services do value them.</p>
<p>Option 3</p> <p>Agree to procure two new services for the voluntary and community sector and information and advice by competitive process and to bringing the carers service in house.</p> <p>Recommended</p>	<p>The new model takes account of performance information, stakeholder feedback and other data concerning demand at the front door to enhance the preventative offer and to address deficits in performance – partially due to the current model.</p> <p>Addresses a conflict of interest where the infrastructure organisation also delivers services.</p>	<p>This route places pressure upon teams engaged in procurement activity. It will be important to ensure that elements of the carer service which are working well are not disrupted through bringing back in house.</p>

	Implements a competitive process in order to deliver best value for the Council.	
<p>Option 4</p> <p>Procure services as one lot either as a single provider, or lead provider / sub-contractor model</p>	<p>The Council would be required to contract manage one supplier rather than two.</p> <p>However, under a lead provider model, officers would be expected to retain oversight of performance of the sub-contractor and to drill down through 'the supply chain' to obtain more detailed information and challenge performance as necessary. Any gain in officer time therefore would be minimal.</p>	<p>It was considered that this model would limit the market with different organisations having different areas of expertise and not necessarily having an appetite to enter into lead provider/ sub-contractor arrangements and causing an unnecessary complication in the procurement process.</p> <p>One provider could bid for both lots if they wish and , and under these circumstances it would be reasonable to expect that economies of scale in respect of overheads, would be reflected in the price.</p> <p>A similar arrangement was previously in place but did not work satisfactorily and the provider delivering information and advice gave notice and exited the arrangement.</p>

2.5 Option 3 was considered the most suitable option for securing new services through competition and bringing carers services back in house.

Background

2.6 The voluntary and community sector plays an important role in supporting the Council and its partners in delivering against key local priorities and meeting its statutory responsibilities in respect of the Care Act 2014. This includes promoting wellbeing, preventing the need for care and support, and providing good quality information and advice.

2.7 Key elements of new service provision are set out in the table below:

Lot 1 Voluntary and Community Sector		
Service Area	Components	Rationale for Inclusion
Capacity Building / Infrastructure	Overheads	Usual overhead requirements relating to the operation of a service.
	Volunteers	<p>To recruit and retain volunteers, provide appropriate, cost-effective training and a matching service with VCS organisations and activities across the borough, including Council led activities. To advertise new volunteering opportunities.</p> <p>To support the Council in developing a Volunteer Strategy and the likely need for volunteers and how they might appropriately be deployed.</p> <p>To provide a training package for new volunteers and the completion of DBS checks where appropriate.</p> <p>To obtain feedback on the volunteer experience and areas for improvement.</p> <p>To routinely report on numbers of new volunteers, number of volunteers overall, reasons why people become volunteers or decide not to continue as a volunteer.</p>
	Public Facing Directory of Services and Signposting.	<p>The extensive feedback collated as part of the re-commissioning process shows that many professionals are often not aware of the range of voluntary and community sector groups which are available in the local area.</p> <p>The provider will be required to further develop and maintain and publish on its website a directory of local services (currently being developed by Health).</p> <p>This will include whether VCS groups welcome volunteers, which will directly link into the matching service.</p>
Enhance the skills of voluntary organisations through a programme of core training	Ensure that VCS organisations understand how to legally and safely operate a voluntary organisation – trustees, insurance, registration with the charity commission etc.	

	Enhance the viability of voluntary organisations through supporting to bid for non- Council funds	Target funding to be secured each year to support viability and sustainability of the VCS organisations. To report back on which organisations have been supported. To advertise this service on its website.
	Implement a Quality Assurance Programme (Slough Quality Projects accreditation).	To ensure that services provided by the VCS adhere to clear quality standards and have due regard for matters such as safeguarding, maintenance of appropriate boundaries etc.
Front Door	Increase the preventative offer at the ASC front door.	Embed up to 2 community connector roles -employed by the provider but embedded in the ASC Front Door. They will provide clear advice and information on how to access support from the VCS to prevent and delay need. The community connector will have access to a wide range of provision through the directory of services above. Community Connectors will gather information around need and any gaps in provision, to feed into the One Slough bidding process (see below), which will in turn prevent or delay the need for care and support.
	Increase the preventative offer upon discharge from hospital.	Embed one community connector role-employed by the provider but embedded within the hospital social work team. They will provide clear information and advice on how to access support from the VCS to prevent or delay the need for Adult Social Care. Community Connectors will have access to information about a wide range of provision, which in turn will help people access this and prevent the need for care and support. The community connector/ carer advisor will be required to work flexibly across the front door and hospital social work teams to ensure that cover arrangements are provided for annual leave and so on. Community Connectors working within

		the hospital social work team, will also support and advise new and existing carers on the type of support which is available in the community and also make appointments with the Carers Co-ordinator as necessary (see below)
Slough Community Fund	<p>Oversee the allocation and monitoring of the Slough Community Fund in line with agreed local aims and objectives agreed by local stakeholders (Health, the Council and the Coproduction network).</p> <p>Ensuring funding is matched to areas identified at the ASC Front Door and through Social Prescribing Networks.</p>	<p>Match funding to areas identified at the ASC Front Door and through social prescribing networks (Council and PCN) as being gaps or requiring additional capacity.</p> <p>Capture data on this – so that funding for groups is evidence based and data driven and informs bidding decisions.</p> <p>Ensure wide advertising of bidding opportunities to secure the widest reach across local voluntary and community sector organisation to ensure that local need is met.</p> <p>Ensures flexibility in approach and enables funding to be targeted at need.</p> <p>The new service will increase the amount of funding available for this purpose.</p> <p>Services aimed at young people and families will also be commissioned as part of the fund, for example services for young carers.</p>

Lot 2 Information and Advice		
Advice and Information	<p>Income Maximisation</p> <p>Advice and Information:</p> <p>Housing Adult Social Care Legal Relationships Benefits and Tax Credits. Signposting to VCS Cost of Living</p>	<p>The new service will strengthen the advice and information offer in respect of social care in accordance with the Care Act 2014.</p> <p>The service will increase the number of face-to-face sessions which are undertaken.</p> <p>The service will maintain the use of volunteers to support the core service and provide adequate training to enable them to fulfil this role.</p> <p>The service will draw upon the Directory of Services produced by the Infrastructure Provider to signpost to the VCS.</p>

		<p>The service will liaise closely with the contract management team and share detailed data concerning accommodation advice sought</p> <p>The contract management team will liaise closely with Housing Need and with ASC to feed in areas for development and obtain information.</p> <p>Undertake detailed casework.</p> <p>Strengthen links with Housing and with Adult Social Care.</p>
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2.8 New service provision was shaped through extensive partnership working and consultation as described in the report to Cabinet in November 22. There are a number of key benefits to the new model:

- Promotion and development of new and existing organisations aligned to local need – addressing ‘cold spots’ where demand is not being met.
- An enhanced volunteer pathway and matching approach to provide reciprocal benefits for both volunteers the organisations they support.
- An ability to evidence impact through better data collection and to thereby strengthen bids for national and local funding.
- The ability of the Advice and Information service to provide effective housing advice that supports the housing team in a more formal way has been introduced.
- The introduction of Community Connectors at the Adult Social Care front door and within Hospital Social work teams, allows non-care, non-safeguarding work to be diverted into community support, using the Directory of Services, thereby reducing demand on the social care teams and formal care interventions.
- Underpinning the model is system networking and the collection of data that demonstrates:
 - The level and distribution of preventable demand
 - The effectiveness of community interventions
 - ‘Cold spots’ where demand is not being met
 - Strategic and tactical responses

. Further information is contained at Appendix 3 (A) and Appendix 4.

Market Engagement

2.9 A virtual on-line market engagement event was advertised on 21 October 2022 and

scheduled for 31 October 2022 to assess the market conditions and readiness for a revised service specification during November 2022.

- 2.10 Due to the small number of queries, individual discussions were held with 4 potential bidders to talk through the vision for future service delivery and collate provider feedback. The small number of interested parties demonstrates a limited market for services that are reliant on good local knowledge.
- 2.11 New service specifications were developed and included all of the service improvement areas that were highlighted. These specifications were published with the procurement documents.

The Procurement Process

- 2.12 The procurement for the new services has been conducted in line with the Public Contracts Regulations 2015 and the council's Contract Procedure Rules with assistance from Procurement and HB Public Law.
- 2.13 Notification of the tender was issued through the SE Shared Services E Portal.
- 2.14 As part of the tender response, bidders were required to respond to a separate quality questionnaire for each of the 2 lots, as well as submitting separate pricing schedules (again one for each Lot), alongside their required declarations and other contractual documentation returns. Bidders were advised that the evaluation would be based on an 80/20 quality/price ratio for each of the 2 lots.
- 2.15 As part of the submission, there were 4 interested parties and during the clarification phase 3 clarification queries were raised.
- 2.16 By the deadline of 12 noon on 11 January 2023, only one bid per each lot was submitted which has now been evaluated and the pricing matrix validated by Finance.
- 2.17 As a 'lessons learnt exercise' it is planned to contact the remaining non-bidding suppliers who had expressed an interest in this tender but decided not to submit a bid. Feedback will be used to inform future tendering exercises.

Quality Evaluation

- 2.18 Bidders were required to complete 10 questions for Lot 1, and 7 questions for Lot 2 in relation to the quality of the service. Bidders were informed within the guidance notes provided the weightings applied to each question and how the overall tender would be evaluated and awarded.
- 2.19 The weighting that was applied was 80% quality and 20% price.
- 2.20 An evaluation panel undertook independent scoring of the Quality Method statements for both lots. The panel comprised the following members:

- 1 x officer from Frimley ICB
- 1 x officer from SBC Communities Team
- 1 x officer from Public Health

- 1 x officer from SBC Contracts team
- 1 x officer from SBC ASC operations team
- 2 x officers from SBC People, Strategy and Commissioning

- 2.21 The pricing schedules were validated via the Procurement Team. As there was only 1 submission per contract, the maximum price score of 20 % was awarded to those suppliers.
- 2.22 During the evaluation of the bids, a number of clarification questions were raised by the panel to Lot 1 Provider A to obtain further clarity on the application of proposed toolkits and software.

Evaluation Outcome

- 2.23 The Quality Method Statement score was 60 for Lot 1 and 72 for Lot 2.
- 2.24 The pricing is set out in Exempt Appendix 2.

Market Conditions

- 2.25 Whilst there was some interest from non-local service providers, they failed to bid for the service. Their feedback at the time suggested that the services and funding were too small. The organisations will be contacted to determine the reason for their lack of submission which will improve our understanding of the market.

Preparation for the Next Stage

- 2.26 Further to approval of the recommendation to award the contract(s), commissioners will work with the successful bidders to deliver the implementation plans submitted as part of the procurement exercise.

Contract Monitoring

- 2.27 The services will be monitored via a formal contract management approach at quarterly intervals. The Providers will be responsible for monitoring and evaluation based on the service specification, monitoring performance against agreed targets and outcomes, and demonstrating the impact of the provision.
- 2.28 As developmental approaches to remodelled provision, the first year of operation for both services will provide a benchmark for targets to be improved upon in the following years of the contracts.
- 2.29 In response to the difficulty in basing target numbers on the fluctuating needs and demands experienced during the Covid pandemic over the last three years, the provider was invited to specify year one targets based on their operating model as determined within the pricing schedule.
This took into account the demand data set out for year 2021/22

- 2.30 Contract monitoring will be supported by a workbook based upon the 'Measuring the Impact' sections of the services key components as listed within the specification. In addition, we expect providers to report back on:
- Progress towards achieving outcomes and the difference interventions have made
 - Accountability for any objectives/outcomes not reached
 - Organisation update including on governance, staffing and volunteers
 - Planning to achieve outcomes and overcoming challenges faced
 - Case studies of groups/individuals accessing the Service, demonstrating how they benefited from it
- 2.31 Providers will also be expected to feedback on the quality of the Service(s) as well as demonstrating how this feedback is being used to improve service delivery. Quality feedback and direction for improvements will be enhanced by regular stakeholder feedback events that aim to give a voice to Slough's VCS groups and those who may use or support them. These stakeholder events aim to provide feedback in a supportive environment from a grassroots level allowing wider integration and co-production within service development.
- 2.32 In addition, an annual Contract Review Meeting will be undertaken - evaluating performance with the Provider, which may lead to the agreement of variations in the contract. Reports will be made annually to Cabinet concerning performance.
- 2.33 The Provider will also comply with any other reasonable instructions, guidance, monitoring, and reporting obligations requested.

3.0 Financial implications

- 3.1 The delivery of voluntary and community sector services, including the provision of information and advice, support the agreed priorities of the Council and the wider Health and Social Care Partnership. Hence the ongoing increased funding from the Better Care Fund to reinforce its commitment to working with the voluntary and community sector to deliver priorities that meet the obligations from the Care Act 2014 and Health and Social Care Act 2012.
- 3.2 The budget for Provider 1 and Provider 2 over the period - 2023/28 is £2,641,255 over five years, £528,251 annually. This service is entirely grant funded from an allocation from the Better Care Fund (**BCF**) - £338,251 and Public Health Grant - £190,000 sufficient to fund the five-year contract subject to ongoing grant allocation.
- 3.3 The service provided by the voluntary sector is closely linked to achievement of ASC Front Door initiatives being explored as part of the ASC Transformation Programme which is required to deliver savings of £4,962,000 to the Adults Social Care budget over 23/24.
- 3.4 Both the BCF and Public Health are annual grants to the council and as such there is a risk to certainty of available funding of this contract being dependent on external factors. It is recommended that the annual value of the contract will have to adjust to

reflect any material changes to any funding allocation, including aligning the contract with the grant conditions if possible.

- 3.5 The bidders have also described how they will attract additional funding into the service.
- 3.6 The pricing schedule received from both bidders is within budget. This equates to:
- £408,149 annually for the first 5 years for lot 1 and
 - £120,000 annually for the first 5 years for lot 2.

Please see Exempt Appendix 2 for further detail.

4.0 Legal implications

- 4.1 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).
- 4.2 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 person-centred care.
 - Outcomes based commissioning to develop services for people, carers, and the wider population to achieve wellbeing alongside meeting care and support needs.
- 4.3 Duties in the Act include 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
- 4.4 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.

- 4.5 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.
- 4.6 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, which 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.
- 4.7 The contracts will enable the Council to comply with its duties under the Health and Social Care Act 2012. The draft terms and conditions of contract were published with the procurement documents and HB Public Law shall support the Council by finalising the contracts with Supplier A and B, in line with the Public Contracts Regulations 2015 and the Council's Contract Procedure Rules.
- 4.8 The procurement for the new services has been conducted in line with the Public Contracts Regulations 2015 and the council's Contract Procedure Rules with assistance from Procurement and HB Public Law.
- 4.9 Paragraph 8.2 of the Contract Procedure Rules states that where a competition has been undertaken and only a single bid has been received, the award of a Contract subject to an appropriate review being undertaken and an audit trail being available for inspection, can be approved by an Executive Director and or Cabinet.

5.0 Risk management implications

- 5.1 Overall, the risks associated with contracting as per the new model can be themed as follows.

Risk	Assessment of Risk	Mitigation	Residual Risk
Mobilisation will not take place on time	Medium	The risk attached to the Lot 1 provider recruiting new staff in a timely way is offset by utilising existing staff members	Low
Duplication of existing services through the Slough Community	Medium	The Lot 1 Provider will be required to further develop and maintain a directory of services which will ensure all provision in the borough is mapped and this will reduce	Low

Fund element of the contract		the risk of duplication of provision going forward.	
Lack of alignment with strategic aims of the council and its partners.	Medium	The new model allows for better data collation and wider networking across the system to inform service priorities	Low
Poor performance outcomes	Medium	There will be clauses in the contract terms and conditions covering breaches and under-performance.	Low

5.0 Equality implications

5.1 Please see the Equalities Impact Assessment at Appendix 5

5.2 The bidders were required to set out how they will meet equalities requirements through the tendering process. This includes meeting the diverse cultural and language needs within the borough and seeking to recruit people with a lived experience.

6.0 Procurement implications

6.1 The following sets out the procurement timetable for both services:

Procurement Stage	Timetable
Tender documents issued	09 12 22
Clarifications deadline	22 12 22
Bid deadline	11 01 23
Evaluations Complete	27 01 23
Internal approval process	03 02 23 – 09 03 23
Approval for Contract Award	20 03 23 (Cabinet)
Notification of contract award decision	27 03 23
Call In	
Standstill period	07/04/2023
Mobilisation	08 04 23 – 30 06 23
Contracts go live date	01 07 23

7 Workforce implications

7.1 Officers do not believe that there will be staff TUPE implications for the two new services. However, TUPE is likely to apply to the Carers activity which will return in-house from July 1, 2023. The commissioning and operational teams are working with

HR to support the process in a timely way, as well as integrating the change into the Front Door Transformation piece.

8.0 Property implications

8.1 There are no property implications.

9.0 Background Papers

None

Exempt Appendix 1 – Successful Bidders

Contains exempt information and is in Part II of the agenda

Exempt Appendix 2 - Pricing Schedule for Lots 1 and Lot 2.

Contains exempt information and is in Part II of the agenda

Appendix Three (A)

Overview of targets

Targets Lot 1: VCS Service

It has been difficult to establish an accurate baseline for activity over the last few years due to the impact of the Covid pandemic, and the extreme impact it had on the voluntary sector. In addition, the revised service introduces new requirements of the provider. Therefore, we are treating the service as developmental, and we will establish a revised baseline at the end of year one based on actual performance. These revised baselines will be used to inform service development and improvement from year 2 onwards. Tenderers were asked to submit their proposed targets for year one based on the funding formula they have used within the pricing schedule. For the incumbent, this would allow them to reflect the financial impacts of the changed model, which specifically ask for 3 new roles.

Area	Proposed target Year 1
Developing VCS groups	
Number of new community groups supported	20
total community groups supported	120
Number of groups supported into accreditation	20
Amount of external funding achieved	750,000
Developing volunteers	
Number of new volunteers	300
total number of volunteers	700
number of core training sessions delivered	60
Directory of Services	
total number of hits	15,000
total number of local VCS groups on the site	100
Front Door work	
Number of ASC front door calls diverted from social work teams	744
Number of hospital discharge referrals linked into community support	480

Lot 1 – Quality and Impact Indicators

The following KPIs will support the provider and commissioners to understand the success and challenges of the key stages in service provision and development. They will be used in combination with the predicted targets outlined within the pricing schedule to steer the contract from year 2 onwards.

A. Directory of Services

Total hits	measurement per quarter plus culminative total
Top 5 searches by issue	“
Top 5 hits by issue	“
Top 5 searches by geography	“
Top 5 gaps by issue	“

Impact of promotional campaign descriptor/date: Impact on searches; Impact of hits

Qtly survey- end user satisfaction: % reporting ease of use;% able to find support

Qtly survey -community group feedback: Increased demand experienced; ability to meet demand

B. VCS Support

VCS group recruitment dashboard indicating per qtr.:

- nos. of new groups expressing an interest
- nos dropping out before training/setting up and why
- Nos. of new groups undertaking training
- nos dropping out of training/setting up and why
- nos. of new groups setting up
- total number of groups supported
- nos of groups sustaining activity for 3/6/12/18/24/24+ months

Nos of New and returning group training delivered per qtr.: By theme; In house/Subsidised/Free

Total delivered/Culminative

Nos reporting positive impact of training post session; after 3, 6 12 months

Nos of groups achieving external funding by theme and target groups – per qtr. and culminative.

Nos of funding bids supported, Nos succeeding

Total funding achieved

C Volunteer Development

recruitment dashboard indicating per qtr.:

nos. of new volunteers expressing an interest and nos applying

nos recruited/nos unsuccessful /nos exiting- and why

Nos. of new vols undertaking core training and nos exiting mid training – and why

nos. of new vols completing core training and nos exiting post training – and why
total nos of new vols trained
nos of new vols matched with placement and nos exiting – and why

numbers of new volunteers sustaining placements for 3, 6, 12, 18, 24 months
reason for exiting

numbers of new and returning volunteers trained in house, via subsidised or free offers and total delivered
Nos reporting positive impact of training post session; after 3, 6 12 months

Impact on the wellbeing of peoples supported through SBC 'in-house' volunteers
nos of vols in placements for in house projects
nos of people supported linked with other support groups via DoS (where applicable) and % indicating a positive impact through this intervention
nos of people supported taking up a voluntary role and % indicating a positive impact
Nos of people supported involved in Borough -wide initiatives and % indicating a positive impact

D. Community Fund

Nos of applications by theme, nos approved, and total funding agreed

Impact of funding by project; theme; Target nos; Nos reached; Anticipated benefits.
% of recipients reporting benefits achieved

E. Networking Activities and feedback opportunities

Aims and outcomes by:
VCS sector- wide/ VCS by theme/VCS by geography
Physical meetings/Online meetings/Hybrid meetings
Newsletters/social media/email/post
other

Appendix Three (B)

Overview of targets

Targets Lot 2: VCS Advice and Information Service

The baseline numbers below represent activity undertaken over the specified 2021/22 period by current provision. As a new long-term service, we will establish a revised baseline at the end of year one based on actual performance. These revised baselines will be used to inform service development and improvement from year 2 onwards.

Area	Baseline 3 Nov 21 to 30 Sept 22
total numbers of people supported	1000
number requiring case management	962
Total income generated for people	£300,082

Lot 2 – Quality and Impact Indicators

Nos accessing support, by theme and by single intervention or casework approach

Source of referral

Where people are signposted

Where people are formally referred into a service

Nos of cases positively resolved, by theme

Income maximised by nos supported, total £ achieved and source of £

Demographic profile broken down by age, sex, gender identity, disability/long term condition, ethnicity

Appendix 4 Diagram of New Service Model



Equality Impact Assessment

Directorate: People Strategy & Commissioning People (Adults)								
Service: Voluntary and Community Sector								
Name of Officer/s completing assessment: Jane Senior								
Date of Assessment: 30/09/2022								
Name of service/function or policy being assessed: Voluntary and Community Sector								
1.	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>The purpose of this Equality Impact Needs Assessment is to assess the possible effects of Slough Borough Council procuring a new VCS Infrastructure Service and Advice and Information Service in place of existing provision.</p>							
2.	<p>Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>Services are currently commissioned by the People Strategy and Commissioning Team sitting with the People Adults directorate.</p> <p>Current services are operated by Slough CVS and Slough Citizens Advice East Berkshire under contract.</p>							
3.	<p>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.</p> <p>The service modernisation programme and re-procurement will have the impacts as set out in the table below</p> <table border="1"> <thead> <tr> <th>Characteristic</th> <th>Positive , Negative, Neutral or Unknown Impact</th> <th>Rationale for Assessment</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td>Positive</td> <td>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</td> </tr> </tbody> </table>		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
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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						

		<p>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.</p> <p>The VCS Infrastructure organisation administer grants for a range of VCS organisations which will directly benefit children and adults.</p>
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	<p>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.</p> <p>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.</p>
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	<p>The service will be positive for two different additional groups:</p> <p>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.</p>

4.	What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information.	Access to VCS and Advice and Information Services	
5.	What are the likely negative impacts for the group/s identified in (3) above? If so, then are any particular groups affected more than others and why?	There will be no negative impact.	
6.	Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g., survey results, customer complaints, monitoring data etc).	Data concerning uptake of provision is monitored and has been assessed.	
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?	<p>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.</p> <p>Engagement has been undertaken with; Social Workers, Carers, Volunteers, the Co-production Network, the Communities team, Housing Needs, PCN Social Prescribers.</p>	
8.	Have you considered the impact the policy might have on local community relations?	<p>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.</p> <p>.</p>	

9.	<p>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?</p> <p>Appropriate mobilisation period. A requirement to collect equalities data. Communications out.</p>
10.	<p>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.</p> <p>Robust evaluation of bids. Effective contract management.</p>

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	NA

Name: Jane senior
Signed:(Person completing the EIA)

Name:
Signed:(Policy Lead if not same as above)

Date: